



national collaborative
study of lysosomal
storage disorders

Hospital Address
Telephone number

GP
GP Address 1
GP Address 2
GP Address 3
City
County
Postcode

DATE

Dear

**Re: Individual's first name; individual middle name; individual's surname DOB:
Address: Address 1; Address 2; Address 3; City, County, Postcode**

I am writing to inform you that Individual NAME has given consent to be part of the National Longitudinal Cohort Study for People with Lysosomal Storage Disorders. This is a non-interventional study and will not affect the treatment or management of NAME in any way.

I have enclosed the Patient Information Sheet which will provide you with more details about our research.

If you have any queries or require further information please feel free to contact Professor Stuart Logan, the study Chief Investigator on 01392 262963, or myself on the number above.

Yours sincerely

Name of PI at site
On behalf of the National Collaborative Study of Lysosomal Storage Disorders

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