(Insert Date)

Dear (insert participant’s name),

We are contacting you regarding your participation in the research project titled (Insert IRB# and title).

There has been a change in the person leading the research project, also known as the Principal Investigator (PI). (Insert oldPI’s name) will no longer be leading the project. The new PI’s name is (Insert new PI’s name).

The new PI will have access to the information collected about you during the research project. The consent form and HIPAA authorization that you signed when you agreed to participate stated that you could “take back” (revoke or withdraw) your consent at any time by writing to the PI. If you wish to withdraw your HIPAA authorization, please send a written request to the following address:

[Enter PI’s name, institution, department, and address]

If you have questions regarding this letter, please contact [insert new PI’s name and phone number. (Note: You can also include the study coordinator’s name and phone number)].

Sincerely,

(Enter name of new PI or Study Coordinator)