

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

**TANGIBLE RESEARCH PROPERTY DISCLOSURE FORM**

**Please print your completed form, sign and date it, and mail to: Office of Technology Transfer (OTT), ATTN: Gail Knott, 620 W. Lexington Street, 4th floor or by email to** **gknot001@umaryland.edu**.

1. **Please identify the type of Tangible Research Property (TRP)**,for examplea hybridoma, antibody, transgenic animal model, isolated protein, plasmid, cell line, etc.:
2. **Please provide a brief technical description of the TRP:**
3. **Is the TRP, or any material that is incorporated into the TRP:**
	1. obtained from another institution, company or government?  Yes No
	2. created using material from another institution, company or

 government (e.g., using another proprietary vector or other technology)? Yes No

* 1. available from a commercial source? Yes No
	2. obtained or made under an agreement (i.e. MTA, Sponsored Research)? Yes No

If yes to any of the above, please explain:

1. **Describe uses for the TRP** (including both known uses and potential new applications):
2. **Who developed the TRP?** Please provide laboratory, department and affiliation (i.e. UMB, VAMC, UMMS, etc.).
3. **What’s the funding source(s) for development of the TRP (e.g., NIH, TEDCO, MIPS, Corporate, Cigarette Restitution, ICTR/ATIP, etc.)?** Please list source, grant number, and start/end dates.
4. **Was any UMMC data used to create this TRP?** If yes, please include a description of the data, and attach any relevant documents from UMMC.
5. **Has the TRP been described in a publication, poster, abstract or grant application?** If yes, please provide an electronic copy.
6. **Has the TRP been sent to others?** If so, please list names/entities of past recipients of the TRP and indicate whether the transfer was made under an agreement (e.g., MTA).
7. **Are you aware of any companies that may be interested to license the TRP?**  Yes No If yes please provide the name and contact information for the potential licensee(s):
8. **Can your laboratory provide access to a few samples/stocks of the TRP for purposes of licensing and commercialization?**  Yes No

(NOTE: Samples would be stored at UMB’s Biorepository core facility, with costs covered by OTT. This is applicable to many types of TRP (but not animals). If of interest, we will work with your lab to coordinate the TRP storage arrangements.

1. **Please provide a few keywords related to the TRP.**
2. **Please indicate the technology category of your TRP by clicking on “choose an item” below.**Choose an item.

 ***By signing I/we attest that:***

1. ***I/we am/are the inventors(s) or creator(s) of the tangible research property;***
2. ***All inventor(s) or creator(s) are named;***
3. ***All information provided herein is accurate to the best of my/our knowledge; and***
4. ***I/we agree to assign, and do hereby irrevocably assign, to the University of Maryland, Baltimore all of my/our right, title, and interests in the TRP.\*****(\* Attestation #4 applies only to faculty, staff, and students of University of Maryland, Baltimore.)*

***All creator(s) must sign this TRP Report Form.***

|  |  |
| --- | --- |
| **Inventor/Creator Signature:** | **Date:** |
| **Inventor/Creator Legal Name(Printed):** | **Position/Title:** |
| **Employer when TRP was invented/created:** | **School/Dept:** |
| **Business/Campus Address:** |
| **Home address:** |
| **Email:** | **Phone:** | **Fax:** |
| **Cell:** | **Country of Citizenship (required for patenting):**  |
| **Do you have an appointment with the VA? (type of affiliation: VA w/o compensation, UMB w/o compensation or dual appointee)** |
|  |  |
| **Inventor/Creator Signature** | **Date:** |
| **Inventor/Creator Legal Name(Printed):** | **Position/Title:** |
| **Employer when invention developed:** | **School/Dept:** |
| **Business/Campus Address:** |
| **Home address:** |
| **Email:** | **Phone:** | **Fax:** |
| **Cell:** | **Country of Citizenship (required for patenting):**  |
| **Do you have an appointment with the VA? (type of affiliation: VA w/o compensation, UMB w/o compensation or dual appointee)** |
|  |  |
| **Inventor/Creator Signature:** | **Date:** |
| **Inventor/Creator Legal Name(Printed):** | **Position/Title:** |
| **Employer when invention developed:** | **School/Dept:** |
| **Business/Campus Address:** |
| **Home address:** |
| **Email:** | **Phone:** | **Fax:** |
| **Cell:** | **Country of Citizenship (required for patenting):**  |
| **Do you have an appointment with the VA? (type of affiliation: VA w/o compensation, UMB w/o compensation or dual appointee)** |
|  |  |
| **Inventor/Creator Signature:** | **Date:** |
| **Inventor/Creator Legal Name(Printed):**  | **Position/Title:** |
| **Employer when invention developed:** | **School/Dept:** |
| **Business/Campus Address:** |
| **Home address:** |
| **Email:** | **Phone:** | **Fax:** |
| **Cell:** | **Country of Citizenship (required for patenting):**  |
| **Do you have an appointment with the VA? (type of affiliation: VA w/o compensation, UMB w/o compensation or dual appointee)** |
|  |  |
| **Inventor/Creator Signature:** | **Date:** |
| **Inventor/Creator Legal Name(Printed):**  | **Position/Title:** |
| **Employer when invention developed:** | **School/Dept:** |
| **Business/Campus Address:** |
| **Home address:** |
| **Email:** | **Phone:** | **Fax:** |
| **Cell:** | **Country of Citizenship (required for patenting):**  |
| **Do you have an appointment with the VA? (type of affiliation: VA w/o compensation, UMB w/o compensation or dual appointee)** |
|  |  |
| **Inventor/Creator Signature:** | **Date:** |
| **Inventor/Creator Legal Name(Printed):**  | **Position/Title:** |
| **Employer when invention developed:** | **School/Dept:** |
| **Business/Campus Address:** |
| **Home address:** |
| **Email:** | **Phone:** | **Fax:** |
| **Cell:** | **Country of Citizenship (required for patenting):**  |
| **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 inventors, please add an additional page(s).**

**For an inventor 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.**