

**CFS/NHS/PAEDIATRICS** - *Specialist help for ME.*



Paediatric CFS/ME Service, Royal National Hospital for Rheumatic Diseases NHS  
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**SMILE: Specialist Medical Intervention & Lightning Evaluation**

[GP Name]

[Address]

[Date] 2010

Dear Dr. [GP Name]

**Re. [patient name] [date of birth]  
[address]**

This is to let you know that [*patient named above*] [and their parents – *for those under 16*] are taking part in a feasibility Randomised Controlled Trial designed to understand whether it will be possible to compare specialist medical care and specialist medical care plus the Lightning Process.

They have been randomised to the [specialist medical care/specialist medical care plus Lightning Process] intervention arm. In addition, as part of this study, they will be interviewed once to understand their views on the interventions.

They have provided us with written consent to participate in the study and this is kept in their medical notes.

If you have any questions regarding the study, please do not hesitate to contact Dr. Crawley at the Royal National Hospital for Rheumatic Diseases, Bath (contact details above).

Yours Sincerely,

Dr. Esther Crawley  
Consultant Paediatric