

# Clinical Trial Partnership Agreement

Date: [Insert Date]

From:

[Your Organization Name]  
[Your Organization Address]  
[City, State, Zip Code]

To:

[Partner Organization Name]  
[Partner Organization Address]  
[City, State, Zip Code]

Dear [Partner Organization Representative],

We are pleased to propose a partnership for a clinical trial titled "[Trial Title]." This agreement outlines the terms and responsibilities of both parties during the trial.

## 1. Purpose

The purpose of this partnership is to collaborate on the clinical trial to evaluate [insert objectives].

## 2. Responsibilities

[Your Organization Name] will be responsible for:

- [Responsibility 1]
- [Responsibility 2]

[Partner Organization Name] will be responsible for:

- [Responsibility 1]
- [Responsibility 2]

## 3. Financial Arrangements

Details regarding funding and budgeting will be agreed upon in a separate document.

## 4. Confidentiality

Both parties agree to maintain confidentiality regarding all sensitive information shared during this collaboration.

## **5. Duration**

This agreement will be effective from [Start Date] and will continue until [End Date], unless terminated earlier by either party.

Please confirm your acceptance of this partnership by signing below.

Sincerely,

[Your Name]

[Your Title]

[Your Organization Name]

Accepted by:

[Partner Name]

[Partner Title]

[Partner Organization Name]

\_\_\_\_\_ Date: \_\_\_\_\_