

PROTECT-CH

Prophylactic Therapy in Care Homes Trial

[Insert date]

[Insert Legal Representative address]

Dear [Insert Legal Representative first name]

Thank you for your continued interest in the participation of [insert first name of resident] in the PROTECT-CH trial. Their care home is now ready to start the PROTECT-CH trial. A trial doctor will review [enter first name of resident]'s medical records to ensure they are able to continue in the trial, and if the care home is allocated to deliver a trial medication [enter first name of resident] will start taking this in the next few days.

If you would like to read the information about the trial and trial medication again, you can find it within the PROTECT-CH Legal Representative Information Sheet, which was sent to you previously. You can also find more information about the PROTECT-CH trial on the trial website at the link below:

[Insert PROTECT-CH website address]

If you are satisfied that [enter first name of resident] would continue to have no objection to taking part in the trial, you do not need to do anything else.

If, however, you do not wish for [enter first name of resident] to take part in the trial please let us know as soon as possible by emailing: protect-trial@nottingham.ac.uk or telephone: 0115 7487710

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>