**COMPANY INTELLECTUAL PROPERTY ACKNOWLEDGMENT**

(add intellectual property info here if applicable)

Name: (PARTICIPATING GROUP NAME HERE)

Address:

(Hereinafter referred to as “Participating Group”)

Name:

(Hereinafter referred to as “Affiliate Investigator”)

The Participating Group and Affiliate Investigator wish to participate in “**full name of protocol here”** (hereinafter referred to as the “Study”). The Study is to be conducted pursuant to the PROTOCOL (short tilte here) Eudract no XXXXXXXXXXXX

(“Protocol”).

Affiliate Investigator and Participating Group acknowledge that during and for a period of ten (10) years after the termination of the Study, Affiliate Investigator and Participating Group shall retain in confidence all information obtained from Company relating to the Study Drug and any other information or material disclosed obtained from Company that is marked Confidential and Proprietary.

The sole and exclusive right to any inventions, discoveries or innovations (“Inventions”), whether patentable or not, arising directly or indirectly in the performance of the Protocol and Study under this Agreement, arising out of the use of (name of study drug) the Study Drug, shall be the property of Company. Affiliate Investigator and Participating Group will promptly notify Company in writing of any such Inventions, and at Company’s request and expense Affiliate Investigator and Participating Group will cause to be assigned to Company all right, title and interest in and to any such Inventions and provide reasonable assistance to obtain patents, including causing the execution of any invention assignment or other documents.

**Agreed and Accepted:**

**PARTICIPATING GROUP**

BY: (PARTICIPATING GROUP NAME HERE)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge that I have read and agree with the terms of this Acknowledgment and that I will act and perform my duties in the Study in accordance therewith, including but not limited to the assignment to Company of any proprietary rights relating to the study data and/or Inventions that I may otherwise have according to law.

**AFFILIATE INVESTIGATOR**

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_clinical investigator at each (participating group name here) Clinical Centre

NAME:

TITLE:

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_