**Tranexamic acid for hyperacute spontaneous Intracerebral Haemorrhage (TICH-3)**

Date

[Family Doctor Address]

Dear [name of family doctor]

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

This is to inform you that the above patient registered under your care is participating in the Tranexamic acid for hyperacute spontaneous Intracerebral Haemorrhage (TICH-3) trial.

TICH-3 EU CTIS: 2022-500587-35-01

Consent has been obtained from the patient, or proxy consent has been obtained from their legal representative professional/relative, both for their participation in the trial and to provide you with this information.

This trial will assess the clinical effectiveness of Tranexamic acid after spontaneous Intracerebral Haemorrhage and determine whether Tranexamic acid should be used in clinical practice.

It is aimed that around 5500 patients with spontaneous Intracerebral Haemorrhage 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 on the patient’s vital status prior to contacting them at 6 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*]