**Research Tool Disclosure Form**

*Please use this disclosure form for disclosing research tools and reagents such as antibodies,*

*plasmids, cell lines, or unique animal models to KUCTC.*

**Thank you for taking the time to disclose a new Research Tool to KUCTC!** Whether you are part of the KUMC, Lawrence, Edwards, Wichita, or Salina campus, we appreciate your efforts to be innovative! Many tools developed for your own purposes in the lab like antibodies, plasmids and cell lines can have uses elsewhere. For these types of research tools, KUCTC often engages with industry partners to ensure broad dissemination through commercial channels**.**

If this is your first time submitting an invention disclosure, please see our guide and instructions in **Exhibit A** at the end of this form; otherwise please dive in and share your innovation with us! If you have any questions while completing this form, please contact our team at [kuctc@ku.edu](mailto:kuctc@ku.edu).

We look forward to working with you! Rock Chalk Jayhawk!

**RETURN THIS FORM ONCE COMPLETED TO: KUCTC@ku.edu**

For KUCTC Use Only:

Sponsor Verified (Y/N): \_\_\_\_\_\_\_\_ Export Control (Y/N): \_\_\_\_\_\_\_\_\_\_ If Industry Sponsor, Is SRA applicable/executed? (Y/N): \_\_\_\_\_\_

Copyright (Y/N): \_\_\_\_\_\_\_\_\_\_\_\_\_ Report to iEdison (Y/N): ­­\_\_\_\_\_\_\_\_ Tech Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is MTA Linked (Y/N): \_\_\_\_\_\_\_\_\_ 3rd Party Material Use (Y/N): \_\_\_\_\_\_ If Federally Sponsored, Award Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is lead for patenting? \_\_\_\_\_\_Sponsor? \_\_\_\_\_\_KU? \_\_\_\_\_\_\_Co-inventor Institution?

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| **Part I: Description of the Research Tool** | |
| **Research Tool Disclosure Title1:** [Title] | |
| **Tool Type2:** | |
| Monoclonal Antibody  Polyclonal Antibody  Plasmid | Cell Line  Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Brief Description3:** *Provide a short description of the research tool.* | |
| **Optional Information:**  *Please list any potential industry partners who may find the disclosed invention of interest.*  ***This information is appreciated but not required to disclose.*** | |

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| **Part II: Research Tool Specifics4** | |
| **Monoclonal Antibodies** | |
| Clone Name |  |
| Specificity |  |
| Host Species |  |
| Immunogen |  |
| Species Reactivity |  |
| Application (Western blot, IHC, etc.) |  |
| Other details or description (please write a few sentences describing how the material was developed) |  |
| **Polyclonal Antibody** | |
| Species Immunized |  |
| Peptide Sequence |  |
| IgG concentration (mg/mL) |  |
| Storage Conditions |  |
| Quantity Available |  |
| Other details or description (please write a few sentences describing how the material was developed) |  |
| **Plasmids** | |
| Backbone |  |
| Insert |  |
| Corresponding cell or bacteria type(s) for transformation |  |
| Other details or description (please write a few sentences describing how the material was developed) |  |
| **Cell Lines & Other Materials (animal models, etc.)** | |
| Please include below or attached a paragraph written description of the tool and its development. | |

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| **Part III: Public Disclosures** | | |
| **Disclosures:** Has this work been described either in a **publication** or **public presentation** (external to KU)? | | Yes  No |
| If **yes**, please include names of periodicals/journals/conferences and attach a copy. | Where: | Date: |
| **If unpublished or undisclosed**, please share you plans for publishing or presenting. | Where: | Date: |

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| **Part IV: Support, Materials, & Other Obligations** | | | | | |
| **Funding Information5:** | | | | | |
| Please check the source(s) of support used in the research/development of the disclosed work.  Federal  Foundation  Industry  State  Internal  Other  NONE | | | | | |
| Please identify below each funding source’s name and each corresponding grant/contract or award number/ID. Please add rows if needed. | | | | | |
| **Funding Source Name**  *(List primary funding source first)* | **Grant/Contract Number** | | **Award Date** | **Principal Investigator** | |
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| **Third Party Material6:** | | | | | |
| Were any materials or data provided by a third party?  Yes  No  Unknown | | If yes, please provide details: | | | |
| If yes, are the material/equipment proprietary or subject to export control?  Yes  No  Unknown | | If yes, please provide details: | | | |
| If yes, were the material or data provided under a material transfer agreement (MTA) or data use agreement (DUA)?  Yes  No  Unknown | | If yes, please provide details including a description of the material/data, the provider, and a KU reference number for the agreement if possible: | | | |
| **Export Control7:** | | | | | |
| Does the disclosed work have a potential for “Dual Use” meaning having both a potential commercial application as well as possible military application or are you aware of applicable export control relevant to the disclosed invention?  *For examples of what types of projects, technology, or materials may be subject to export control restrictions please see number 8 in Exhibit A. For additional information on export control regulations please see -* [*https://export-compliance.ku.edu/compliance*](https://export-compliance.ku.edu/compliance) | | | | | Yes  No |
| If “Yes” please provide additional details: | | | | | |

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| **Part V: Contributor Information8** | | | | | | | |
| **Contributors & Allocation9:** | | | | | | | |
| Please List **ALL** contributors10 (non-KU contributors should also be included) and the percentage of their contribution below. Add additional rows if needed.  List percentage of contribution at the time of this disclosure is necessary and the “Contribution %” should reflect each contributor’s contribution to the conception and creation of the work and should be agreed upon by all contributors. KUCTC understands that contributions may fluctuate as the technology is developed. If percent contribution is not included, KUCTC will assume an equal contribution from each individual. | | | | | | | |
| **Contributor’s Name** | | **%** | | **Contributor’s Institution** | | | |
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| **KU** **CONTRIBUTOR #1 - PRIMARY CONTACT** | | | | | | | | |
| Full Name: | | | Citizenship:  US Citizen  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Home Address: | | | Home/Cell Phone: | | | | | |
|  | | | Home Email: | | | | | |
|  | | | Work Email: | | | | | |
| **Faculty Members**, please list the department and school of your faculty appointment: | | | | | |  | | |
| **Non-faculty Members**, please list the department, center or institute in which you are employed: | | | | | |  | | |
| **OPTIONAL11** | Gender Identity:  Male  Female  Prefer Not Answer | | | | | | | |
|  | Race/Ethnicity:  American Indian/Alaska Native  Asian  Black/African American  Hispanic/Latino  Native Hawaiian/Pacific Islander  White  Other | | | | | | | |
| **Veterans Affairs (VA) Appointment Affiliation:** | | | | | | | | |
| No VA Appointment  VA Appointment: Dually Appointed  VA Appointment Without Compensation | | | | | | | | |
| If you have a VA Appointment, did you perform any research activities at the VA for this invention? | | | | | | | Yes  No | |
| If you have a VA Appointment and answered “No” above, were you appointed to exclusively perform clinical services, attending services, or educational activities? | | | | | | | Yes  No | |
| I acknowledge the terms and conditions of the University of Kansas Intellectual Property Policy. I hereby assign all right, title and interest to this invention or work to the University of Kansas and agree to cooperate with KUCTC in the protection of this invention or work. | | | | | Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **KU** **CONTRIBUTOR #2** | | | | | |
| Full Name: | | Citizenship:  US Citizen  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Home Address: | | Home/Cell Phone: | | | |
|  | | Home Email: | | | |
|  | | Work Email: | | | |
| **Faculty Members**, please list the department and school of your faculty appointment: | | | |  | |
| **Non-faculty Members**, please list the department, center or institute in which you are employed: | | | |  | |
| **OPTIONAL11** | Gender Identity:  Male  Female  Prefer Not Answer | | | | |
|  | Race/Ethnicity:  American Indian/Alaska Native  Asian  Black/African American  Hispanic/Latino  Native Hawaiian/Pacific Islander  White  Other | | | | |
| **Veterans Affairs (VA) Appointment Affiliation:** | | | | | |
| No VA Appointment  VA Appointment: Dually Appointed  VA Appointment Without Compensation | | | | | |
| If you have a VA Appointment, did you perform any research activities at the VA for this invention? | | | | | Yes  No |
| If you have a VA Appointment and answered “No” above, were you appointed to exclusively perform clinical services, attending services, or educational activities? | | | | | Yes  No |
| I acknowledge the terms and conditions of the University of Kansas Intellectual Property Policy. I hereby assign all right, title and interest to this invention or work to the University of Kansas and agree to cooperate with KUCTC in the protection of this invention or work. | | | Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **KU** **CONTRIBUTOR #3** | | | | | |
| Full Name: | | Citizenship:  US Citizen  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Home Address: | | Home/Cell Phone: | | | |
|  | | Home Email: | | | |
|  | | Work Email: | | | |
| **Faculty Members**, please list the department and school of your faculty appointment: | | | |  | |
| **Non-faculty Members**, please list the department, center or institute in which you are employed: | | | |  | |
| **OPTIONAL11** | Gender Identity:  Male  Female  Prefer Not Answer | | | | |
|  | Race/Ethnicity:  American Indian/Alaska Native  Asian  Black/African American  Hispanic/Latino  Native Hawaiian/Pacific Islander  White  Other | | | | |
| **Veterans Affairs (VA) Appointment Affiliation:** | | | | | |
| No VA Appointment  VA Appointment: Dually Appointed  VA Appointment Without Compensation | | | | | |
| If you have a VA Appointment, did you perform any research activities at the VA for this invention? | | | | | Yes  No |
| If you have a VA Appointment and answered “No” above, were you appointed to exclusively perform clinical services, attending services, or educational activities? | | | | | Yes  No |
| I acknowledge the terms and conditions of the University of Kansas Intellectual Property Policy. I hereby assign all right, title and interest to this invention or work to the University of Kansas and agree to cooperate with KUCTC in the protection of this invention or work. | | | Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

*Please add additional tables for KU contributors as needed.*

*If non-KU contributors are involved, please complete the table below and add additional tables as needed.*

|  |  |  |
| --- | --- | --- |
| **NON-KU** **CONTRIBUTOR #1** | | |
| Full Name: | Citizenship/Visa Status: | |
| Institutional Affiliation: | Position/Title: | |
| Home Address: | Home/Cell Phone: | |
| Home Email: | |
| Work Email: | |
| Is this individual a federal employee? | | Yes  No |

|  |  |  |
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| **NON-KU** **CONTRIBUTOR #1** | | |
| Full Name: | Citizenship/Visa Status: | |
| Institutional Affiliation: | Position/Title: | |
| Home Address: | Home/Cell Phone: | |
| Home Email: | |
| Work Email: | |
| Is this individual a federal employee? | | Yes  No |

**Exhibit A – Disclosure Guide & Instructions**

Disclosing your creative work is an early and important step in the technology transfer process - it helps document the work that has been created, provides critical information needed by KUCTC to assess protection strategies, market potential, and other factors that are relevant to commercialization. We strongly encourage you to submit a Creative Work Disclosure Form prior to any public disclosure (publication, poster, presentation, etc.) when possible.

Our Creative Work Disclosure Form is divided into four sections; please fill out each part as completely as possible. The importance of each section is discussed below:

**Part 1** - Description of the Creative Work – A good description is key to helping KUCTC’s team understand your innovation as well as how it might be useful.

1. Title: The title should be brief but descriptive; if you can avoid using jargon or acronyms, we appreciate it.
2. Please indicate the type of tool you are disclosing.
3. Brief Description: Please describe the research tool and its intended use to the best of your abilities. Key points to highlight when applicable include:
   1. What is the general purpose, problem, or challenge solved by the research tool?
   2. What is the existing process, product, or way for solving the problem; where do those existing products or processes fall short?
   3. What are the key new features of the work (in comparison to existing solutions or tools)?
   4. If more detailed information is available (draft manuscript, PowerPoint, figures, sketches, etc.), please attach those when submitting.

**Part 2** – Research Tool Specifics – This section includes information that is uniquely relevant to the type of tool you are disclosing.

1. Based on the type of tool selected above, please complete the specific questions relating to that type in this section. Only the sections corresponding the selection(s) above need to be completed. These specific questions are those that KUCTC commonly receives from industry when attempting to license a research tool or reagent for commercial use.

**Part 3** – Public Disclosures - This Section requests information regarding any existing or planned publications or presentations. The disclosure of an invention to the public can create challenges when pursuing certain types of intellectual property protection. KUCTC will make recommendations for an appropriate intellectual property protection strategy for the disclosed work based on the information you have provided.

**Part 4** – Support, Materials, & Other Obligations -

1. The University is required to report all inventions made with Federal funding to the relevant agency, so it is important that you provide details on all federally funded inventions, in particular the agency and the grant number (example NIH grant format - two letter code followed by six numbers - AB123456; example NSF grant format two letter code followed by seven numbers - AB1234567). Along with the Federal agencies, private foundations, and industry sponsors can have rights in inventions through the terms and conditions of their funding agreements. It is important the KUCTC be aware of any related funding so we can ensure compliance with sponsor reporting and license requirements. For research tools, KUCTC will use this information along with federal guidance to determine the extent of reporting required.
2. The use of materials (including equipment) or data obtained from other sources can influence research tools are licensed and commercialized. Agreements relating to the acquisition of 3rd party materials or data (MTAs, DUAs, etc.) can carry certain obligations and the receipt, use, and transfer of certain materials must be in compliance with export control regulations.
3. Certain types of software, technologies, or materials (including biologic materials) which could have military or defense applications are subject to export control regulations and those regulations can influence commercialization plans and industry partnerships. While in many cases a military/defense use is clear, there are other situations where export controls apply where it is not as readily apparent. The following are some examples:

* (1) international collaboration which may involve export of goods, technology or technical data;
* (2) commercial and military application;
* (3) remote sensors, lasers & micro-electronics;
* (4) geological surveying using advanced electronics and software;
* (5) biotechnology development;
* (6) aerospace engineering;
* (7) advanced computing and
* (8) research with controlled chemicals, biological agents, and toxins.

You also may have heard of the “fundamental research exclusion” which applies to exporting controlled research and technology when results are widely published and accessible. The fundamental research exclusion, however, does not apply to physical goods, material or software, or if sponsor restricts participation of foreign nationals, publication or disclosure of results, or when physical export of controlled goods or technology is expected. For more information see: <https://export-compliance.ku.edu/export-links> & <https://gos.ku.edu/FAQ>.

**Part 5** – Contributor Information -

1. It is important that we have information for each contributor you list and that all contributors are aware of its submission. Completing this information now helps as it is used in our analysis and may be needed for certain legal documents. In addition, this information is useful should we need to contact you at later date and if/when license proceeds are generated.
2. Please include all contributors involved at time of creation of the research tool, starting with the individual who will be the main contact for this disclosure.
3. Contributors are individuals who have significantly conceived, developed, or created the research tool disclosed, either independently or jointly with others. Individuals from KU should also sign the certification and acknowledgement.
4. OPTIONAL QUESTIONS - KU strives to create a campus where greater fairness and belonging are integrated into our learning and workplace practices a place where all have opportunities to meet their academic and professional goals. For KUCTC this includes supporting a culture where innovators from all parts of our community are supported in their efforts. The information is optional but appreciated.