

Withdrawal from Medical Research Study

Date: [Insert Date]

Participant Name: [Insert Name]

Study Title: [Insert Study Title]

Study Investigator: [Insert Investigator's Name]

Institution: [Insert Institution Name]

Dear [Participant's Name],

We are writing to confirm that we have received your request to withdraw from the [Insert Study Title] study. Your decision to withdraw will be respected and your participation will be terminated effective immediately.

We want to thank you for your time and effort in contributing to this research. If you have any questions or need further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you once again for your participation.

Sincerely,

[Insert Investigator's Name]

[Insert Title]

[Insert Institution Name]

[Insert Contact Information]