[Date]

[Name of Medical Institution]

[Address of Medical Institution]

Reference: Agreement between “Your Company Name” and [Full Name of HCP]

Dear Sir/Madam

To ensure appropriate transparency with regard to the disclosure or approval requirements associated with consulting agreements, we would like to notify you that “Your Company Name” intends to enter into a consulting agreement (“the Agreement”) with [Name of HCP](“the Consultant”) under the following scope:

[Duties as listed in Agreement]

From [start date] to [end date].

The proposed consulting agreement is not conditional upon any obligation for the Consultant or its medical institution/employer to use, recommend, promote or purchase products of “Your Company Name” (or any of its affiliates) and is not intended to influence the Consultant or its medical institution/employer to do so.

Please inform us and the Consultant, within 10 calendar days whether the proposed Agreement contravene with your internal rules and regulations concerning consulting arrangements, or if there is any other reason which would prohibit us from proceeding with the Agreement. If we do not receive any written objection from you, this Agreement shall be deemed appropriate under the above rules and regulations and accepted by you.

Yours sincerely,

“Your Company Name”

 Date:

[Authorized “Your Company Name” Signatory]

[Title]