

Clinical Trial Data Sharing Consent Form

Date: _____

Dear [Participant's Name],

We are conducting a clinical trial titled "[Study Title]" aimed at [Brief Description of Study Purpose]. As part of this study, we would like to request your consent for the sharing of your de-identified data with data management teams to facilitate further research and analysis.

Purpose of Data Sharing

Your data will be used for the following purposes:

- Enhancing scientific knowledge related to [specific area of study].
- Supporting ongoing and future research initiatives.
- Improving treatment protocols and patient care strategies.

Data Protection

We are committed to protecting your privacy. Your data will be de-identified before sharing, ensuring that no personal information can be traced back to you. Appropriate measures will be in place to secure your data.

Consent

By signing this consent form, you agree to the sharing of your de-identified data as described above.

Participant's Name: _____

Participant's Signature: _____ Date: _____

If you have any questions regarding this consent, please do not hesitate to contact us at [Contact Information].

Thank you for your participation and valuable contribution to our research.

Sincerely,

[Research Team Leader's Name]

[Institution Name]

[Contact Information]