*GP Name*

*GP Address*

Dear Dr *Name*

*Patient Name:*

*DOB:*

*Hospital Number:*

This is to inform you that *the patient detailed above* will be participating in the research study “[insert title]”.

The study involves [insert detail of study and explanation of intervention(s)] and I enclose a copy of the Participation Information Sheet for reference.

OPTION A: We would be grateful if you could [insert detail of request for GP to action]

OPTION B: We are informing you about the above person’s study participation because [insert detail]

OPTION C: We are informing you for your general awareness.

If you have any questions, please do not hesitate to contact me on [insert number and phone].

Yours sincerely