**Pharyngeal Electrical stimulation for Acute Stroke dysphagia Trial (PhEAST)**

Date

GP Address

Dear [name of GP]

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| --- | --- |
| **Name of patient:** |  |
| **Date of Birth:** |  |

This is to inform you that the above patient registered under your care is participating in the Pharyngeal Electrical stimulation for Acute Stroke dysphagia Trial (Scotland A REC ref 21/SS/0075).

Consent has been obtained from the patient, or consultee declaration has been obtained from their welfare guardian/welfare attorney/nearest relative, both for their participation in the trial and to provide you with this information.

This trial will assess whether Pharyngeal Electrical Stimulation (PES) is safe and effective at improving post-stroke dysphagia (PSD).

It is aimed that around 800 patients with recent stroke and clinical dysphagia worldwide will be randomised into this study.

I enclose a copy of the participant information sheet for your information.

We may contact you to check the patient’s vital status prior to contacting them at 3, 6 and 12 months.

If you need any more information or have any questions then please do not hesitate to contact your patient’s research team using the contact details below.

Yours sincerely,

Name: *insert name*  Job Title: *insert job title*

**RESEARCH TEAM CONTACT DETAILS**

*Add local research team contact details here*