

# Clinical Trials Participation Rejection Letter

Date: [Insert Date]

[Participant's Name]

[Participant's Address]

[City, State, Zip Code]

Dear [Participant's Name],

Thank you for your interest in participating in our clinical trial titled "[Insert Trial Title]." We appreciate the time and effort you took to complete the screening process.

After careful consideration and review of your application and medical history, we regret to inform you that you do not qualify for participation in this particular study. This decision was made based on [brief reason, e.g., eligibility criteria, safety considerations].

We encourage you to explore other research opportunities, as there may be other studies that better match your qualifications and interests. If you have any questions or would like to discuss this further, please do not hesitate to contact us at [Insert Contact Information].

Thank you once again for your interest in our research.

Sincerely,

[Your Name]

[Your Title]

[Institution/Organization]

[Contact Information]