

# Request for Medical History for Research Participation

[Your Name]

[Your Title/Position]

[Your Institution/Organization]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Institution/Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request your cooperation in providing your medical history as part of our research study titled "[Study Title]." This study aims to [briefly explain the purpose of the study].

Your medical history will play a critical role in helping us understand [explain why their medical history is important for the study]. We assure you that all information provided will be kept confidential and used solely for research purposes in compliance with ethical guidelines.

If you agree to participate, please sign the attached consent form and return it to us by [deadline]. Should you have any questions or concerns, feel free to contact me at [your phone number] or [your email address].

Thank you for considering this request. We hope to hear from you soon.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Institution/Organization]