**Exhibit A**

**Study Acknowledgement Form For**

**Master Agreement for Clinical Trial Research Site Indemnification**

**For Medical Device Trials Conducted by Emory at Grady**

This Study Acknowledgement Form shall be completed and signed by representatives of both Parties prior to the initiation of a Study at Grady facilities. Capitalized terms used in this Study Acknowledgment Form not defined herein shall have the meanings ascribed to such terms in the Master Agreement for Clinical Trial Research Site Indemnification for Medical Device Trials Conducted by Emory at Grady, between Emory University (“Emory”) and Grady Memorial Hospital Corporation d/b/a Grady Health System (“Grady”) (the “Agreement”).

1. **Study Information:**

Study Protocol Name:

Study Sponsor:

Sponsor’s Study Protocol Number (if applicable):

Study Device(s):

Emory Study PI:

Emory’s Study Reference (EPEX) Number:

(Note: If the study is not being conducted under a funded study agreement and there is no associated EPEX number, provide a copy of the agreement governing the transfer and use of the Study Device)

Emory’s Study IRB Number:

1. **Indemnification From Sponsor:**

☐ Grady is indemnified by the Sponsor as follows (check one):

☐ Grady or “Study site” is included as a Sponsor indemnified party in the Study Agreement.

☐ Grady or “Study site” is included as a Sponsor indemnified party in an amendment to the Study Agreement.

☐ Grady is indemnified by Sponsor pursuant to a separate letter of indemnification between Sponsor and Grady.

☐ No indemnification is provided by the Sponsor.

*[Acknowledgment and approval page follows]*

Acknowledged and approved by the following Party representatives:

|  |  |
| --- | --- |
| **Grady Memorial Hospital Corporation d/b/a Grady Health System**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By: Title: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Emory University**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |