

Withdrawal Notice

Date: [Insert Date]

To: [Trial Coordinator's Name]

[Pharmaceutical Company/Institution Name]

[Address]

Dear [Trial Coordinator's Name],

I am writing to formally notify you of my decision to withdraw from the [Trial Name/Identifier] pharmaceutical trial, effective immediately. My participant ID is [Participant ID].

While I appreciate the opportunity to be a part of this important research, I have decided to discontinue my participation due to [brief reason, e.g., personal reasons, medical concerns, etc.].

Please confirm the receipt of this withdrawal notice. If there are any further steps I need to complete, kindly let me know.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Contact Information]