Can be tailored for snail mail or e-mail, IRB approval required

First Last, M.D.

Title
Institution Name
Address

City, State Zip

Date

Name

Company Name

Address

City

State Zip

Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are currently conducting a clinical research study in patients with type 2 diabetes and cardiovascular disease. This study, [INSERT STUDY NAME IF APPLICABLE], is evaluating the effectiveness of [INSERT DRUG OR DEVICE NAME] in preventing cardiovascular events by lowering blood sugar in subjects with type 2 diabetes who have had recent hospitalization for a coronary event.

The [STUDY NAME] is a randomized, double-blind trial, being conducted in 40 countries world-wide and is expected to enroll 6,000 subjects. The study medication or placebo is administered as an injection once daily. Participation in the trial will last a minimum of 14 months and a maximum of 48 months depending on when a subject enrolls.

I am a [PRINCIPAL INVESTIGATOR, STUDY NURSE, STUDY COORDINATOR] for the [STUDY NAME] here in [INSERT LOCAL AREA] and would greatly appreciate your assistance as we recruit subjects. I have enclosed inclusion/exclusion information for the study and ask that if you have any potential patients for the [STUDY NAME] trial to please call or e-mail me at your earliest convenience. My [INSERT CONTACT DETAILS]. Please be assured that if your patients should qualify for [STUDY NAME], I will maintain regular contact with you about their progress.

Thank you for considering lending your support to the [STUDY NAME] study. I look forward to hearing from you.

Complimentary close,

Name of sender

Title

cc

IRB protocol #