

Clinical Trial Data Sharing Consent

Date: [Insert Date]

To: [Insert Auditor's Name]

[Insert Auditor's Organization]

[Insert Auditor's Address]

Dear [Insert Auditor's Name],

We are pleased to inform you that [Insert Organization Name] is conducting a clinical trial titled "[Insert Trial Title]" (Study ID: [Insert Study ID]). In order to ensure transparency and enhance the integrity of the study, we are open to sharing our clinical trial data with external auditors under the terms outlined in this letter.

By signing below, you consent to access the relevant clinical trial data for the purpose of auditing, in accordance with the following conditions:

1. Data will be shared in compliance with applicable regulations and ethical guidelines.
2. The data accessed will be used solely for auditing purposes and not for any other purpose without prior consent.
3. All shared data will be handled in a confidential manner and stored securely.

Please confirm your acceptance of these terms by signing and returning a copy of this letter.

Thank you for your cooperation and commitment to the integrity of clinical research.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Contact Information]

Acceptance:

I, [Insert Auditor's Name], hereby consent to the terms outlined above for the sharing of clinical trial data.

Signature: _____

Date: _____