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ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office of Innovation & Partnerships

**Research Material Disclosure Form**

**RESEARCH MATERIAL TITLE**: Areas for text entry automatically expand and wrap to accommodate the text entered.

**DEVELOPERS:** Developers should include only those people who contributed to the development of the Research Material.

|  |  |
| --- | --- |
| Name: Click here to enter text. | Title: Choose an item. |
| LSU Health Address: Click here to enter text. |
| Department: Choose an item. | Contribution %: Click here to enter text. |
| Work Phone: Click here to enter text. | Work Email: Click here to enter text. | Other Email: Click here to enter text. |
| Home Address: Information necessary for royalty distribution. |

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| --- | --- |
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| LSU Health Address: Click here to enter text. |
| Department: Choose an item. | Contribution %: Click here to enter text. |
| Work Phone: Click here to enter text. | Work Email: Click here to enter text. | Other Email: Click here to enter text. |
| Home Address: Information necessary for royalty distribution. |

* Are there any non-LSU Health Developers? Choose an item.

**Research Material:**

* Description of the Research Material:

Click here to enter text.

* What are the potential applications of the Research Material? Please list as many possible uses as you can thinking also of applications outside your field:

Click here to enter text.

* When was the Research Material created:

Click here to enter text.

* Have you published information related to the generation or isolation of the Research Material? Choose an item.
* If “YES,” please provide the citation: Click here to enter text.
* Do you intend to publish information on the generation or isolation of the Research Material? Choose an item.
* If “YES,” please provide the anticipated submission date: Click here to enter text.

**THIRD PARTY OBLIGATIONS**: This information is important so that we may verify any obligations the university may have to third parties.

* Did your development of this Research Material result from sponsored research? Choose an item.
* If “YES,” please provide the following information:

|  |  |
| --- | --- |
| Sponsor name: Click here to enter text. | Contract/Grant #: Click here to enter text. |
| Sponsor name: Click here to enter text.  | Contract/Grant #: Click here to enter text. |

* If “NO,” please indicate how this work was funded:

Click here to enter text.

* Does the Research Material contain other materials originally generated outside your lab? Choose an item.
* If “YES,” name the provider entities and the materials used (examples of materials include a DNA construct, a gene, a promoter, a parental mouse strain, or an original cell line, etc.):

Provider Entity: Click here to enter text. Material Provided: Click here to enter text.

Provider Entity: Click here to enter text. Material Provided: Click here to enter text.

**EXECUTION BY DEVELOPERS**: By signing below, you affirm that you are not under any obligation to assign rights in this Research Material to any other party (e.g., to an employer for whom you worked before your employment at LSU began). **You further agree to assign and do hereby assign to LSU all of your right, title, and interest in and to this Research Material and all other LSU Intellectual Property (as defined in** [**Part II, Chapter VII of LSU’s Bylaws & Regulations**](http://www.lsusystem.edu/docs/bylaws/BYLAWS_Chapter%20VII.pdf)**), in accordance with LSU’s Bylaws & Regulations and as required by your employment with LSU** (NOTE: this affirmation does ***not*** apply to non-LSU Health developers). If the “*Contribution %*” fields have been completed above, then by signing below you are also agreeing to an irrevocable allocation of the developers’ share of royalties accordingly.

Name: Click here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Name: Click here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Please deliver this form to:

**Office of Innovation & Partnerships**

**433 Bolivar Street, Suite 8185, New Orleans, LA 70112**

**Or send a scanned copy of the signed form to** **oip@lsuhsc.edu**

Please call (504) 568-8303 or email oip@lsuhsc.edu if you have any questions.

**ADDITIONAL LSU HEALTH DEVELOPERS:**

|  |  |  |
| --- | --- | --- |
| Name: Click here to enter text. | Title: Choose an item. | Citizenship: Click here to enter text. |
| LSU Health Address: Click here to enter text. |
| Department: Choose an item. | Contribution %: Click here to enter text. |
| Work Phone: Click here to enter text. | Work Email: Click here to enter text. | Other Email: Click here to enter text. |
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**ADDITIONAL DEVELOPERS FROM OTHER LSU CAMPUSES:**

|  |  |  |
| --- | --- | --- |
| Name: Click here to enter text. | Title: Choose an item. | Citizenship: Click here to enter text. |
| LSU Address: Click here to enter text. |
| Department: Click here to enter text. | Contribution %: Click here to enter text. |
| Work Phone: Click here to enter text. | Work Email: Click here to enter text. | Other Email: Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Name: Click here to enter text. | Title: Choose an item. | Citizenship: Click here to enter text. |
| LSU Address: Click here to enter text. |
| Department: Click here to enter text. | Contribution %: Click here to enter text. |
| Work Phone: Click here to enter text. | Work Email: Click here to enter text. | Other Email: Click here to enter text. |

**ADDITIONAL NON-LSU DEVELOPERS:**

|  |  |  |
| --- | --- | --- |
| Name: Click here to enter text. | Title: Choose an item. | Citizenship: Click here to enter text. |
| Name of Employer: Click here to enter text. | Have you disclosed this to your employer? Choose an item. |
| Work Address: Click here to enter text. |
| Work Phone: Click here to enter text. | Work Email: Click here to enter text. | Other Email: Click here to enter text. |

|  |  |  |
| --- | --- | --- |
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