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For OTM use only

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| File #: |
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**Additional Creator Addendum to Software Report Form**

**1. TITLE OF SOFTWARE (“Work”):**

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| **2. CREATOR(S) INFORMATION:** Please list the full name of UTHealth employees or students and any non-UTHealth personnel who have directly contributed to the creation of the Work and/or any accompanying material. If necessary, please attach an Additional Creator Addendum to include more co-creators (form can be found [here](https://www.uth.edu/dotAsset/179f3236-556e-4cc0-b955-beed9e096efe.pdf)).  ALL UTHealth Creators must sign below. OTM should be informed of any changes to the information submitted. **All fields in this section 2 for each Creator must be completely filled out** (Home address, Home Phone, and Personal email information will only be used by our office in event your work contact information changes). |

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| **CREATOR** | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | Employer: | | | UTHealth Other (Name): | | | | | | | | |
| Title: |  | | | | | | | | | | % Time Employed by UTHealth | | | | | | % | | |
| Department: |  | | | | | | | | | | % Time Employed by Other | | | | | | % | | |
| School: McGovern Nursing SBMI  Dental SPH GSBS | | | | | | | Other Appointment: | | | None  HHMI  Clayton  Other: | | | | | | | | | |
| Work Address: | |  | | | | | Home Address: | |  | | | | | | | | | | |
| Work Phone: | |  | | | | | Home Phone: | |  | | | | | | | Citizenship: | | | |
| Work Email: | |  | | | | | Personal Email: | |  | | | | | | | | | | |
| Describe this individual's  contribution to the Work: | | | | | |  | | | | | | | This individual's % contribution to the creation of the Work: | | | | | | % |
|  | | | | | | | | | | | | | | | | | | | |
| **CREATOR** | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | Employer: | | | UTHealth  Other (Name): | | | | | | | | |
| Title: |  | | | | | | | | | | % Time Employed by UTHealth | | | | | | % | | |
| Department: |  | | | | | | | | | | % Time Employed by Other | | | | | | % | | |
| School: McGovern Nursing SBMI  Dental SPH GSBS | | | | | | | Other Appointment: | | | None  HHMI  Clayton  Other: | | | | | | | | | |
| Work Address: | |  | | | | | Home Address: | |  | | | | | | | | | | |
| Work Phone: | |  | | | | | Home Phone: | |  | | | | | | Citizenship: | | | | |
| Work Email: | |  | | | | | Personal Email: | |  | | | | | | | | | | |
| Describe this individual's  contribution to the Work: | | | | |  | | | | | | | This individual's % contribution to the creation of the Work: | | | | | | % | |
|  | | |  | | | | | | | | | | | | | | | | |
| **CREATOR** | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | Employer: | | | UTHealth  Other (Name): | | | | | | | | |
| Title: |  | | | | | | | | | | % Time Employed by UTHealth | | | | | | % | | |
| Department: |  | | | | | | | | | | % Time Employed by Other | | | | | | % | | |
| School: McGovern Nursing SBMI  Dental SPH GSBS | | | | | | | Other Appointment: | | | None  HHMI  Clayton  Other: | | | | | | | | | |
| Work Address: | |  | | | | | Home Address: | |  | | | | | | | | | | |
| Work Phone: | |  | | | | | Home Phone: | |  | | | | | | Citizenship: | | | | |
| Work Email: | |  | | | | | Personal Email: | |  | | | | | | | | | | |
| Describe this individual's  contribution to the Work: | | | |  | | | | | | | | | | This individual's % contribution to the creation of the Work: | | | | | % |

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| **8. SIGNATURES:** |
| **By my signature I certify that the above is a reasonably complete and detailed description as required by Section 11.1 of the Board of Regents of The University of Texas System Rules and Regulations Rule 90101 and that I have exercised reasonable due diligence to ensure that all information is true and accurate.**    **I understand and agree that any financial consideration received by UTHealth from commercialization of any Work contained in this disclosure will be distributed pursuant to the UTHealth Intellectual Property Policy and that the “percent contribution” listed in Section 2 for each Creator shall be the percentage used in allocating each Creator's respective portion of any such financial consideration, unless otherwise agreed upon separately in writing by all Creators.**    **I acknowledge and agree that pursuant to UTHealth policy and the Rules and Regulations of the Board of Regents of The University of Texas System that this Work belongs to the Board of Regents of The University of Texas System. In order to ensure that the Board of Regents of The University of Texas System's ownership is accurately reflected, I hereby do assign any and all of my rights in the Work to the Board of Regents of The University of Texas System. I covenant that I, and my heirs, legal representatives, assigns, administrators, and executors, or their successors and assigns, will execute all papers and perform such other acts as may be reasonably necessary to give the Board of Regents of the University of Texas System, or their successors and assigns, the full benefit of its ownership and this assignment. I also represent that all Creators of the Work have been identified and that the material is either entirely original or I have attached the appropriate permission form(s) from the owner(s) of the borrowed material.** |
| **Signature Page to Additional Creator Addendum to Software Report Form**     |  |  |  | | --- | --- | --- | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name: | Date: | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name: | Date: | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name: | Date: | |  |  |  | | **Please return the original signed report along with any additional attachments that might further explain the discovery (e.g.. manuscripts, reprints, related publications, etc.) to:**  **The Office of Technology Management: UCT 1400**  **Phone 713.500.3369 Fax 713.500.0331** [**otm@uth.tmc.edu**](mailto:uthsch-otm@uth.tmc.edu) | | |   All UTHealth Creators must sign above. |