HA Tripartite Clinic Indication of Interests

for Research

To: Secretariat

Hospital Authority Chinese Medicine Central Research Working Group

Email: hacmkenquiry@ha.org.hk

Fax: 2338 5189

We **\*are / are not** interested to support **\*with / without** financial and/or manpower indications to the following project :

|  |  |
| --- | --- |
| Project Title |  |
| Principal Investigator |  |
| Institution |  |
| Reason to Support*(Example: relevant to the development direction of the CMCTR, e.g. cancer)* |  |

\* Please delete where inapplicable

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For and On Behalf of HA Tripartite Clinic : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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