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**Data Access Enquiry Form**

Please email this form to do.bartkute@gmail.com. A study representative will respond to your enquiry.

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| **Study** Residual symptoms in patients with coronavirus disease (COVID-19) and their implications for biopsychosocial function (Post-Covid Syndrome) |
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| **Title of you project** |
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| **Applicant name** |  |
| **Job title** |  |
| **Employing institution** |  |
| **Address** |  |
| **Telephone number** |  |
| **Email address** |  |

**Are you a PhD student?**

☐ Yes

☐ No

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| **If yes, please provide name, address and contact details of your supervisors** |
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| **Please provide a brief outline of the research project, and of the data required** (250 words max) |
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**Please note that a fee may be applied to cover the cost of obtaining the requested information. Fees will be calculated on a case by case basis determined by the amount of support needed.**