

PROTECT

Prophylactic Therapy in Care Homes Trial

<insert NCTU headers/address/phone number/email>

Date

Dear Dr <insert GP name>

Thank you for your support of the PROTECT-CH trial. The following residents at <insert CH name and address> have now agreed to join the trial and completed a consent form which is stored in the trial database. The eligibility checks for these patients now need to be performed.

| Resident name | Resident Date of Birth | Resident NHS or CHI number |
|---------------|------------------------|----------------------------|
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Please could you log on to the trial REDCap database using the details sent previously and review and complete the eligibility checklist for the patients listed above.

If your patient is eligible to enter the trial we will contact you again to inform you of the treatment they have been randomised to and ask you about any recent changes to your patient's medications which may affect their participation.

Further information and training can be found on the PROTECT-CH website www.protect-trial.net and if you have any further questions please contact the trial research team who will be happy to help.

Yours Sincerely

Philip Bath FRCP DSc FMedSci
Professor of Stroke Medicine
PROTECT trial Chief
Investigator

Adam Gordon
Professor of the Care of Older
People
PROTECT trial Co-Chief
Investigator

<Insert PI name>
PROTECT-CH trial medic,
<Insert region>