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## Letter of Collaborating Department / Division

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To:

Principal Investigator/Project Director Name

From:

Name, Title, and Department Representing

Date:

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Project Name:

I have been given a description of the project and any other pertinent information (e.g. availability of compensation, authorship expectations, etc.), and agree that our Department / Division will collaborate as requested.

The type and scope of our collaboration includes:

Should circumstances change, I reserve the right to further conversation and will give adequate notice if we are no longer able to collaborate on this project.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Once this form is complete please email to [researchassist@spectrumhealth.org](mailto:researchassist@spectrumhealth.org)