Dear [Mr. / Ms. LAST NAME],

I am writing to tell you about the Bio-markers of Systemic Treatment Outcomes in Psoriasis (B-STOP). You may be eligible for this study if you have been started recently on either one of the new biological therapies or one of the established treatments for psoriasis (such as Acitretin, Methotrexate, Ciclosporin and Fumaric Acid Esters), if you are already on the British Association of Dermatologists Biologics and Immunomodulators Register (BADBIR), or if you’ve previously taken part in the PSORT-D study. I received permission from your consultant dermatologist [INSERT NAME] to contact you / You had previously agreed to hear from us for the purpose of requesting additional samples from you [site to delete as appropriate]

The purpose of this research study is to identify genetic or other blood markers that may be able to predict a person's response to a treatment for psoriasis and also may indicate any drug toxicity. The ultimate aim of this study is to allow for more ‘personalised medicine’ for patients. You will be invited to give at least one blood sample, so we can look at the aspects of your DNA which may be associated with psoriasis, and your subsequent response to treatment. You may also be asked to give additional samples during treatment and up to a year after you stop, alongside information on the current status of your psoriasis, its effect on your day to day life and any side effects experienced. This will help us understand the changes in treatment and your response to treatment better. You will be told more about the study when you are next in clinic.

Taking part in the research does not alter the treatment you receive. Your specialist will start and stop treatments as determined by your clinical condition.

I have enclosed a Patient Information Sheet with further information regarding the study and we would like to discuss this with you further at your next clinical visit. It is important to know that this letter is not to tell you to join this study. It is your decision. Your participation is voluntary. Whether or not you participate in this study will have no effect on your relationship with [Centre] as a patient.

If you would like to talk to us directly, please call the research team at [telephone number].

Thank you for your consideration.

Sincerely,

[PI signature and name]

**Enclosed:** Patient Information Leaflet Version 5.1 dated 16 Jul 2019; consent form: Version 5.1 dated 16 Jul 2019