

# Notification of Changes to Clinical Trial Protocol

Date: [Insert Date]

[Sponsor Name]

[Sponsor Address]

[City, State, Zip Code]

[Recipient Name]

[Recipient Title]

[Recipient Institution]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to inform you of important changes to the clinical trial protocol for [Trial Title], Protocol Number [Protocol Number].

These changes include:

- [Description of Change 1]
- [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]