

# Approval for Returning Drug Samples

Date: [Insert Date]

Recipient Name

Recipient Title

Company/Organization Name

Address Line 1

Address Line 2

City, State, Zip Code

Dear [Recipient Name],

We are pleased to inform you that your request for the return of drug samples has been approved. This decision has been made following a careful review of your submission and the accompanying documentation.

Please ensure that the samples are returned in their original packaging and in compliance with applicable regulations. We kindly request that you send the samples to the following address:

[Your Company Name]

[Your Company Address Line 1]

[Your Company Address Line 2]

[City, State, Zip Code]

Please confirm the dispatch of samples at your earliest convenience, and do not hesitate to reach out if you require any further assistance.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]