Date: [Insert Date]

From:
[Principal Investigator Name]
[Current Institution Name]
[Address]
[Phone Number]
[Email]

To:
[Receiving Physician Name]
[Receiving Institution Name]
[Address]

RE: Patient Transfer and Continuity of Care

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Protocol ID/Title: [Clinical Trial Number and Full Title]

Dear Dr. [Last Name],

This letter serves to formally transfer the clinical care and trial participation of [Patient Name] from [Current Institution] to your site, effective [Date].

Diagnosis and Clinical Status:
The patient is currently being treated for [Type and Stage of Cancer]. They have completed [Number] cycles of [Investigational Product/Regimen] as of [Date of Last Dose]. The most recent restaging scans on [Date] showed [Stable Disease/Partial Response/etc.].

Trial Status:
The patient is currently in the [Treatment/Follow-up] phase of the aforementioned study. They have tolerated the study drug [Well/with the following Toxicities: List Grade and Type]. All screening, baseline, and longitudinal data collected to date are attached.

Pending Procedures and Next Steps:
- Next scheduled dose: [Date]
- Next required imaging/labs: [Date]
- Current adverse events being monitored: [Details]

Transfer Requirements:
The Sponsor, [Sponsor Name], has been notified of this transfer. We have coordinated with the Clinical Research Coordinator, [Name], at your site to ensure the transfer of the Case Report Forms (CRFs) and the shipment of any remaining study-specific supplies.

Please find the patient's recent medical records, pathology reports, imaging discs, and the signed Informed Consent Form enclosed.

Thank you for ensuring the continuity of care for this patient. Please contact me directly if you require further clinical details.

Sincerely,

[Signature]

[Principal Investigator Name]
[Title]