[Your Institution's Letterhead]
[Date]
[Participant's Name]
[Participant's Address]
[City, State, Zip Code]

Dear [Participant's Name],

Subject: Continuous Glucose Monitoring (CGM) Notification for Clinical Trials

We hope this letter finds you well. As part of your participation in the [Title of Clinical Trial], we would like to inform you about the use of Continuous Glucose Monitoring (CGM) devices during the trial period.

The CGM system will assist in providing real-time glucose readings and data that are crucial for monitoring your health and progress throughout the study. Here are some key points regarding the CGM device:

1. **Device Description:**
 - The CGM device will be equipped with [brief description of the device, e.g., sensors, display features].
2. **Monitoring Period:**
 - You will be monitored with the CGM for [duration of monitoring].
3. **Data Collection:**
 - The data collected will include glucose levels, trends, and any relevant alerts during your participation.
4. **Participant Responsibilities:**
 - It is important to [list participant responsibilities, e.g., wear the device at all times, report any issues].
5. **Confidentiality:**
 - All information gathered through the CGM will be kept confidential and used solely for the purposes of this research study.

If you have any questions or concerns regarding the CGM monitoring process or the trial in general, please do not hesitate to reach out to us at [contact information].

Thank you for your commitment to this important research.

Sincerely,
[Your Name]
[Your Title]
[Your Institution]
[Contact Information]
[Institution's Logo]