

Clinical Trial Amendment Notification

Date: [Insert Date]

To: [Recipient Name]

[Recipient Title]

[Institution/Organization Name]

[Address]

Dear [Recipient Name],

We are writing to inform you of an amendment to the clinical trial protocol for [Trial Name], authorized under [Trial ID]. The details of the amendment are as follows:

Amendment Details

- **Amendment Number:** [Insert Amendment Number]
- **Effective Date:** [Insert Effective Date]
- **Summary of Changes:** [Brief Description of Changes]
- **Rationale for Changes:** [Brief Description of Rationale]
- **Impact on Study Schedule:** [Description of Impact]

Please review the updated protocol, which is attached to this letter. If you have any questions or require further information, do not hesitate to contact us at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]

[Your Contact Information]