

Exhibit A

Research Plan for Clinical Research Study with no External Sponsor

Research Plan for Protocol:

(title of protocol)

This Research Plan (“Research Plan”) between the **University Hospital** (“Hospital”) and **Rutgers, the State University of New Jersey** (“Rutgers” or the “School”) is made pursuant to the Research Affiliation Agreement effective July 1, 2013 (“Research Affiliation Agreement”), which is incorporated by reference herein and made part of this Research Plan.

Whereas, Rutgers and the Hospital have agreed to the terms and conditions set forth in the Research Affiliation Agreement and wish to perform the services requested by this Research Plan;

Now, therefore, the Parties agree:

Definitions. All capitalized terms used but not otherwise defined herein shall have the meanings ascribed to them in the Research Affiliation Agreement.

Research. _____ (the “Principal Investigator”) has requested to conduct a Clinical Research study according to the protocol entitled,

(title of protocol)

Scope of Work. The specific Scope of Hospital services contemplated by this Research Plan and obligations are set forth in the attachments indicated below, which are incorporated herein:

- Attachment A - Protocol (required for ALL studies)
- Attachment B - UH Chart Review Registration Form (required for retrospective chart review studies)
- Attachment C - Scope of Hospital services (required when study entails use of University Hospital resources in addition to medical records, including but not limited to interaction with subjects in a UH facility or procedures performed by UH laboratory, radiology, etc.)
- Attachment D – Billing Plan (required when study entails billable clinical procedures performed by UH)

Term. The term of this Research Plan shall commence on _____ and shall end when the Clinical Research is concluded at the Hospital. The Parties agree that the term may be extended by mutual written agreement.

Notice. In addition to the notices to be provided under Article 12 of the Master Affiliation Agreement, the following notices shall be provided pursuant to this Research Plan:

To Principal Investigator:

_____ (Name)
_____ (Rutgers school/unit)
_____ (Department)
_____ (Office address)

Amendments. No modification, amendment, or waiver of this Research Plan shall be effective unless in writing and duly executed by each Party.

ACKNOWLEDGED, ACCEPTED AND AGREED TO:

University Hospital

Signature _____ Date _____

Name Printed: _____ Title: _____

Rutgers, The State University of New Jersey

Signature _____ Date _____

Name Printed: _____ Title: _____

Read and Acknowledged - Principal investigator

Signature _____ Date _____

Name Printed: _____

Attachments (check applicable):

- Attachment A - Protocol
- Attachment B - UH Chart Review Registration Form
- Attachment C - Scope of Hospital services
- Attachment D – Billing Plan