

ORD-OTT Disclosure #\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_  
(For office use only)

**COPYRIGHT DISCLOSURE FORM**

**Please print off your completed form, sign and date it, and mail/email to Office of Technology Transfer (OTT), ATTN: Gail Knott at ORD, 620 West Lexington, 4th floor, Baltimore, MD 21201 or email to** [**gknot001@umaryland.edu**](mailto:gknot001@umaryland.edu)**.**

1. **Date of completion for the copyright work:**
2. **Title of the copyright work:** Please include all previous or alternative titles, if applicable.
3. **Who contributed to the copyright work?** Please list any individuals who made a contribution, as well as their affiliation (i.e., UMB, VAMC, UMMS, etc.). If they are a non-UMB employee, please provide appropriate contact information.
4. **Type of copyright work:** This may include literary works (*e.g., computer programs, written works such as manuals or contents of a textbook, and compilations*), visual arts works, motion picture/audiovisual works, sound recording works, etc.
5. **Brief description of the copyright work:** Please provide a description, as well as a sample of the copyright work with this disclosure, if feasible.
6. **Is the copyright work based on or does it include material that is publicly or privately available, including open source material** (e.g., a computer program, textbook or other printed material, translation, etc.)**?** If the work contains open source material, please identify the applicable open source license.
7. **Has your copyright work previously been described in a journal article or otherwise published or presented? If the copyright work is an algorithm or software, has it been posted for use online?** If so, please provide details.
8. **What’s the funding source(s) for development of the copyright work (e.g., NIH, TEDCO, MIPS, Corporate, Cigarette Restitution, ICTR/ATIP, etc.)?** Please list source, grant number, and start/end dates.
9. **Was any UMMC data used to create this invention?** If yes, please include a description of the data, and attach any relevant documents from UMMC.
10. **Was this work created under a sponsored research agreement, or was it specially commissioned with a written agreement?** If yes, please provide details.

1. **Describe each creator’s contribution (i.e. written text, computer programming, editing or drafting of technical figures):**
2. **Do you want your copyright work to be considered for open source use?** If yes, please provide rationale:
3. **Please provide a few keywords related to the copyright work.** The suggested keywords will be used as reference for searching other works and for marketing.

1. **Please indicate the technology category that your copyright work most closely relates to by clicking on “choose an item” below.**

Choose an item.

***All creator(s) must sign this Copyright Disclosure Form. By signing I/we attest that: I/we am/are the inventors(s) or creator(s) of the copyright work, all inventor(s) or creator(s) are named, &; all information provided herein is accurate to the best of my/our knowledge:***

|  |  |  |
| --- | --- | --- |
| **Creator Signature** | | **Date** |
| **Creator Legal Name: (printed)** | | **Position/Title (Faculty Y/N?)** |
| **Employer when work developed:** | | **School/Dept:** |
| **Business/Campus Address:** | | |
| **Home address:** | | |
| **Email:** | **Phone:** | **Fax:** |
| **Cell:** | **Country of Citizenship:** | |
| **Do you have an appointment with the VA? (type of affiliation: VA w/o compensation, UMB w/o compensation or dual appointee)** | | |
|  | |  |
| **Creator Signature** | | **Date** |
| **Creator Legal Name: (printed)** | | **Position/Title (Faculty Y/N?):** |
| **Employer when work developed:** | | **School/Dept:** |
| **Business/Campus Address:** | | |
| **Home address:** | | |
| **Email:** | **Phone:** | **Fax:** |
| **Cell:** | **Country of Citizenship:** | |
| **Do you have an appointment with the VA? (type of affiliation: VA w/o compensation, UMB w/o compensation or dual appointee)** | | |
|  | |  |
| **Creator Signature** | | **Date** |
| **Creator Legal Name: (printed)** | | **Position/Title (Faculty Y/N?):** |
| **Employer when work developed:** | | **School/Dept:** |
| **Business/Campus Address:** | | |
| **Home address:** | | |
| **Email:** | **Phone:** | **Fax:** |
| **Cell:** | **Country of Citizenship:** | |
| **Do you have an appointment with the VA? (type of affiliation: VA w/o compensation, UMB w/o compensation or dual appointee)** | | |
|  | |  |
| **Creator Signature** | | **Date** |
| **Creator Legal Name: (printed)** | | **Position/Title (Faculty Y/N?):** |
| **Employer when work developed:** | | **School/Dept:** |
| **Business/Campus Address:** | | |
| **Home address:** | | |
| **Email:** | **Phone:** | **Fax:** |
| **Cell:** | **Country of Citizenship:** | |
| **Do you have an appointment with the VA? (type of affiliation: VA w/o compensation, UMB w/o compensation or dual appointee)** | | |

**If there are additional creators, please add page.**

**For a creator who has an appointment with the VA, please complete the VA Certification of Invention by downloading the form at** [**https://www.umventures.org/sites/umventures.com/files/VA\_Cert\_Form\_090116\_0.pdf**](https://www.umventures.org/sites/umventures.com/files/VA_Cert_Form_090116_0.pdf)

**and submit it along with the UMB disclosure form.**

**ORD-OTT will contact you to schedule a meeting following receipt of this report.**