Dear [provider name],

Re: Your patient’s participation in the Canadian Adaptive Platform Trial of Treatments for COVID in Community Settings (CanTreatCOVID)

Name of patient: [participant’s name]

Patient’s date of birth: [participant’s date of birth]

Patient’s health card number: [participant’s health card number]

This letter is to inform you that your patient, [patient’s name], has consented to participate in the Canadian Adaptive Platform Trial of Treatments for COVID in Community Settings (CanTreatCOVID) on [date of consent]. CanTreatCOVID aims to evaluate the clinical and cost-effectiveness, practical challenges, and outcomes of medications for COVID-19 among non-hospitalized patients in Canada.

CanTreatCOVID includes patients who are aged 50 and over, or 18-49 with 1 or more chronic high-risk medical condition(s) and/or immunosuppression. Patient’s must have tested positive for COVID-19 and currently be experiencing symptoms of COVID-19, the onset of which must have been within 5 days of starting the study medication. Your patient met the above eligibility criteria. A list of their medications was reviewed by a study pharmacist for contraindications and your patient’s eligibility was confirmed by the provincial trial lead.

The trial arm that your patient has been randomized to is:

[Usual care OR Study medication and duration]

If you would like more information about the trial and/or your patient’s involvement, please do not hesitate to contact us or visit [www.CanTreatCOVID.org](http://www.CanTreatCOVID.org).

Thank you,

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| **Andrew Pinto, MD CCFP FRCP MSc** |
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| Department of Family and Community Medicine |
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