## **Medical Research Collaboration Agreement**

Date: [Insert Date]

From:

[Your Institution Name] [Your Institution Address] [City, State, Zip Code] [Email Address] [Phone Number]

To: [Partner Institution Name] [Partner Institution Address] [City, State, Zip Code]

Dear [Partner's Name],

We are pleased to propose a collaboration on the medical research project titled "[Project Title]." This project aims to [briefly describe project goals].

Under this agreement, both parties will commit to the following terms:

- Shared resources including [specify resources].
- Joint responsibilities in data collection and analysis.
- Publication and authorship rights regarding our findings.
- Compliance with ethical standards and regulations.

Please let us know if you agree to the terms of this partnership. We look forward to the possibility of working together and advancing our shared goals in medical research.

Sincerely,

[Your Name] [Your Position] [Your Institution Name]

[Optional: Enclosures section for additional documents]