

Clinical Trial Protocol Modification Notice

Date: [Insert Date]

To: [Recipient's Name]

Position: [Recipient's Position]

Organization: [Recipient's Organization]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are writing to inform you of a modification to the clinical trial protocol for the study entitled "[Study Title]" (Protocol Number: [Protocol Number]). This modification has been necessitated due to [briefly explain the reason for the modification].

The key changes to the protocol include:

- [Change 1: Description]
- [Change 2: Description]
- [Change 3: Description]

Please review the attached revised protocol document for a detailed account of all changes. The modification is effective as of [Effective Date]. We believe these changes will enhance the study's objectives and participant safety.

If you have any questions or require further information, please do not hesitate to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Contact Information]