

# Clinical Trial Data Sharing Consent

Date: [Insert Date]

Dear [Participant's Name],

Thank you for participating in our clinical trial titled "[Trial Title]." Your involvement is invaluable to advancing medical research.

As part of our commitment to transparency and collaboration, we aim to share data collected during this trial with other researchers. This initiative supports the global effort to enhance scientific knowledge and develop new therapeutic options.

## Regarding Data Sharing:

- The data shared will be anonymized to protect your identity.
- Only qualified researchers will have access to the shared data.
- Data sharing will comply with all applicable laws and regulations.

By signing this consent form, you agree to the sharing of your clinical trial data under the outlined conditions.

## Consent:

I, [Participant's Name], have read and understood the above statements and hereby consent to the sharing of my clinical trial data.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions, please feel free to contact us at [Contact Information].

Thank you once again for your participation.

Sincerely,  
[Researcher's Name]  
[Institution Name]