

Confirmation of Participation in Medical Study

Date: [Insert Date]

Participant Name: [Insert Participant Name]

Address: [Insert Address]

Email: [Insert Email]

Phone: [Insert Phone Number]

Dear [Participant Name],

We are pleased to confirm your participation in the medical study titled "[Insert Study Title]." Your involvement is crucial to our research, and we appreciate your commitment.

Study Details:

- **Study Start Date:** [Insert Start Date]
- **Location:** [Insert Location]
- **Duration:** [Insert Duration]
- **Study Objectives:** [Insert Objectives]

Please ensure you have completed all necessary documentation prior to the start date. If you have any questions, feel free to contact us at [Insert Contact Information].

Thank you for contributing to this important research.

Sincerely,

[Your Name]

[Your Title]

[Institution Name]

[Contact Information]