



Twins Helping
Medical Research

Queensland
Twin Registry



If you have any questions call us on
1800-257-179 (free call)

or email us at info@qtwin.org.au

To register via our website:

www.qtwin.org.au

Delivery Address:
Care PO
ROYAL BRISBANE HOSPITAL QLD 4029



Queensland Twin Registry (QTwin)
General Epidemiology Unit
Queensland Institute of Medical Research
Reply Paid 70885
ROYAL BRISBANE HOSPITAL QLD 4029

No stamp required
if posted in Australia



Queensland Twin Registry (QTwin)

QTwin is a population based Registry of twins born in or living in Queensland.

We would like to hear from ALL TWINS, identical and non-identical, male-female twins as well as same sex twins.

Triplets & other multiples are also eligible to register.

There is NO age barrier. Twins from birth to 100+ are all welcome.

Membership of the registry is FREE.

By joining the Registry you are making yourself available to participate in interesting and exciting research projects and be a part of scientific discoveries about health & disease.

Twins have participated in projects investigating cancer, migraine and headache, depression and anxiety, eczema, asthma, alcohol and tobacco use, ADHD, endometriosis, weight, glaucoma, reading ability and personality differences.

After you have registered you are not obliged to participate in any particular study. We will contact you about each new study that is proposed and invite you to consider participating.

Twins under 18 need a parent's signature on the registration form.

We are keen to have both twins register, but it is also quite acceptable for you to register without your twin, if you wish.

As a member of the registry you will receive regular newsletters, be eligible for zygosity testing at a special reduced cost and we'll even send you a card on your birthday!

Just fill in a QTwin Registration form and mail or fax it back to us. You can also register on-line at www.qtwin.org.au

QTwin observes the National Privacy Principles (Privacy Act 1988) and the code of conduct set out in the National Statement on Ethical Conduct in Human Research. Your information is confidential. We will not divulge your information to any party unconnected with scientific research. We will never sell your information to anyone. Information you give us will be kept in secure, locked storage and in password protected datafiles.

To register, complete the attached Registration form. Tear it off, fold it, make sure it is sealed and drop it in the post.

We'll register you, then phone or email you and your twin to give you your registration number.

website: www.qtwin.org.au

You don't need a stamp. Tear off, fold seal the edges & just drop in a post box.

Queensland Twin Registry (QTwin) Registration Form	
FIRST BORN TWIN	
Name (first, middle, last):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current address (include postcode)	Date of Birth
Home Phone: Work Phone: Mobile:	Email:
SECOND BORN TWIN	
Name (first, middle, last):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current address (include postcode)	Date of Birth
Home Phone: Work Phone: Mobile:	Email:
THIRD BORN (if a triplet)	
Name (first, middle, last):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current address (include postcode)	Date of Birth
Home Phone: Work Phone: Mobile:	Email:
PARENTS	
Mother's full name:	Date of Birth
Father's full name:	Date of Birth
ZYGOSITY	
I am a: (Please tick one) <input type="checkbox"/> Identical Twin / Triplet <input type="checkbox"/> Non-identical Twin / Triplet <input type="checkbox"/> Don't know	
Have you and your twin ever had a DNA test to determine if you are identical or non-identical (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
STAYING IN TOUCH	
To help us stay in contact with you if you move, could you nominate a relative or very close friend who doesn't live with you	
Name (first, middle, last):	Home Phone:
Current address (include postcode)	Mobile:
Relationship of this person to you:	
SIGNATURES	
First born twin's signature:	Date:
Second born twin's signature:	Date:
Third born's signature (if a triplet):	Date:
For twins under 18, one parent must sign. Parent's signature:	Date:
Tell us how you heard about us (media, website, friends, ?)	

You can fax this form if you wish: 3362-0101