**STANDARDS COORDINATING BODY FOR REGENERATIVE MEDICINE**

**PROJECT AGREEMENT**

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| **ORGANIZATON DETAILS** |  |
| **Name(s):** |  |
| **Address:** |  |
| **PRIMARY CONTACT** |  |
| **Name:** |  |
| **Telephone Number:** |  |
| **E-mail Address:** |  |

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| **PROJECT OVERVIEW** |  |
| **Who are the person(s) leading the project?** |  |
| **Project duration:** |  |
| **PROJECT DESCRIPTION –** Please provide an overview, including a statement of purpose and goals for the project. | |
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| **PLEASE STATE YOUR OBJECTIVES FOR WORKING WITH THE SCB** |
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| **WHAT ARE THE MAIN DELIVERABLES FOR THIS PROJECT?** Please specify. |
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| **WHAT IS THE RELEVANCE OF THE WORK WE ARE CREATING FOR THE REGENERATIVE MEDICINE SECTOR?** |
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| **SDOs AND OTHER SCB STAKEHOLDERS INVOLVED IN PROJECT –** Please list. |
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| **IS IT EXPECTED THAT THE RESULTS OF THIS PROJECT SHOULD BE PUBLISHED IN A SCHOLARLY JOURNAL?** Please list any identified journals, if yes. |
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| **WHAT ARE THE TECHNICAL QUALIFICATIONS OF THE GROUP?** Please list, and submit individual background descriptions as an attachment. |
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The material and any experimental data will be used solely for the purpose of scientific investigations and consensus standards generation.  Material and any experimental data shall not be transferred to others without the expressed written consent of the SCB. The material and experimental data may not be used for any commercial purpose without the expressed written consent of the SCB and consensus of involved parties. The transfer of the materials and data shall not constitute a sale of the material/data or an option or license in or to any rights, title or interest in or to the material/data.

**PARTICIPANT**

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

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

**SCB PRESIDENT / CEO**

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

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