

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.

If Eligible

The PROTECT-CH trial doctors have checked the medical records of [insert first name of resident] and we can now confirm they are able to continue in the trial.

Or

If not Eligible

The PROTECT-CH trial doctors have checked the medical records of [enter first name of resident] and unfortunately, they are not able to take the trial medication at this point. This is because [enter first name of resident] meets one or more of the exclusion criteria for the trial, which is used to ensure the safety of all participants. Their care will continue as normal and we will continue to collect information about their health.

If eligible:

CH randomised to UC plus trial medication

[Enter first name of resident]'s care home has been allocated to deliver usual care plus the trial medication [Ciclesonide/Niclosamide].

Or

CH randomised to UC alone

[Enter first name of resident]'s care home has been allocated to deliver usual care alone.

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 have any further 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>