TO BE PRINTED ON HEADED PAPER

Date

Dear Doctor *Name*

RE: mulTiArm therapeutiC sTudy in pre-ICU patients admitted with Covid-19-Repurposed drugs (TACTIC-R)

Patient Name and DOB

I am writing to inform you that your patient has given her consent to share information about her pregnancy and its outcome with us after she became pregnant whilst her partner was taking part in the above named trial at *(local hospital name)*. Your patient's partner was receiving treatment with ravulizumab during or shortly before the conception.

As the effects of the trial medication on pregnancy and the developing foetus are not known or are not fully understood at this time we are interested in the health of both your patient and the foetus/baby as a result of exposure to the trial drug.

The main side effects of the drugs are detailed in the enclosed information sheet and consent form for pregnant partners of trial participants. We do not expect that your patient will experience any of these; however as a result of exposure during conception, it is theoretically possible that the foetus/baby may do.

If you have any queries, require further information, or would like to report any abnormalities/side effects associated with this pregnancy, please contact *(insert local contact details including contact number and website if available)*.

In the event of an emergency please call: Insert emergency telephone number which must match the telephone number on the PIS

Many thanks for your assistance in this matter.

Yours Sincerely,

Local Contact Name
Role
Hospital

Encs: Pregnant Partner Information Sheet & Consent Form, version *(insert version number)* dated *(insert date)*