[Date]

Dear [enter clinician name],

Mr. / Mrs. / Ms. [enter patient name] has been enrolled and randomized in the RESPONDER-HF clinical trial at [enter hospital name]. This study is a double-blinded, sham-controlled trial evaluating atrial shunt therapy to alleviate heart failure symptoms and improve quality of life in heart failure patients with an LVEF >40%.

Please find below some helpful information related to the ongoing treatment of the patient and some considerations to maintain study blinding.

**Post-procedure information**

* **ID Card:** The patient was provided an ID card regarding trial participation. It contains information regarding study blinding and atrial shunt MRI compatibility.
* **Medication:** The patient was prescribed [x] for 6 months, after which time it may be discontinued.
* **Activity:** The patient should avoid strenuous activity for at least 2 weeks.
* **Follow-up:** Per protocol, the patient will have follow-up visits at 30 days, 3, 6, 12, 18 and 24 months, and annually for 5 years after the index procedure. The patient should seek immediate medical attention, preferably at our center, if they experience sudden increases in heart failure symptom frequency or severity.

**Maintaining study blinding**

* The RESPONDER-HF study design includes a sham control arm. Patients have been randomized into either the sham control or treatment arm, but they are blinded as to which arm they were assigned.
* **Patients are** **blinded for 2 years**. It is vital to the success of the study that the blinding is maintained for the 2-year follow-up period to ensure unbiased data collection.
* It is expected that the patient may undergo procedures during the 2-year blinding period that could expose them to information about their study arm, for example chest-X ray or echocardiography. For any procedures that may break the blind, please avoid sharing unnecessary information with the patient and the managing investigator [name] and undertake all necessary measures to preserve study blinding.
* If it is critical to know whether the patient has received the implant, please call [me] or reach out to the study sponsor, Corvia Medical at 0410-602-806.

Thank you for your support with this important study. Please feel free to reach out to me with any questions or concerns.

Best regards,

[enter physician name / contact info]