

## HA Tripartite Clinic Indication of Interests for Research

To: Secretariat  
Hospital Authority Chinese Medicine Central Research Working Group  
Email: [hacmkenquiry@ha.org.hk](mailto: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<br>( <i>Example: relevant to the development direction of the CMCTR, e.g. cancer</i> ) |  |

\* Please delete where inapplicable

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

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

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

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

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