

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Recipient Name or "Expanded Access Program Manager"]
[Pharmaceutical Company Name]
[Company Address]

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

To the Expanded Access Committee,

I am writing as the treating physician for [Patient Name], who has been diagnosed with [Name of Terminal Illness]. Due to the advanced stage of this condition and the exhaustion of all FDA-approved treatment options, I am formally requesting compassionate use access to your investigational drug, [Name of Medication].

Currently, [Patient Name] is facing a life-threatening situation with a prognosis of [Timeframe, if applicable]. We have reviewed the clinical data for [Medication Name] and believe that the potential benefits outweigh the risks in this terminal case. There are no comparable or satisfactory alternative therapies available to monitor or treat this patient's disease at this stage.

I am prepared to oversee the administration of this medication and comply with all necessary monitoring, safety reporting, and regulatory requirements mandated by both [Company Name] and the FDA under the "Right to Try" or "Expanded Access" pathways.

Enclosed, please find the patient's medical summary and relevant clinical history for your review. We appreciate your urgent consideration of this request given the critical nature of the patient's health.

I look forward to your prompt response regarding the availability of [Medication Name] and the next steps for enrollment.

Sincerely,

[Physician Signature]

[Physician Printed Name]
[Medical License Number]
[Hospital/Clinic Affiliation]