

# Clinical Trial Eligibility Assessment

Date: [Insert Date]

Participant Name: [Participant's Full Name]

Participant ID: [Participant's Identification Number]

Dear [Participant's Name],

Thank you for your interest in participating in our clinical trial, titled "[Study Title]." We have conducted an initial eligibility assessment based on the information you provided during the screening process.

## Eligibility Criteria:

- Age: [Include Criteria]
- Gender: [Include Criteria]
- Medical History: [Include Criteria]
- Current Medications: [Include Criteria]
- Other Relevant Criteria: [Include Details]

## Assessment Result:

Your eligibility assessment results are as follows:

[Detail the participant's results based on the criteria]

## Next Steps:

If you meet the eligibility criteria, we will contact you to schedule a follow-up appointment for further screening. If you do not meet the criteria, we appreciate your interest and encourage you to consider other clinical trials in the future.

Thank you for your participation and support in advancing medical research.

Sincerely,

[Your Name]

[Your Position]

[Clinical Trial Organization]

[Contact Information]