



PANORAMIC  
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OX2 6GG  
Tel: 08081 560017  
[ouh-tr.panoramic@nhs.net](mailto:ouh-tr.panoramic@nhs.net)

Date:

Dear Dr \_\_\_\_\_,

RE: Patient Participation in the PANORAMIC trial

**Name of patient:**

**Patient's date of birth:**

This patient was entered into the PANORAMIC trial on (insert date): \_\_\_\_\_ and randomised to the treatment group \_\_\_\_\_.

We have previously emailed you a copy of their consent form, which can also be downloaded from the trial database, confirming that your patient has provided consent for us to contact you regarding their participation in the trial.

We have been unable to contact the participant directly and so would be grateful if you could please confirm the following details, so that we can monitor any potential side-effects associated with the medication. Please post it to the address above or email to: [ouh-tr.panoramic@nhs.net](mailto:ouh-tr.panoramic@nhs.net)



|  |   |
|--|---|
| <p>Please can you confirm if you have had any contact with the patient since they were enrolled into the trial? If Yes and the reason for contact <b>was related to covid-19 or the trial</b>, please summarise:</p>   | <p>Yes / No</p> <p>Reason(s):</p>   |
| <p>For participants who are of child-bearing potential (<i>delete as appropriate</i>). Please could you confirm the following information with the participant:</p> <ol style="list-style-type: none"> <li>Whether they have taken the pregnancy test provided for the trial, and the result of the test.</li> <li>Whether they have taken their trial medication and if so whether they have experienced any side-effects.</li> </ol> | <p>Test taken? Yes / No</p> <p>Result of test:</p> <p>Trial medication started? Yes / No</p> <p>Side-effects:</p> |
| <p>Did the participant attend a hospital for medical reasons between the date of randomisation and day 28 of their follow-up?<br/><i>Please do not include elective procedures.</i></p>  | <p>Yes / No</p> <p><i>please complete questions below if the answer is yes</i></p>                                |
| <p>If yes, What date did they go to hospital?</p>  | <p>DD/MM/YYYY</p>   |
| <p>What date were they discharged?</p>   | <p>DD/MM/YYYY</p>   |
| <p>Was this attendance likely related to COVID-19?</p>   | <p>Yes / No</p>   |
| <p>How severe do you consider the reason for the hospitalisation?</p>  | <p>Mild / Moderate / Severe</p>   |
| <p>Do you consider this hospitalisation related to the trial medication?</p>   | <p>No/possibly/probably/definitely</p>  |
| <p>Please give reasons for your decision regarding relatedness:</p>  |   |
| <p>Has the patient recovered from the cause of the hospitalisation</p>   | <p>Yes / No /unknown</p>  |
| <p>Can you provide any other information relevant to this hospitalisation that you feel may be relevant to the trial and that the trial team should be aware of?</p>   |   |

Many thanks  
The PANORAMIC team