

Clinical Trial Report Author Consent

Clinical Trial Information

Study Title

Protocol Number

Sponsor

Report Title

Author Details

Author Name

Affiliation

Email

Date

Consent Statement

I confirm that I have participated in the preparation of the clinical trial report named above. I have reviewed and approve the content of the report. I consent to its submission and publication as required under the terms of the clinical trial and in accordance with sponsor policies.

Author Signature

Signature