

When completed submit to:

Office of Technology Transfer
 1599 Clifton Rd., NE, 4th Floor
 Atlanta, Georgia 30322
 (404) 727-2211

Emory Research Tools Disclosure Statement Form

(for OTT internal use only)	
File No. _____	
Publication Yes <input type="checkbox"/> No <input type="checkbox"/>	
Government Yes <input type="checkbox"/> No <input type="checkbox"/>	
OTT Reviewer _____	

The purpose of this form is to facilitate the prompt disclosure by Emory Personnel of any research tool to which Emory may assert ownership rights pursuant to the Emory University Intellectual Property Policy.

1. Title of Research Tool _____

2. Type of Research Tool	Novel Proteins (sec. 6.1) <input type="checkbox"/> Antibody – Monoclonal (sec. 6.2) <input type="checkbox"/> Antibody – Polyclonal (sec. 6.3) <input type="checkbox"/>	Other (e.g., plasmid, cell line, bacterial strain) (sec. 6.4) <input type="checkbox"/>
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3. Legal Name of Contributor (No Nicknames)		Position	Department	Emory Employee ID <small>Please do not provide SSN</small>	% Contribution	VA	CHOA	GA Tech	Other Institution (name)
Last Name	First Name								
					____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(Please list all persons who are believed to have made significant contributions to the research tool including Emory Personnel as well as other Contributors at other institutions.)

4. What funds were used to develop this intellectual property? *Please check all that apply*

Government Grant? Grant No(s) _____ Agency _____ PI _____

Foundation Grant? Sponsor(s) _____ OSP # _____

Industry Sponsor? Sponsor(s) _____ OSP # _____

Discretionary or department funds? _____

Other? _____

5. a) Was any material used to develop this intellectual property received under a Material Transfer Agreement? Yes No
 If yes, please describe _____

b) Are you aware of any other agreement that relates to this intellectual property (other than those listed in section 4)? Yes No
 If yes, please describe _____

c) Are you aware of any third party material or intellectual property that is included in this tool? Yes No
 If yes, please describe _____

6.1 Novel Proteins

Peptide: _____
Full Length Fusion Protein: _____
Partial Fusion Protein: _____
Native Purified Protein (% pure): _____
Species (wild-type or mutant): _____
If mutant, describe the significance: _____
Other: _____

6.2 Antibody - Monoclonal

Clone Name: _____
Specificity: _____
Host Species: _____
Immunogen: _____
Species Reactivity: _____
Lymphoid Cells From (specify mouse, rat, etc.): _____
Myeloma Parent: _____
Isotype: _____
Can Be Produced As (specify ascites, cultured supernatant): _____
Applications: (specify Western Blot, Flow Cytometry, etc.): _____
Purification Method: _____
Recommended Positive Controls: _____
Molecular Weight: _____
Culture Medium: _____

6.3 Antibody - Polyclonal

Species Immunized (specify rabbit, goat, etc.): _____
Immunization Performed By (specify name): _____
Peptide Sequence: _____
IgG Concentration (mg/ml): _____
Measured By (Bradford, A280): _____
Storage Conditions (e.g., -80°C, etc.): _____
Shipping conditions (specify): _____
Amount of Polyclonal Available: _____

Section 6.4 Other (e.g., plasmid, cell line, bacterial strain, etc.)

Section 7. Please list any publications or articles which describe the development or use of the research tool.

Section 8. Please provide a brief layman's overview as to the disease state or mechanism that this tool may be used to investigate

Section 9. Please attach a list of any commercial entities that may be interested in this research tool (provide as much detail as possible)

I (we) hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true.

Pursuant to the Emory University Intellectual Property Policy, I (We) hereby confirm the assignment of all of my (our) right, title and interest to this Intellectual Property to Emory University and agree to execute all documents as requested, to assign to Emory University all of my (our) rights to any patent application filed on this Intellectual Property, and to cooperate with the Emory University Office of Technology Transfer in the protection of this Intellectual Property. Emory University will share any royalty income derived from the Intellectual Property with the inventor(s) according to its standard policies. (Please attach any additional signatures.)

Contributor's Signature (Emory Personnel) Date

Campus Address

Campus Phone Campus Email Address

Home Address City, State, Zip

Country of Citizenship

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