

Clinical Trial Collaborative Agreement Form

1. Parties

Institution/Organization Name

Collaborating Organization Name

Principal Investigator Name

Contact Information

2. Trial Information

Trial Title

Protocol Number

Trial Phase

Brief Description

3. Objectives and Scope

Objectives

Scope of Collaboration

4. Roles & Responsibilities

Responsibilities of Institution

Responsibilities of Collaborator

5. Financial Arrangements

Budget Summary

Funding Source(s)

6. Intellectual Property & Publication

IP Arrangements

Publication Rights

7. Confidentiality

Confidentiality Terms

8. Signatures

Authorized Representative of Institution

Date

Authorized Representative of Collaborator

Date