Pharmacology Research Collaboration Disclosure Form

| 1. Researcher Information Full Name | |
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| | |
| Email Address | |
| | |
| Institution / Organization | |
| | |
| Role in Research | |
| | |
| 2. Research Project Information Project Title | |
| | |
| Project Description | |
| | |
| List of Collaborators (Names & Institutions) | |
| | |
| | |
| 3. Funding & Financial Disclosure Sources of Funding | |
| | |
| Financial Interests (e.g., stocks, honoraria) | |
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4. Intellectual Property / Patents

Describe Any Related Intellectual Property or Patents

| | Relevant Disclosures Conflicts or Relevant Information |
|--------------|---|
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| 6. Certifica | |
| | r, I certify that the information provided is accurate and complete to the best of my knowledge |
| Signature | |
| | |
| Date | |
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