



C Control of
H Hyperglycaemia in
iP Paediatric intensive care

From: Laura Van Dyck/Lucy Brooks
Phone: 020 7927 2075
Fax: 020 7927 2189
Company Name: CHiP Data Coordinating centre, LSHTM

To: «GP_Name»
Fax: «GP_Fax»
GP Surgery: «GP_Address1»

Dear «GP_Name»

RE: Patient Name: «Patients_Forename» «Patients_Middlename» «Patients_Surname»
DOB: «DOB» **Study Number:** «Study_Number»

We wrote to you recently regarding the above patient who is taking part in the CHiP trial and we thank you for your reply. We are now ready to send the parents the one year follow up questionnaire to which they gave consent for when the child entered the study. We would just like to confirm with you that the child is still registered with your practice and that there is no reason why we should not contact the family.

- The child is still registered with the practice and it is ok to contact the family.
- The child is no longer registered with this practice.
- I think it is unsuitable to make contact with this family at this time.

Please indicate above and fax back to **020 7927 2189**.

Thank you for your time.

Yours Sincerely,

Laura Van Dyck/Lucy Brooks