

# Eligibility Confirmation for Pharmaceutical Trial

Date: [Insert Date]

[Participant's Name]

[Participant's Address]

[City, State, Zip Code]

Dear [Participant's Name],

We are pleased to inform you that you have been confirmed as eligible to participate in the pharmaceutical trial titled "[Trial Name]." This trial aims to evaluate the safety and efficacy of [Drug/Intervention Name].

Your participation is crucial to the success of this trial, and we appreciate your willingness to contribute. Please find below the details regarding your involvement:

- **Trial Start Date:** [Insert Date]
- **Location:** [Insert Location]
- **Duration:** [Insert Duration]

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

Thank you for your interest and participation in this important research.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]