Date

Addressee

Dear Investigator/Coordinator

***Protocol title/number***

I am pleased to confirm the first/next monitoring visit for the above study on:

*Time/date (DD/MMM/YYYY)*

I will be attending with ……(if applicable).

The following list of patients will be monitored and the following documents will be required:

*e.g.: source notes, hospital notes, case report form, Site File/Pharmacy File*

I will also be visiting the e.g. Pharmacy/Laboratories………(if applicable)

*\*Please be aware that monitoring is an integral part of the study and the study will be stopped if the monitoring queries are not completed within a suitable amount of time.*

Please do not hesitate to contact me if you have any questions or need to reschedule this visit.

Yours Sincerely

***Name***

***Job Title***