

[Date]

[Recipient Name/Regulatory Body]

[Department]

[Address]

[City, State, Zip Code]

Subject: Endorsement for Compassionate Use Access - [Patient Name]

To Whom It May Concern,

I am writing to formally endorse the request for compassionate use/expanded access for [Patient Name], born on [Date of Birth], who is currently under my care at [Clinic Name] for the treatment of [Specific Diagnosis/Condition].

The patient is currently in a [serious/life-threatening] condition. We have exhausted all standard, approved therapeutic options, including [List previous treatments/medications], which have proven ineffective or resulted in intolerable side effects. There are currently no satisfactory alternative treatments available, and the patient is not eligible for ongoing clinical trials due to [Reason].

Based on my clinical assessment and available medical literature, I believe that [Name of Investigational Drug/Device] offers a potential benefit that outweighs the known and unknown risks. We are requesting access to this treatment to [state goal: e.g., improve quality of life, prevent further deterioration, or extend life].

Our clinic is prepared to administer the treatment, provide necessary monitoring, and comply with all safety reporting requirements as mandated by regulatory guidelines. We have also initiated contact with the manufacturer, [Company Name], regarding the availability of this product.

Thank you for your urgent consideration of this request. Please contact me directly at [Phone Number] or [Email Address] if you require further medical records or information.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic Name]