

Clinical Research Collaboration Agreement Form

Party 1 (Institution/Organization):

Authorized Representative:

Address:

Party 2 (Collaborator):

Authorized Representative:

Address:

Project Details

Project Title:

Description:

Collaboration Terms

Scope of Collaboration:

Roles and Responsibilities:

Timeline:

Funding (if applicable):

Intellectual Property:

Confidentiality:

Additional Terms

Effective Date

Party 1 Signature:

Date:

Party 2 Signature:

Date: