

Clinical Trial Data Sharing Consent

Date: [Insert Date]

[Participant's Name]
[Participant's Address]
[City, State, Zip Code]

Dear [Participant's Name],

We are writing to inform you about the data sharing practices associated with your participation in the clinical trial entitled "[Trial Title]" (Clinical Trial Registration Number: [Number]). As stipulated by regulatory agencies, we seek your consent to share data collected during the trial.

By providing your consent, you will allow us to share anonymized data with regulatory authorities, researchers, and other stakeholders for the purpose of advancing scientific knowledge and improving future health interventions.

Data Sharing Details:

- Type of Data: [e.g., clinical data, lab results]
- Data Use: [e.g., for research purposes, regulatory review]
- Confidentiality Measures: [e.g., anonymization, data security protocols]

Participation in this study is voluntary, and your decision to consent to data sharing will not affect your participation in the clinical trial or the care you receive.

If you agree to the data sharing terms outlined above, please sign below:

[Participant's Name] - Signature

Date: _____

Thank you for your continued participation in our clinical trial and for considering our request for data sharing consent.

Sincerely,
[Researcher's Name]
[Institution/Organization Name]
[Contact Information]