**Thesis Committee Member Collaboration Agreement**

As a member of a Thesis Committee, I have access to the data of the PhD Student of the Forschungsinstitut für Molekulare Pathologie GmbH (hereinafter “IMP”), or the Institut für Molekulare Biotechnologie GmbH (hereinafter “IMBA”), or the Gregor Mendel-Institut für Molekulare Pflanzenbiologie GmbH (hereinafter “GMI”) or the University of Vienna / Medical University of Vienna, Max F. Perutz Laboratories Support GmbH, collectively “Max Perutz Labs Vienna” (hereinafter “MPL”) at Dr.-Bohr-Gasse/Campus-Vienna BioCenter in 1030 Vienna.

I herewith declare to keep any and all information and documentation which I have received or may receive in the future with regard to the research activities of IMP, IMBA, GMI and MPL strictly confidential, and that I will not disclose such information and documentation to any third party without the prior consent of IMP, IMBA, GMI and MPL. I take note that I am not permitted to disclose transcripts, hard and electronic copies or other records of any documentation that I have received or may receive in the future, and that I am obliged to completely destroy or delete such records immediately upon request of IMP, IMBA, GMI or MPL. Furthermore, I am aware that I am not entitled to use or exploit any information or documentation which I have received or may receive in the future for research and commercial purposes, or to seek intellectual property protection for any such information or documentation, per­sonally or by means of third parties, without the explicit written consent of IMP, IMBA, GMI and MPL.

The duty of confidentiality imposed upon me includes all information with regard to the research activities of IMP, IMBA, GMI and MPL which has been confided to me or of which I have or will become aware by means of verbal communication, samples, drawings, documents, records, electronic memories, data carriers or other memory devices. My duty of confidentiality shall survive the graduation of the PhD Student.

This collaboration is valid until the PhD Student graduates.

With my signature below I confirm my acceptance to the terms of this collaboration agreement.

Date: …………………………………………….. Signature: …………………………………………

Date of Birth: …………………………………… PRINT NAME: ……………………………………

Institution: ……………………………………….

**Confirmation of PhD Student and Supervisor**:

STUDENT NAME, INSTITUTE: ……………………………………………………………………

Date: ……………………………………………… Signature: ……………………………………

SUPERVISOR NAME, INSTITUTE: ………………………………………………………………

Date: ……………………………………………… Signature: ……………………………………