*Date*

*Recipient Name*

*Company Name*

*Street Address*

*City, State, Zip*

*Re: Name of Trial, for X patients with X*

*Dear Name Here,*

*I am an investigator at UNMC participating in* *X clinical trial, a phase X study assessing the efficacy and safety of an investigational medication for the treatment of* ***X****. I am asking for your help in identifying and referring patients who may be both eligible and willing to participate in this trial.*

***Key trial inclusion criteria***

*When considering patients in your practice, please remember these key inclusion criteria:*

* *Age X - X*
* *Diagnosed with*
*
*
* *Must NOT be receiving*

***Trial information***

*What is the health topic? What is the significance? What problem is being addressed by the study?*

*The study is designed to assess the efficacy and safety of?*

*Patients will be randomized (expectations of the study participants).*

*Qualified patients will receive all study medication and trial-related care at no cost.*

***Referring patients***

*I am available for further consultation on the eligibility of your patients, or to provide additional information about the trial. Please be assured that my staff and I would see your patients for clinical trial purposes only. If you have or know of potentially eligible patients, please refer them to our trial coordinator, Name at 402-phone, email, for further evaluation.*

*I greatly appreciate your assistance with this clinical research trial, and thank you for your consideration.*

*Sincerely,*

*First, Last Name, MD*