



## THE RATE-AF STUDY

You have been diagnosed with atrial fibrillation and therefore we would like to invite you to join the **RATE-AF STUDY**.

**This study's aims are to find out which of two commonly-used treatments improves your quality of life and the function of your heart.**

**160 patients are needed for this study – could you be one of them?**

If you say '**Yes**':

- You will receive a more information about the study
- You will have the opportunity to ask any questions that you might have.
- You will be randomly given **one** of the two medications as the starting point for your treatment of atrial fibrillation.

We will ask you to:

- Visit the Queen Elizabeth Hospital up to five times over a period of a year. The study will be able to cover all of your expenses, for example all of your travel costs.

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- If you decide to say '**No**', your standard of care will not be affected.
- If you say '**Yes**', you will be given more information and asked to sign a consent form.
- You are free to withdraw from the study at any time without it affecting your care.
- We would be delighted to welcome you as one of the 160 people we need.

**THE RATE-AF STUDY is sponsored by the University of Birmingham and is being funded by the National Institute for Health Research, part of the Department of Health.**

>> Please complete your details on the reverse of this flyer <<

***GP Practice Staff***

*Please alert the RATE-AF study team by asking your practice staff to contact us immediately so that we can arrange an appointment to see the patient and start treatment. We would be grateful if the patient section below can be faxed for our records.*

Phone number of research nurse: **<enter contact details>**

Email address: **<enter contact details>**

Fax number for section below: **<enter contact details>**

***For the Patient***

INVITATION TO TAKE PART IN RESEARCH STUDY FOR PATIENTS WHO HAVE ATRIAL FIBRILLATION

I am interested in taking part in the study and would like to hear more about it

***Please complete your details below***

Name:

Address:

Telephone Number(s):

**Signature:**

**Date:**

**THANK YOU for taking the time to consider this request.**