

Clinical Trial Data Sharing Consent

Date: _____

To the Guardian of: _____

Dear [Guardian's Name],

We are writing to inform you about the clinical trial titled "[Trial Title]" in which your child is participating. As part of our commitment to transparency and advancing scientific research, we would like to share data collected from this study with other researchers.

The purpose of sharing this data is to enhance the understanding of [brief description of the trial purpose] and to contribute to future studies that may benefit children involved in similar conditions.

Data Sharing Details:

- Data will be anonymized to protect your child's privacy.
- Only aggregate data will be shared, ensuring that individual participants cannot be identified.
- Data will only be shared with approved research institutions for research purposes.

We are seeking your consent to proceed with the data sharing process. If you agree, please sign below.

By signing this form, you acknowledge that you have read and understood the information provided above and consent to the sharing of de-identified data from the clinical trial.

Guardian's Signature

Date

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

Thank you for your continued support and dedication to advancing medical research.

Sincerely,
[Your Name]
[Your Title]
[Institution Name]