NHS Fife
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Kirkcaldy
Fife KY2 5AH
Telephone: 01592 643355
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Date

Subject: RAmdomised IroN Deficiency anaemia management Pilot (RAINDroP)

Dear Dr. _____

This is to inform you that your patient has agreed to participate in the RAINDroP study: Pt Name _____ D.o.B____/____/_____

Participant study identifier: _____.

Please see the enclosed copy of the Participant Information Sheet.

Your patient was enrolled into the study on ____/____/20____ and will participate for three months from this date.

We would be grateful if you could help us by following the study procedure as below.

Your patient has been allocated to Group _____.

- Group 1 (continue oral iron therapy): The participants in this study arm have been instructed to continue oral iron preparation as usual. If you decide to decide to stop this treatment, we would be grateful if you could inform us or ask the patient to contact.

- Group 2 (stop oral iron therapy): The participants in this group have been instructed to stop taking oral iron tablets altogether during the study.

- Group 3 (stop oral iron and give IV iron): The participants in this group have been instructed to stop taking oral iron therapy during the study. They will receive IV iron therapy at NHS FIFE. Oral iron should not restart for 3 months after last IV iron infusion.

Haemoglobin and ferritin levels, taken at the final study visit, will be available for your review via the NHS local laboratory results reporting system. Upon completion of the study, re-starting the oral iron preparation will be at your discretion.

If you would like to discuss any aspect of this, please feel free to contact us. You can contact Hazel Cree 01383 623623 ex 20307/24462.

Thank you.
Yours sincerely,

Dr Vera Cvoro
NHS Fife