

RESEARCH TOOL DISCLOSURE FORM

Principal Investigator Name:

Institution:

Building:

Room Number:

Phone Number:

E-mail Address:

Is the Principal Investigator the technical contact for this research tool? Yes No

* If no, please provide contact information:

REAGENT INFORMATION

Reagent Category (check or circle one):

Animal model

Antibody

Assay

Cell line

Gene or protein

Plasmid

Other

Reagent name:

Brief description of reagent:

Benefits and drawbacks of reagent:

If there are any drawbacks to this reagent, how might they be overcome?

Which companies might have commercial interest in this reagent and how much might they be willing to pay?

Is this reagent currently available for distribution? Yes No

* If yes, where?

* If no, what needs to be done?

What quantity of the reagent is available for distribution?

Has there been any public disclosure or offer for sale of the reagent? Yes No

* If yes, when and where?

RESEARCH INFORMATION

Was this research tool conceived or developed in the performance of the experimental, developmental, or research work called for by a federal or private foundation grant?

Yes No

* If yes, enter grant number and sponsor name:

Was this research tool conceived or developed in the performance of the experimental, developmental, or research work called for by a contract with a private party?

Yes No

* If yes, identify the party:

Was this reagent developed using materials or technology received under an MTA?

Yes No

* If yes, identify the party and state any known restrictions on commercialization:

Were there other collaborators for the development of the reagent?

Yes No

* If yes, name them and their institute:

REFERENCE INFORMATION

References or prepublication information:

INVESTIGATOR CONTRIBUTION

Signature	Date	Percent contribution
Printed Name:		

Signature	Date	Percent contribution
Printed Name:		

Signature	Date	Percent contribution
Printed Name:		

Signature	Date	Percent contribution
Printed Name:		

Signature	Date	Percent contribution
Printed Name:		

Signature	Date	Percent contribution
Printed Name:		

Signature	Date	Percent contribution
Printed Name:		

Signature of Institute Director or Deputy Director of Administration.
I have read and understood the foregoing disclosure above.

Signature	Date	Title
Printed Name:		