

CHIP Data Co-ordinating Centre Medical Statistics Unit London School of Hygiene & Tropical Medicine Keppel Street, London WC1E 7HT

ISRCTN61735247

tel: 020 7927 2376/2075 fax: 020 7637 2853 www.chip-trial.org.uk

Date

Parent Name Address

Dear Parent Name,

On behalf of everyone involved with the CHiP study, I am writing to say how sorry we were to hear of the death of your *son/daughter [Child's first name]*.

Your *son/daughter* has played a really valuable part in this study and we would like to thank you for your help. It is through the contributions of children and parents like yourselves that we will eventually be able to find the best way to control blood sugar levels in very ill children in the future.

I am the study manager for CHiP, and I am writing to you to ask whether or not you would like to have any further contact with CHiP. Some bereaved parents wish to be kept informed about the progress of the study; other bereaved parents might prefer not to be sent any further details. We want to make sure that we give everyone the chance to stay in touch, but we fully understand if you would prefer us not to send anything more to you.

There is a reply slip with this letter to let us know if you would like to receive the newsletters that other CHiP parents are sent, and/or the final results of the study. The results should be available sometime in 2012.

The reply slip can be sent to me in the FREEPOST envelope provided. If we do not hear from you we will not contact you again; but even if you do not reply now, but later change your mind and would like to see the newsletters or results, do not hesitate to contact me.

We in the CHiP team are very grateful for your help so far and do hope that this letter has not caused you any distress. If it has done, I do apologise.

Thank you again.

With kind regards,

Laura Van Dyck CHiP Study Manager

Enc: Reply slip Freepost envelope



Further Contact Reply Slip

Study no.:	Study number
I/We would lik in CHiP (pleas Yes	e to receive the CHiP Newsletters which are sent periodically to families participating se tick): No No
I/We wish to b 2012 (please t Yes	ne informed of the final results of the CHiP Study when they are available around tick): No No
Name:	Parent Name
Address:	Address
Telephone:	Telephone number
Mobile:	Mobile number
Email ։ (If you would բ	Email address prefer us to contact you this way)
Please correct any of the above details if they are incorrect.	
If you have any further comments, please let us know:	

Please return this form in the postage paid, pre-addressed envelope provided.

Thank you.