

<Date>

«Parent_title» «Parent_Forename» «Parent_Surname»
«Address_Line1»
«Address_Line2»
«Address_Line3», «Address_Line4»
«Postcode»

Dear «Parent_title» «Parent_Surname»,

We are pleased that «Patients_Forename» has now been discharged from hospital. We are writing to thank you for taking part in the CHiP Study so far. In case you didn't keep the information leaflet you read when «Patients_Forename» was in intensive care, we enclose another copy as a reminder.

This letter is to summarise what happens next.

- We will be writing to «GP_Name», your child's GP, to inform them that «Patients_Forename» is in the study.

We will keep you informed about the progress of the study unless you say that you do not want this information. When the study finishes we will ask if you would like to have a summary of the study results.

We attach the contact details we have for you. Please can you confirm these details by completing and returning the enclosed reply slip. Also, if you are going to change your address between now and the time we will be contacting you next, please send us the enclosed change of address card in the freepost envelope. You don't need a stamp.

If you have any questions about «Patients_Forename»'s health, you should go to your own doctor. But if there is anything further you would like to know about the study, please do not hesitate to contact us at the study office at the address above.

Thank you again for your participation. The results of the CHiP study will help other parents in the future.

Yours sincerely

Laura Van Dyck / Korotimi Diallo
Study Manager

Enc:

Original information sheet
Change of address card

Contact details
Freepost envelopes

Study Number: «Study_Number»

Reply Slip

Please can you check whether the below details are correct and amend any incorrect information.

Your Contact Details

Home address:

«Parent_title» «Parent_Forename» «Parent_Surname»
«Address_Line1»
«Address_Line2»
«Address_Line3» «Address_Line4»
«Postcode»

Telephone number: «Telephone_Number»

Mobile number: «Mobile_Number»

Email address: «Email»

GP Contact Details

«GP_Name»
«GP_Address1»
«GP_Address2»
«GP_Address3» «GP_Address4»
«GP_Postcode»

I would like to receive updates about the CHiP Trial (please tick)

Yes No

I would like to receive a copy of the CHiP Trial results when available (please tick)

Yes No

Thank you. Please now return this reply slip in the FREEPOST envelope provided to:

*The CHIP Trial Data Co-ordinating Centre, Medical Statistics Unit
London School of Hygiene and Tropical Medicine
FREEPOST, Keppel Street, LONDON*