

**Loan of medical equipment**

<b>Equipment Issued</b>	<b>Kit number</b>	<b>Cuff (please circle)</b>	<b>Arm (please circle)</b>	<b>Date</b>	<b>Signature</b>
<b>Bluetooth BP monitor</b>	<b>ICH</b>	Sm / Med / Lg	Left / Right		
<b>24 hour BP monitor baseline</b>		Sm / Med / Lg	Left / Right		
<b>24 hour BP monitor 3 mth</b>		Sm / Med / Lg	Left / Right		
<b>24 hour BP monitor 1 yr</b>		Sm / Med / Lg	Left / Right		

<b>Study ID</b>		<b>DOB</b>		<b>Name</b>	
<b>Centre</b>		<b>NHS no.</b>		<b>Telephone number:</b>	