<< Date >>

«CurrentTitle» «CurrentFName» «CurrentSName»
«CurrentAddress1»
«CurrentAddress2»
«CurrentAddress3»
«CurrentAddress4»
«CurrentPostCode»

Dear «CurrentTitle» «CurrentSName»

We wrote to you recently and do not appear to have received a response. Please accept our apology if this has crossed in the post.

We are writing to you because << *participant's name*>> of << *participant's address*>> has agreed to take part in a research study that we are co-ordinating.

She has nominated you as her "best contact". We ask people taking part in studies to nominate a "best contact". A "best contact" is not the same as a person's "next of kin", and we prefer to have a "best contact" who does not live at same address, though we appreciate that this is not always possible. We only get in touch with the "best contact" when we cannot contact the participant themselves, for example if they have moved house or are in hospital.

I hope you are content to act as a "best contact" for the above person. If you are, we will keep your details securely in accordance with the data protection legislation. We will not give your details to anyone outside the study team. We will only contact you if we cannot contact the participant themselves.

If you do not wish to act as a "best contact" for the above person please, get in touch with us and we will remove your details from our database. You can do this either by:
- Returning the attached reply slip to the study office in the enclosed pre-paid envelope;
- Emailing us at ████████████████ quoting both your name and the study number above;
- Telephoning us on ███████████. If no-one is there to take your call, please leave a message quoting both your name and the study number above. It would be helpful if you could also leave your telephone number in case we need to get in touch with you.

With very many thanks for your help.

Yours sincerely

Trial Manager

REPLY SLIP

Study number ☐ ☐ ☐ ☐ ☐

I, <<insert best contact's name>> do not wish to act as a "best contact" for <<insert participants name>>.

Signed: ………………………………………………………………… Date: ……/……./…….