CONFIDENTIAL WHEN COMPLETE

<Doctor>

<Practice>

<Street>

<City>

<Postcode>

Date

Dear Dr < name>

Patient Name:.....**D.o.B:** Day…..…/Month……../Year……

NHS No.:.....

Your patient, named above has consented to take part in a randomised open label blinded end point trial to evaluate different rate control therapies in permanent atrial fibrillation: **RATE-AF**. A Participant Information Sheet is included for more detailed information on this trial. This is an investigator-led trial funded by the National Institute for Health Research (NIHR). The Chief Investigator is Dr Dipak Kotecha, Clinician Scientist and Consultant Cardiologist. This trial has been approved by the Medicines and Healthcare products Regulatory Authority (MHRA) and a Research Ethics Committee. The University of Birmingham is the Sponsor and the Birmingham Clinical Trials Unit are acting as coordinating centre.

Your patient has been randomly allocated to receive initial treatment with:.……

The patient will receive up-titration visits to assess response to treatment. One stabilised, the patient will return to normal clinical care with follow-up at 6 and 12 months. If you have any queries about your patient's management, please feel free to contact me. If you require further information about the **RATE-AF** trial, this can be obtained directly from the **RATE-AF** Trial Office (see address below). Please file this letter in the patient's notes. I would appreciate being notified if they are no longer one of your patients.

Yours sincerely

Name:……

Job Title::……..

Contact Tel.: ……..…….

RATE-AF Trial Office: Birmingham Clinical Trials Unit, College of Medical and Dental Sciences, Public Health Building, University of Birmingham, Birmingham, B15 2TT

Tel.: 0121 415 8445

Fax.: 0121 415 9135