

# Clinical Trial Data Sharing Consent

Date: [Insert Date]

To: [Researcher's Name]

[Institution/Organization Name]

[Address]

Dear [Researcher's Name],

We are reaching out to seek your consent for the sharing of data collected during the clinical trial titled "[Trial Title]," conducted under [Institution/Organization Name]. The data collected is crucial for advancing research and understanding in the field of [Field/Topic].

By consenting to share this data, you agree to the following:

- The data will be used solely for research purposes.
- Your identity and any personal identifiers will be kept confidential.
- You will provide feedback on findings that arise from the shared data.

If you agree to these terms, please sign and return this letter by [Insert Return Date]. Should you have any questions or need further clarification, do not hesitate to contact us.

Thank you for considering this opportunity to advance our collective research efforts.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]

[Contact Information]

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