Local Headed Paper

[Insert date]

Dear Doctor,

Re: [Insert name and date of birth of participant]

I wish to inform you that your patient above has given consent to take part in a clinical trial titled:

"Chloroquine/ hydroxychloroquine prevention of coronavirus disease (COVID-19) in the healthcare setting; a randomised, placebo-controlled prophylaxis study (COPCOV) (IRAS ID: 282109 and REC Ref:). This study is sponsored by the University of Oxford.

COPCOV is looking at whether hydroxychloroquine (chloroquine is being used in other countries) can prevent COVID-19 infection and is recruiting healthcare workers involved in direct care of patients with COVID-19.

We have been given authorisation by your patient to access their medical records during the trial. Your patient has made us aware they have been feeling unwell since [insert date]. Therefore, I would be grateful if you could provide me with copies of their medical records that document any adverse events, changes to medication or tests or procedures that have been performed during their trial participation.

Please find enclosed a copy of the Participant Information Sheet your patient has received. If you would like further details or background information, or have queries, please do not hesitate to contact me.

Yours faithfully,

Principal Investigator