<<Begin sample text>>

|  |  |
| --- | --- |
| Protocol Title |  |
| JeffTrial Number |  |

Dear Dr. <PI Last Name>,

Your protocol, identified above, was reviewed at the following MDG Committee meeting.

|  |  |
| --- | --- |
| MDG Committee |  |
| MDG Committee Meeting Date |  |

The protocol was NOT APPROVED with the following comments:

<Reason protocol was not approved>

Best regards,

<<End sample text>>