**Template: Letter to Colleagues**

Guidance while using this template: The purpose of this letter is to recruit potential subject referrals from other clinicians (such as a primary care physician or specialists that are already known to the subject).In order to provide the outside clinician additional information regarding the trial it may be useful to provide them with a protocol summary, and/or a copy of the IRB-approved consent form or recruitment materials. Please remember that beyond telling their patients about the study or distributing information, the referring clinician is not permitted to perform any study related activities (such as, answer questions about the research, consent subjects, conduct study screening, etc.) unless they are an approved co-investigator on the protocol.

Directions for use:

* Anything in blue/in brackets should be filled in with information that is specific to your study.
* Delete all gray-highlighted wording before finalizing letter.

*[Date]*

*[Physician Name]*

*[Physician Address]*

Re: Patient referrals to a clinical trial [include the protocol name and/or number and clinicaltrials.gov reference if applicable]

Dear *[Physician Name]*,

I would like to inform you about a research study that your patients may be eligible for and ask you to consider referring your patients to me for possible participation in the study.

Before I tell you about the study, the UCSF IRB has asked me to include the following statement: The colleague who provides potential referrals must make every effort to present an unbiased description of the study to the prospective recruit. Potential benefits or reimbursements should not be overstated, and detailed questions about the study should be referred to the study team.

*[Provide a brief description (can be a bulleted list) of the following:*

* *The therapy under investigation/ primary objectives of the study*
* *The population that has been selected and the reason why*
* *The number of subjects that need to be recruited*
* *When recruitment will begin and when it is anticipated to conclude*
* *Brief details about number of visits and patient commitment expectations.]*

Patients that meet the following criteria may be eligible for our study: *[Include the main inclusion/exclusion criteria for the study.]*

I look forward to speaking with potential subjects in your practice who may be interested in participating in this study. Please do not hesitate to contact me with any questions or concerns. You may also have your patients contact my research team directly with any potential questions or concerns.

Best Regards,

*[PI signature Name]*

*[List of other contacts as applicable. Consider putting the name of a research nurse, designated*

*co-investigator or CRC.]*