



Prophylactic Therapy in Care Homes Trial

<insert NCTU headers/address>

<insert date>

Dear Dr <insert GP name>

We wrote to you previously to tell you that your patient(s) at <insert care home name> consented to take part in the PROTECT-CH trial to help find prophylactic treatments for COVID-19. Thank you for performing the eligibility checks and providing a copy of their medical record(s). We can now confirm that following a case of COVID-19 the care home has now been randomised and the patient(s) listed below will receive <insert IMP name>.

Resident name	Resident Date of Birth	Resident NHS or CHI number

The care home will undertake all their usual processes and procedures to manage the outbreak. Additionally, as part of the PROTECT-CH trial they will be provided with the trial medication <insert IMP name> and instructions on how to administer the medication. <insert IMP name> has been approved for use in this trial by the Medicines & Healthcare products Regulatory Agency. One of the PROTECT-CH trial doctors has reviewed the medical records and MAR sheets of the patient(s) listed above and confirmed they are eligible to take the allocated treatment.

If you are aware of any recent changes to the medical history of any of the patients listed above that you believe makes them unsuitable to take <insert IMP name> we ask that you contact us immediately on <insert trial contact details>

For more information on the trial please visit [www.protect-trial.net](http://www.protect-trial.net) and please do not hesitate to contact us if you have any queries.

Yours sincerely

Philip Bath FRCP DSc  
FMedSci  
Professor of Stroke Medicine  
PROTECT trial Chief  
Investigator

Adam Gordon  
Professor of the Care of Older  
People  
PROTECT trial Co-Chief  
Investigator

<Insert PI name>  
PROTECT-CH trial medic,  
<Insert region>