

Clinical Cooperation Contract

Date: [Insert Date]

Between:

[Partner Institution Name]

[Address]

And:

[Your Institution Name]

[Address]

Subject of the Agreement

This contract outlines the terms of cooperation between the parties for the purpose of [specify purpose, e.g., clinical research, training, etc.].

Responsibilities

[Describe the responsibilities of each party in detail.]

Confidentiality

Both parties agree to maintain confidentiality regarding any sensitive information shared during the cooperation.

Duration

This agreement will commence on [start date] and will continue until [end date], unless terminated by either party with [insert notice period] notice.

Signatures

[Partner Institution Representative Name]

[Title]

[Date]

[Your Institution Representative Name]
[Title]
[Date]