



Request For Confidential Disclosure Agreement (CDA)

Date:

To: Lili Portilla
Director, Office of Strategic Alliances
9800 Medical Center Drive
Building B, Room 3022
Rockville, MD 20850

NCATS Investigator:

Collaborating Institute:

- 1 Way In (For an outside party providing confidential information to NCATS)
- 1 Way Out (For an outside party receiving confidential information from NCATS)
- 2 Way (For 2 Parties sharing confidential information)

Please list the confidential information and reason for the CDA to be executed:

Participants at NCATS needed:

Collaborating Parties & Contact:

****Please attach all subject matter that you feel is relevant to this agreement****