**MEMORANDUM OF AGREEMENT/UNDERSTANDING (MOA/MOU)**

**BETWEEN**

(**PARTY A:** Lead Principal Investigator of the project)

**AND**

(**PARTY B:** Personnel in the project)

This is an agreement between:

**PARTY A** hereinafter called: (Lead Principal Investigator of the project)

**AND**

**PARTY B** hereinafter called: (Research team member name)

**ARTICLE 1: TITLE AND REFERENCE NUMBER OF THE RESEARCH PROJECT**

**ARTICLE 2: RESPONSIBILITIES OF PARTY A**

The LPI will conduct the study according to the ethical principles and research policies of PHCC.

The LPI will submit all the required signed documents for releasing the approved budget in timely manner and according to the rules and regulations of the research finance policies, RBSC and Department of Clinical Research.

The LPI should acknowledge PHCC as research funding agency for any published paper.

The row data should be shared with the Department of Clinical Research.

**ARTICLE 3: RESPONSIBILITIES OF PARTY B**

To conduct the study according to the ethical principles and research policies of PHCC.

Submitting all the required signed documents for releasing the approved budget in timely manner and according to the rules and regulations of the research finance policies, RBSC and Department of Clinical Research.

**ARTICLE 4: FINANCIAL MEASURES**

The total amount of approved budget is **(**AMOUNT**)** QAR for the below categories:(Please type the items as described in the approval budget letter):

The Beneficial researcher is responsible to submit all required documents in order to claim the approved budget for the different approved categories.

**ARTICLE 5: CONFIDENTIALITY OF DATA**

All data entry and analysis will be conducted by the principal investigator. After that, all data will be checked for completeness and accuracy.

The collected patient data will be maintained confidential to protect patient privacy and abide by the patient safety laws of Hamad Medical Corporation in conjunction with Primary Health Care Corporation.

Data protection will be assured by saving the data in a password-protected computer for which only the lead principal investigator will have an access.

**ARTICLE 6: DURATION OF THIS AGREEMENT**

This project has been approved by the Choose an item. on the Click or tap to enter a date. and this agreement is valid until Click or tap to enter a date. .

**ARTICLE 7: COPIES OF THIS AGREEMENT**

One copy of the agreement will be kept in the Department of Clinical Research, one copy will be with the researcher, and one copy for PHCC Finance Department.

**EFFECTIVE DATE AND SIGNATURE**

This MOA/MOU shall be effective upon the signature of Parties A and B authorized officials.

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| --- | --- |
| **Party A** | **Party B** |
| Name (Principal Investigator of the project): | Name (Research team member name): |
| Title: | Title: |
| Date: | Date: |
| Signature: | Signature: |