

Date: [Insert Date]

To: [Pharmaceutical Company Name]

Attention: [Expanded Access/Compassionate Use Department]

Address: [Company Address]

Subject: Emergency Expanded Access Request for [Name of Investigational Drug/Medication]

Dear [Contact Name or Department],

I am writing to formally request emergency expanded access (compassionate use) for the investigational drug [Drug Name] for my patient, [Patient Name], who is currently suffering from [Name of Disease or Condition].

Patient Clinical Summary:

[Briefly describe the patient's current condition, medical history, and why standard therapies are no longer an option or are contraindicated.]

Justification for Request:

The patient's condition is life-threatening and requires immediate intervention. There are no comparable or satisfactory alternative therapies available to treat the patient's disease. Based on current clinical data, I believe the potential benefits of [Drug Name] outweigh the known and unknown risks in this emergency setting.

Physician Commitment:

I, [Physician Name], agree to personally supervise the administration of this medication and comply with all FDA/Regulatory Body requirements regarding monitoring and reporting. I will obtain informed consent from the patient or their legal representative prior to treatment. I have also initiated/will initiate the necessary IND (Investigational New Drug) application process with the [Regulatory Authority, e.g., FDA].

Shipping and Contact Information:

Please provide the necessary documentation and shipping details for the medication to the following address:

[Facility Name/Pharmacy Address]

[Phone Number]

[Email Address]

Thank you for your urgent consideration of this request.

Sincerely,

[Signature]

[Printed Name of Physician]

[Medical License Number]

[Hospital/Clinic Affiliation]