

<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 six month questionnaires for the Achilles Tendinopathy management (ATM) trial. We would like to take the opportunity to say thank you for your participation in the trial.

If you are still experiencing problems with pain in your Achilles tendon, then please contact the consultant you were referred to or your GP and they can advise you further. 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 shall contact you again with further information on how to access the findings to the trial once all of the data for the trial has been collected.

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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