



The UK PSC Study

Dept. of Medical Genetics
Lv 6, Addenbrooke's Treatment Centre
Cambridge Biomedical Campus
Hills Rd
Cambridge
CB2 0QQ
Tel: 0121 371 8101
ukpsc@uhb.nhs.uk

[Date]

[UK PSC Participant ID]

Patient Name
Patient Address
Patient Address
Patient Address
Patient Postcode

Participant ID:

Dear Patient Name,

RE: Clinical trial of [Drug Name] in Primary Sclerosing Cholangitis (PSC)

Thank you for participating in the UK PSC Study. We began as a genetics study, but are now also studying your PSC over the long term. This will help us to better understand how the disease progresses and to ultimately develop effective treatments.

We have been asked by [Recruiting PI] from [Recruiting Hospital] to let you know about a drug called [Drug Name]. [Recruiting PI] and his/her team are running a clinical trial in the UK to determine whether [Drug Name] is a good treatment for PSC. They are looking for PSC patients to participate in the trial.

We believe that you might be eligible to participate in this ethically-approved clinical trial. To give you a better idea, a summary of the Participant Information Sheet is enclosed.

If you would like to know more about this trial, please sign the return slip enclosed and send it back to us using the freepost envelope provided. When we receive your signed return slip, we will contact [Recruiting PI], asking him/her to get in touch with you.

Please note that your name and contact details will not be released without your permission. Please also note that signing the return slip is simply an expression of interest; it does not oblige you to participate in the trial.

If you have any questions, please contact us (0121 371 8101; ukpsc@uhb.nhs.uk).

Yours sincerely,

[Name of UK-PSC Project Manager]

UK-PSC Project Manager



UK-PSC Study Return Slip

Dear UK-PSC Study team,

I would like further information about the clinical trial of [Drug Name] and PSC.

Yes

No

I am happy for you to pass on my name and contact details to [Recruiting PI] at [Recruiting Hospital] so that he/she can contact me to tell me more about the clinical trial.

Yes

No

Yours sincerely,

_____ (signature)

Name

Current Address

Postcode

Telephone number

_____ (optional)

Email

_____ (optional)