

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 GP of [enter first name of resident] has checked their medical records and we can confirm they are able to continue in the trial. We will contact you again when [Enter first name of resident]'s care home is ready to start the trial and remind you of the next steps. At this point a trial doctor will review the medical records again to ensure [enter first name of resident] is still able to continue in the trial.

Or

If Not Eligible

The GP of [enter first name of resident] has checked their medical records and unfortunately, they are not able to continue in the trial 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.

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>