

# Pharmaceutical Partnership Agreement for Clinical Trial Collaboration

**Date:** [Insert Date]

## **Parties:**

[Company A Name]  
[Company A Address]  
[City, State, Zip Code]

[Company B Name]  
[Company B Address]  
[City, State, Zip Code]

## **Subject: Pharmaceutical Partnership Agreement**

Dear [Recipient's Name],

This letter serves as a formal agreement between [Company A Name] and [Company B Name] regarding our collaboration on the upcoming clinical trial titled "[Trial Name]." The purpose of this agreement is to outline the responsibilities, obligations, and contributions of each party involved in the clinical trial.

### **1. Purpose**

The purpose of this collaboration is to examine the efficacy and safety of [Drug/Intervention/Device Name] in [Indication or Condition].

### **2. Responsibilities**

- [Company A Name] will be responsible for [list responsibilities].
- [Company B Name] will be responsible for [list responsibilities].

### **3. Financial Terms**

The financial details regarding funding, profit-sharing, and expenses incurred during the trial will be determined and agreed upon separately.

### **4. Confidentiality**

Both parties agree to maintain confidentiality regarding any proprietary information shared during the collaboration.

## 5. Duration

This agreement shall commence on [Start Date] and shall remain in effect until the completion of the clinical trial or until terminated by either party with [notice period].

Please sign below to acknowledge your acceptance of this agreement.

Sincerely,

[Your Name]  
[Your Title]  
[Company A Name]

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[Recipient's Name]  
[Title]  
[Company B Name]