

Confirmation of Clinical Trial Site Involvement

Date: [Insert Date]

[Recipient Name]

[Recipient Title]

[Institution/Organization Name]

[Address]

Dear [Recipient Name],

We are pleased to confirm your site's involvement in the [Study Title] clinical trial, which aims to [briefly describe the purpose of the trial]. Your site has been selected due to [mention reasons for site selection].

Study Details:

- **Principal Investigator:** [Name]
- **Study Start Date:** [Start Date]
- **Expected Duration:** [Duration]
- **Clinical Trial Registration Number:** [Registration Number]

We appreciate your commitment and the valuable role your site will play in this important research. Further details regarding training sessions and protocol will be shared shortly.

Thank you for your partnership in this study. Please feel free to reach out if you have any questions.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]