

<Patient Full name>

<Address 1>

<Address 2>

<Address 3>

<Address 4>

<Postcode>

Date:

RE: Achilles Tendinopathy Management (ATM) study

Trial Number:<TNO>

Dear ...<Patient Full name>.....

Thank you for returning your three month questionnaires for the Achilles Tendinopathy management (ATM) trial. We are really grateful for your continued participation in the trial.

In three months we will ask you to complete the final set of questionnaires. These will be sent to your home address.

If you have any questions at all about your participation, please feel free to contact the ATM trial office, contact details are shown below.

We hope you are recovering well.

With best wishes,

<Insert trial coordinator name here>,  
Clinical Trial Coordinator for ATM,

On behalf of **Dr Rebecca Kearney,**  
**Chief Investigator for ATM**

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University of Warwick Coventry CV4  
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