

PROTECT-CH

Prophylactic Therapy in Care Homes Trial

[Insert date]

[Insert Legal Representative address]

Dear [Insert Legal Representative first name]

Thank you for your interest in finding out more about the PROTECT-CH trial. We are contacting you about the possible participation of [insert first name and surname of resident] as you are their named Legal Representative for decisions about their care. You have recently been contacted by their care home to let you know that the care home is taking part in the PROTECT-CH trial and were interested in learning more about the trial.

A member of the research team/nurse will shortly be contacting you to arrange a call at your convenience, to talk to you in more detail about the PROTECT-CH trial, answer any questions that you may have, and explain the next steps. In the meantime, please find enclosed the PROTECT-CH Legal Representative Information Sheet, which we ask you to read carefully as it explains what participation means for you and [insert first name of resident].

Also enclosed is the Legal Representative Informed Consent Form. Please do not complete or sign this form until you have discussed the trial with the research team/nurse.

You can find more information about the PROTECT-CH trial on the trial website at the link below:

[Insert PROTECT-CH website address]

If, however, you are not interested and do not wish to receive any further communication, please email: protect-trial@nottingham.ac.uk or telephone: 0115 748 7710

If you have any questions, please contact the trial research team (contact details below) who will be more than happy to help.

Kind regards

PROTECT-CH trial research team

Telephone: [insert phone number for queries]

Email: protect-trial@nottingham.ac.uk

Website: <http://www.protect-trial.net>