COMMONLY REQUESTED INFORMATION FOR CLINICAL TRIAL CONTRACTS

Binding Party

The Pennsylvania State University and The Milton S. Hershey Medical Center (collectively “Institution”). ____________________ will act on behalf of Institution as “Investigator”.

Address

500 University Drive
P.O. Box 850
Hershey, PA 17033

Payments

- Checks should be made payable to: The Pennsylvania State University
- Tax ID#24-6000376A3
- Payment should be mailed to:
  (USPS)
  Controller’s Office
  The Pennsylvania State University
  P.O. Box 850
  MCG230
  Hershey, PA 17033
  ATTENTION: TRESSA JILEK
  (Ground Delivery ONLY)
  Controller’s Office
  The Pennsylvania State University
  44 East Granada Avenue
  MCG230
  Hershey, PA 17033
  ATTENTION: TRESSA JILEK

Please reference the Principal Investigator and Protocol/Study Number on the check.
Notices

Any notices required to be given under this Agreement shall be in writing and delivered by overnight mail, first class mail or fax addressed to the parties as follows:

- **For Institution:**
  Office of Research Affairs, Room C1604
  The Pennsylvania State University – College of Medicine
  The Milton S. Hershey Medical Center
  P.O. Box 850
  500 University Drive
  Hershey, PA 17033
  717-531-4196 (phone)
  717-531-0040 (fax)

- **Institution’s Principal Investigator:**
  The Pennsylvania State University – College of Medicine
  The Milton S. Hershey Medical Center
  Department of ______________________
  500 University Drive
  Hershey, PA 17033

**Signature Information**

- **THE PENNSYLVANIA STATE UNIVERSITY**
  BY: ____________________________________
  NAME: Vincent A. Falvo
  TITLE: Associate Controller
  DATE: _________________________________

- **THE MILTON S. HERSHEY MEDICAL CENTER**
  BY: ___________________________________
  NAME: Kevin J. Haley
  TITLE: Chief Financial Officer
  DATE: ____________________________

- **READ AND UNDERSTOOD**
  BY: ____________________________________
  NAME: ________________________________
  TITLE: Investigator
  DATE: _________________________________
Contracts Address (send directly)

Office of Research Affairs
Room C1604
The Pennsylvania State University
College of Medicine
500 University Drive
Hershey, PA 17033
717-531-4196 (Phone)
717-531-0040 (Fax)

Confidentiality Agreements Address (send directly)

Office of Technology Development
Mail Code R110
The Pennsylvania State University
College of Medicine
500 University Drive
Hershey, PA 17033
717-531-8496 (Phone)
717-531-8684 (Fax)

Additional Signature Authority – Confidentiality Agreements

Paul G. Swinko, Jr.
Director of Finance