

# Clinical Trial Data Sharing Consent

Date: [Insert Date]

[Funding Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to seek your consent for the sharing of data from our recent clinical trial titled "[Trial Title]." This research was funded by your organization and aimed to evaluate [brief description of the trial's objective].

As we prepare to disseminate our findings, we recognize the importance of making the data available to the broader scientific community to enhance transparency and facilitate further research. Therefore, we intend to share the data generated from this trial under the following conditions:

- Data will be stripped of any identifiable information to protect participant privacy.
- The data will be made available to researchers who meet ethical and legal standards.
- Access to the data will be regulated and monitored to ensure responsible use.

By consenting to this data sharing, your organization acknowledges and supports our commitment to advancing public health through transparent research practices. Please let us know if you have any concerns or require further information.

We appreciate your continued support.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]