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Joint Research Agreement

* Internal Joint Research for researchers of all ages -

Under the Pfizer Health Research Foundation

|  |  |  |
| --- | --- | --- |
|  | Date : | /    / 2018 |
| Name of Joint Research Applicant |  |  |
| TO : |  |  |

|  |  |  |
| --- | --- | --- |
| Research Subject |  | |
| My (Joint Researcher’s) responsibilities in the collaborative joint research.  (Max. 200 words) | | |
|  | | |
| I agree to conduct the collaborative joint research program as described above. | | |
| Joint Researcher | Name |  |
| Institution |  |
| Title |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | Signature |