**<To be printed on Trust headed paper>**

<INSERT DATE>

<INSERT GP ADDRESS>

Dear <insert name of GP>

|  |  |
| --- | --- |
| Name of patient: |  |
| Date of Birth: |  |
| NHS Number: |  |

This is to inform you that the above patient registered under your care is participating in the TB-DILI Trial - Reintroduction of anti-tuberculosis therapy following drug-induced liver injury: a randomised controlled trial. IRAS number 1005097. This is a National Institute for Health Research (NIHR) funded, pragmatic, randomised, control trial looking at two different re-introduction strategies of anti-TB therapy following an episode of TB-drug related liver injury (TB-DILI). The trial is being coordinated by Nottingham Clinical Trials Unit.

**Information about the TB-DILI Trial**

I enclose a copy of the current Participant Information Sheet for your reference. Consent has been provided by the patient, both for their participation in the trial and to provide you with this information. I enclose a copy of their signed Informed Consent Form.

**Further information and contact details**

If you need any more information or have any questions then please do not hesitate to contact your patient’s research team using the contact details below.

If you would like more information on the trial, please contact the coordinating centre using the details below.

**RESEARCH TEAM CONTACT DETAILS COORDINATING CENTRE CONTACT DETAILS**

*Add local research team contact details here* TB-DILI Trial Manager

**Nottingham Clinical Trials Unit**

**University of Nottingham**

Phone: 0115 823XXXX

Email: TB-DILI@nottingham.ac.uk

Yours sincerely,

Name: <insert name> Job Title: <insert job title>

*Encl.*

*TB-DILI Patient Information Sheet*

*Signed TB-DILI Informed Consent Form*