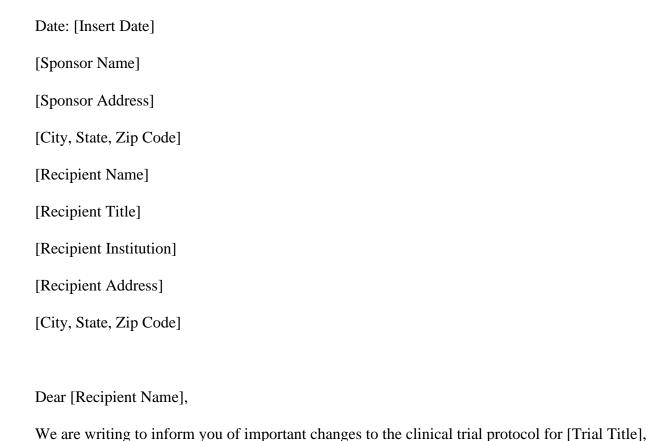
Notification of Changes to Clinical Trial Protocol



These changes include:

• [Description of Change 1]

Protocol Number [Protocol Number].

- [Description of Change 2]
- [Description of Change 3]

The rationale for these changes is [Provide brief explanation of reasons for changes].

We appreciate your understanding and cooperation as we implement these updates. Should you have any questions or require further information, please do not hesitate to reach out at [Contact Information].

Thank you for your continued support in advancing our clinical research efforts.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]

[Your Contact Information]