**Memorandum**

**Subject:** MATRIX-xxx PSRT Call – Month Year Cancelled

**Memo Date:** Month, Day, Year

**To:** MATRIX-xxx PSRT

**Prepared by:**  [add Full Name], MD, MATRIX-xxx Safety Physician

Dear MATRIX-xxx PSRT:

The call scheduled for [month, day, year] was cancelled due to [add reason for the cancellation].

[Provide a summary/overview of the adverse events for this month and any planned queries or actions.]

Please reply to this group if you have any questions or concerns from your review of this month’s reports.

The next PSRT call is scheduled for [month, day, year] at [time] AM/PM EST.

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MATRIX-xxx Safety Physician Signature Date (mm/dd/yyyy)