



Radcliffe Observatory Quarter, Woodstock Road, Oxford. OX2 6GG
Tel: 08081 560017 www.panoramictrial.org

Date:

Dear Dr _____,

RE:

Name of patient:

Patient's date of birth:

This patient was entered into the PANORAMIC trial
on (insert date): _____

A copy of your patient's consent form can be downloaded from the trial database/has been sent to you via email. **Please retain the consent form, along with this letter, in your patient's medical record.** Please note that your patient has given consent for us to gather information from their medical notes. If we need you to confirm patient eligibility, a member of the PANORAMIC research team will contact you to arrange a suitable time and way of doing this.

PANORAMIC Trial details

Participant ID:

Notification of which arm your patient has been randomised to has been sent via our automated systems. If you are not set up on the online system, the treatment your patient has been randomised to receive will be documented below:

Trial Treatment: _____

Many thanks.

The PANORAMIC team