Internal Joint Research - All Ages

Joint Research Agreement

* Internal Joint Research for researchers of all ages -

Under the Pfizer Health Research Foundation

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

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| --- | --- |
| 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 |       |

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|  |  |  |
|  |  | Signature  |