

Withdrawal from Clinical Trial Participation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Clinical Trial Coordinator

[Trial Site Name]

[Trial Site Address]

[City, State, Zip Code]

Dear [Clinical Trial Coordinator's Name],

I am writing to formally withdraw my participation from the [Trial Name] clinical trial, which I enrolled in on [Enrollment Date].

While I appreciate the opportunity to be part of this important research, I have decided it is in my best interest to withdraw at this time due to [brief reason for withdrawal, e.g., personal reasons, health concerns, etc.].

Please let me know if there are any formalities I need to complete or if you require any additional information from me.

Thank you for the support and guidance you have provided throughout my participation.

Sincerely,

[Your Name]