

Consent for Drug Sample Return

Date: _____

To Whom It May Concern,

I, **[Your Name]**, hereby give my consent for the return of drug samples collected during my participation in the **[Study/Trial Name]** conducted by **[Organization/Institution Name]**.

I understand that the drug samples will be returned to me in accordance with the guidelines established by the study protocol.

Participant Name: _____

Signature: _____

Date: _____

Thank you for your attention to this matter.

Sincerely,

[Your Contact Information]