

**Maine Center for Osteoporosis Research and Education Laboratory
St. Joseph Hospital
360 Broadway, PO Box 403 • Bangor, Maine 04402-0403**

STATEMENT OF INTENT TO ESTABLISH A CONSORTIUM AGREEMENT

Date: _____

Application Title: _____

Proposed Project Period or Total Number of Samples: _____

PI: _____

Type of Analyses/Price per Sample: _____

PLEASE NOTE: As part of this consortium agreement a copy of the IRB approval and informed consent form for the study will be given to St. Joseph Hospital MeCORE Lab.

ST. JOSEPH HOSPITAL
(Consortium Institution)

Principal Investigator/Date

Clifford J. Rosen, MD / Date

Wayne Woodford, COO / Date

The appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the NIH Consortium agreement policy and are prepared to establish the necessary inter-institutional agreement(s) consistent with that policy.