

[Physician Name]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]

[Pharmaceutical Company Name]
[Department Name, e.g., Expanded Access Program]
[Address]
[City, State, Zip Code]

RE: Compassionate Use / Expanded Access Request for [Patient Name]

Dear [Contact Person or Medical Director],

I am writing to formally request compassionate use access to [Name of Investigational Medication] for my patient, [Patient Name], who is currently suffering from [Diagnosis/Condition].

My patient has a serious and life-threatening condition for which no comparable or satisfactory alternative therapy is available. We have exhausted all FDA-approved treatment options, including [List previous treatments], without success. Furthermore, my patient is ineligible for current clinical trials because [Reason for ineligibility].

Based on [cite preliminary data or clinical evidence], I believe there is a reasonable expectation that [Medication Name] may provide clinical benefit to the patient. I have discussed the risks and experimental nature of this treatment with the patient, and they have provided informed consent.

I am prepared to oversee the administration of this medication and comply with all monitoring and reporting requirements mandated by the FDA and your company. I will also submit the necessary Form FDA 3926 or 1571 upon your preliminary approval.

Please let me know the necessary steps to facilitate the shipment of this medication and if there are specific forms required by your organization.

Thank you for your time and consideration of this urgent request.

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Medical License Number]