

Adherence Verification Letter

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Institution/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Adherence Verification for Clinical Trial Protocol [Protocol Number]

This letter serves to confirm that [Participant's Name] has been evaluated for adherence to the clinical trial protocol outlined for [Study Title/Description]. The adherence monitoring period commenced on [Start Date] and concluded on [End Date].

During this period, the following aspects have been monitored:

- Participant compliance with scheduled visits
- Timeliness of symptom assessments
- Proper medication administration
- Completion of required questionnaires

Based on the collected data, we can verify that [Participant's Name] has maintained a satisfactory level of adherence throughout the study with an adherence rate of [XX%].

Thank you for your attention to this matter and please feel free to reach out for any further information.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization Name]

[Contact Information]