

# Clinical Trial Data Sharing Consent Letter

Date: [Insert Date]

Dear [Patient Advocacy Group Name],

We are writing to inform you about our ongoing clinical trial, titled "[Trial Title]," aimed at [Brief Description of the Trial Purpose]. As part of our commitment to transparency and collaboration, we are seeking your consent to share de-identified data from this trial with your organization.

This shared data will be utilized to enhance our understanding of [relevant disease/condition], and to support advocacy efforts towards [specific goals, e.g., better treatment options, funding, etc.]. We believe that your organization's insight and expertise in [specific field/area] would greatly contribute to the interpretation of the findings.

If you agree to this collaboration, the following conditions will apply:

- The data shared will be de-identified to ensure patient confidentiality.
- The data will be used solely for advocacy and research purposes.
- Any publication or presentation of the data will include appropriate acknowledgments.

Please indicate your consent by signing and returning this letter by [Insert Deadline]. If you have any questions or would like further discussion, please do not hesitate to contact us at [Contact Information].

Thank you for considering this important opportunity to advance our mutual goals.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]

Consent:

I, [Name], representing [Patient Advocacy Group Name], consent to the sharing of de-identified clinical trial data as outlined above.

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

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