

Clinical Trial Participation Agreement

Date: [Date]

Participant Name: [Participant Name]

Participant Address: [Participant Address]

Dear [Participant Name],

We are pleased to invite you to participate in our clinical trial titled "[Study Title]." This letter outlines the details of your participation and the agreement we ask you to consider.

Trial Information

Principal Investigator: [Investigator Name]

Trial Site: [Trial Site Address]

Duration of the Study: [Duration]

Purpose of the Study: [Purpose]

Your Participation

Your participation is voluntary, and you may withdraw from the study at any time without any penalty or loss of benefits.

If you agree to participate in this trial, you will be required to:

- Complete the initial screening process.
- Attend scheduled visits at the trial site.
- Follow all trial-related procedures as instructed.

Risks and Benefits

There may be risks associated with participation in this trial, including [list potential risks]. However, you may also benefit from [list potential benefits].

Confidentiality

Your privacy is important to us. All personal information will be kept confidential and used solely for research purposes.

Agreement

By signing below, you acknowledge that you have read and understood the information above, and you agree to participate in the clinical trial:

Participant Signature: _____ **Date:** _____

Thank you for considering participation in our study. If you have any questions, please do not hesitate to contact us.

Sincerely,

[Your Name]

[Your Position]

[Institution Name]

[Contact Information]