

Clinical Study Participation Authorization

Subject: Permission for Medical Research Participation

Dear [Guardian/Next of Kin],

I am writing to request permission for [participant name] to participate in a clinical research study titled "[study name]" conducted at [medical facility]. This study investigates [research focus] and may contribute to improved treatments.

Study Information:

- Duration: [timeframe]
- Procedures involved: [tests, medications, visits]
- Potential benefits: [expected outcomes]
- Risks and side effects: [disclosed risks]
- Participant rights: [withdrawal options, confidentiality]

The research has been approved by the Institutional Review Board and follows strict ethical guidelines. All medical expenses related to the study will be covered, and participants may receive [compensation/benefits].

Please review the attached informed consent documents carefully. I am available to answer any questions about the study procedures or requirements.

Sincerely,

[Principal Investigator]

[Medical Degree/Title]

[Institution]

[Contact Information]

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