

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Recipient's Organization]
[Organization's Address]
[City, State, Zip Code]

Subject: Submission of PV NRT Letter

Dear [Recipient's Name],

I am writing to submit the Pharmacovigilance Non-Routine Transmission (PV NRT) letter as requested. Please find attached the necessary documents and relevant information pertaining to [specific details about the subject of the letter, e.g., adverse event reports, product information, etc.].

Thank you for your attention to this matter. If you require any additional information or clarification, please do not hesitate to contact me.

Sincerely,

[Your Name]
[Your Job Title/Position]
[Your Organization]
[Your Organization's Address]
[City, State, Zip Code]