



GP Address..... ..... .....	Site address and contact details..... ..... ..... dd/mm/yyyy
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**PODCAST: Prevention Of Decline in Cognition After Stroke Trial**

**GP LETTER: ENROLMENT**

**Sponsor: The University of Nottingham**  
**Chief Investigator: Professor Philip Bath**

**Local Investigators:.....**

Dear Colleague,

Your patient .....

Living at.....

Has agreed to participate in the PODCAST trial: a randomised controlled trial comparing current guideline versus intensive control of blood pressure and lipid levels in preventing cognitive decline after stroke. Please find enclosed a copy of your patient's consent form for the study along with a 'GP Practice Briefing Sheet' that explains in detail, the GP involvement in the study.

**Your patient's randomisation details**

Your patient had a/an ----- stroke. He/she is randomised to ----- BP group and ----- lipid lowering group.

**What is expected from the GP practice?**

***Blood tests***

All patients will be given a blood request form for urea and electrolytes, glucose, lipids and HbA1c prior to their local hospital research centre follow-up and will be asked to have the test done at their GP practice.

***Management and Prescriptions***

If your patient is randomised to ***guideline BP or lipid group***, please continue treatment, as is your local practice. If your patient is randomised to ***intensive BP or lipid group***, we would like you to continue the prescriptions from the local hospital research centre, provided there are no other compelling clinical reasons.

If problems arise in connection with this study, please do not hesitate to contact us (tel-----).

Yours sincerely,

Principal Investigator