

# Clinical Trial Enrollment Confirmation

Date: [Insert Date]

Participant Name: [Insert Participant Name]

Address: [Insert Participant Address]

Dear [Participant Name],

We are pleased to confirm your enrollment in the clinical trial titled "[Insert Trial Title]." Your participation is important to the advancement of medical research and will contribute to our understanding of [Insert Purpose of the Trial].

Details of the Trial:

- Trial Identifier: [Insert Identifier]
- Principal Investigator: [Insert Investigator Name]
- Location: [Insert Location]
- Start Date: [Insert Start Date]
- Duration: [Insert Duration]

Please read the attached consent form carefully. If you have any questions or need further information, feel free to contact us at [Insert Contact Information].

Thank you for your commitment to participating in this critical research.

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Institution or Organization Name]