## UTH_2c+uthsch_hor_lrg.png

For OTM use only

|  |
| --- |
| File #: |
| Submitted to  Funding Agency: |

**OFFICE OF TECHNOLOGY MANAGEMENT  
 RESEARCH MATERIAL REPORT**

**1. TITLE OF MATERIAL:**

|  |
| --- |
| **2. CREATOR(S) INFORMATION:** |
| Please list the full name of all UTHealth employees or students and any non-UTHealth personnel who have contributed to the development of the Material.  Joint appointment with any other university, a company, or governmental agency or the like must be noted below. **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). **Please do NOT use ChatGPT or any other AI tool to fill out this form or in the creation of the Material!** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Employer: | UTHealth  Other (Name): | | |
| School: McGovern Nursing SBMI  GSBS  Dental SPH | | | | % Time Employed by UTHealth | | % | |
| Title: |  | | | % Time Employed by Other | | % | |
| Department: |  | | | Other Appointment | None  Clayton   Other: | | |
| Work Address: |  | | | Home Address: |  | | |
| Work Phone: |  | | | Home Phone: |  | | Citizenship: |
| Work Email: |  | | | Personal Email: |  | | |
| % Contribution: | % | | **Note: OTM should be informed of any changes to the above information** | | | | |
| Describe this individual’s contribution: | |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Employer: | UTHealth  Other (Name): | | |
| School: McGovern Nursing SBMI  GSBS  Dental SPH | | | | % Time Employed by UTHealth | | % | |
| Title: |  | | | % Time Employed by Other | | % | |
| Department: |  | | | Other Appointment | None  Clayton   Other: | | |
| Work Address: |  | | | Home Address: |  | | |
| Work Phone: |  | | | Home Phone: |  | | Citizenship: |
| Work Email: |  | | | Personal Email**:** |  | | |
| % Contribution: | % | | **Note: OTM should be informed of any changes to the above information** | | | | |
| Describe this individual’s contribution: | |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Employer: | UTHealth  Other (Name): | | |
| School: McGovern Nursing SBMI  GSBS  Dental SPH | | | | % Time Employed by UTHealth | | % | |
| Title: |  | | | % Time Employed by Other | | % | |
| Department: |  | | | Other Appointment | None  Clayton   Other: | | |
| Work Address: |  | | | Home Address: |  | | |
| Work Phone: |  | | | Home Phone: |  | | Citizenship: |
| Work Email: |  | | | PersonalEmail: |  | | |
| % Contribution: | % | | **Note: OTM should be informed of any changes to the above information** | | | | |
| Describe this individual’s contribution: | |  | | | | | |
|  | |  | | | | | |
|  | |  | | | | | |
| Name: |  | | | Employer: | UTHealth  Other (Name): | | |
| School: McGovern Nursing SBMI  GSBS  Dental SPH | | | | % Time Employed by UTHealth | | % | |
| Title: |  | | | % Time Employed by Other | | % | |
| Department: |  | | | Other Appointment | None  Clayton   Other: | | |
| Work Address: |  | | | Home Address: |  | | |
| Work Phone: |  | | | Home Phone: |  | | Citizenship: |
| Work Email: |  | | | Personal Email: |  | | |
| % Contribution: | % | | **Note: OTM should be informed of any changes to the above information** | | | | |
| Describe this individual’s contribution: | |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Employer: | UTHealth  Other (Name): | | |
| School: McGovern Nursing SBMI  GSBS  Dental SPH | | | | % Time Employed by UTHealth | | % | |
| Title: |  | | | % Time Employed by Other | | % | |
| Department: |  | | | Other Appointment | None  Clayton   Other: | | |
| Work Address: |  | | | Home Address: |  | | |
| Work Phone: |  | | | Home Phone: |  | | Citizenship: |
| Work Email: |  | | | Personal Email**:** |  | | |
| % Contribution: | % | | **Note: OTM should be informed of any changes to the above information** | | | | |
| Describe this individual’s contribution: | |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Employer: | UTHealth  Other (Name): | | |
| School: McGovern Nursing SBMI  GSBS  Dental SPH | | | | % Time Employed by UTHealth | | % | |
| Title: |  | | | % Time Employed by Other | | % | |
| Department: |  | | | Other Appointment | None  Clayton   Other: | | |
| Work Address: |  | | | Home Address: |  | | |
| Work Phone: |  | | | Home Phone: |  | | Citizenship: |
| Work Email: |  | | | PersonalEmail: |  | | |
| % Contribution: | % | | **Note: OTM should be informed of any changes to the above information** | | | | |
| Describe this individual’s contribution: | |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Employer: | UTHealth  Other (Name): | | |
| School: McGovern Nursing SBMI  GSBS  Dental SPH | | | | % Time Employed by UTHealth | | % | |
| Title: |  | | | % Time Employed by Other | | % | |
| Department: |  | | | Other Appointment | None  Clayton   Other: | | |
| Work Address: |  | | | Home Address: |  | | |
| Work Phone: |  | | | Home Phone: |  | | Citizenship: |
| Work Email: |  | | | PersonalEmail: |  | | |
| % Contribution: | % | | **Note: OTM should be informed of any changes to the above information** | | | | |
| Describe this individual’s contribution: | |  | | | | | |

|  |
| --- |
| If necessary, please attach an Additional Creator Addendum to include more co-creators (form can be found [here](http://www.uth.tmc.edu/otm/for-inventors/instructions.html)).  **Name of Creator (from above) that should be the principal contact person:**  Have non-UTHealth contributors listed above made disclosure to their respective employer?  Yes No  N/A |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **3.  FUNDING SOURCES:** | | | | | 1. **Was any federal government funding used in the creation of the technology?** Yes  No   FYI on what constitutes reportable inventions to federal agencies under this Section 3A can be found here: <https://grants.nih.gov/grants/bayh-dole.htm>. Note that if, i.e., NIH funds purchased the instrument under a separate grant in previous years, but now you used this instrument on a new project, that NIH grant should not be listed. Ie. See scope (a)(2) on the above link that explains this: “An invention which is made outside of the research activities of a government-funded project is not viewed as a "subject invention" since it cannot be shown to have been "conceived or first actually reduced to practice" in performance of the project. An obvious example of this is a situation where an instrument purchased with government funds is later used, without interference with or cost to the government-funded project, in making an invention all expenses of which involve only non-government funds.”  ***If you checked ‘Yes’ above, please list accurate federal funding source information necessary for UTHealth to comply with mandatory reporting requirements.* Please list all federal grant sources that were funded at UTHealth. Do not list federal funding sources that PIs from other institutions used that were not contracted or subcontracted to UTHealth.** | | | | | Federal Funds | Percent:      % | Name: |  | | Award #: |  | |

1. **Was any non-federal government funding used in the creation of the technology?** Yes  No

***If you checked ‘Yes’ above, please list accurate non-federal funding source information necessary for UTHealth to comply with mandatory reporting requirements.* Please list all non-federal grant sources that were funded at UTHealth.**

|  |  |  |  |
| --- | --- | --- | --- |
| UTHealth Funds (Endowment, Departmental Startup Funds, Gifts, etc.) | Percent:       % | Name: |  |
| State Funds (CPRIT, ETF, TIF) | Percent:       % | Name: |  |
| Award #: |  |
| Other Institutions | Percent:       % | Name: |  |
| Other Sources (Sponsored Research, Foundations, etc.) | Percent:       % | Name: |  |
| Contract #: |  |

|  |
| --- |
| **4. DESCRIPTION OF THE MATERIAL:**  Type:  Antibody  Cell Line Plasmid Transgenic Mouse  Other (please specify): |
| Please provide a brief description of the Material, and what differentiates the Material from what is currently commercially available, including any information related to why the Material would have added value: |
| **5. CONCEPTION AND DEVELOPMENT OF THE MATERIAL:** |
| **When:**  Approximate date the Material was created:  Do you have documentation to support this date?  Yes  No  If yes, what type of documentation (lab notebooks, other documentation, etc.):  Approximate amount of time spent by you, personally, in making the Material: |
| **Where:**  Was any of this work performed at UTHealth, or using any UTHealth resources?  Yes  No  Was any of this work performed at another university, institution or company?  Yes  No  If yes, please list the entity name(s): |
| **Were any of the following used in the development of the Material:**  UTHealth personnel, including yourself: Yes  No  UTHealth facilities or technical support (labs, offices, etc.): Yes  No  UTHealth equipment (tools, machinery, etc.) Yes  No  UTHealth materials (supplies, etc.): Yes  No  If scrap, waste, or salvage materials were used, give an estimated value of materials:  Estimated amount of UTHealth funds, other than salaries and wages, which were actually obligated or expended for the purpose of making the Material:  Contribution of time or services of other UTHealth employees (state approximate number of hours and type of assistance): |

|  |
| --- |
| **6. OUTSIDE MATERIALS:** |
| Did the research leading to the creation of the Material use biological material obtained from any outside source (**including such things as CRISPR/Cas9, Cre-Lox, GFP, Tet-on, etc.**)?  Yes  No  If yes, identify the material and its source? |
| Was a Materials Transfer Agreement in place between the outside source and UTHealth?  Yes  No  If yes, name of institution/company:      (PLEASE ATTACH A COPY) |
| Is there an active clinical study or sponsored research agreement related to this Material?  Yes  No  If yes, name of sponsor/company and title of study: |

|  |  |
| --- | --- |
| **7. PUBLIC DISCLOSURE:** | |
| **Prior Disclosure:** Has the Material been disclosed or described in any manner (publication, abstracts, student thesis or dissertation, World Wide Web, oral presentation, etc.)?  Yes  No  **If yes please answer the following:**  Date of first disclosed to others:  To whom was the technology disclosed:  Date of the first written disclosure: |
| **Future Disclosures:** Are there any planned disclosures?  Yes  No  If yes, list all planned disclosure and expected date of disclosure: | |

|  |
| --- |
| **8. COMMERCIALIZATION:** |
| Indicate any people or companies who have contacted you requesting access to the Material, and please provide any relevant contact information: |
| List potential licensees, especially companies that may have a particular interest in the Material and in what manor they might commercialize it: |

|  |
| --- |
| **9. 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 financial consideration from commercialization, if any, will be distributed pursuant to the University of Texas Health Science Center at Houston Intellectual Property Policy (“Policy”) and that the “percent contribution” listed in Section 2 for each Creator are the percentages to be used in allocating the Creator’s portion of any financial consideration received, unless otherwise agreed upon separately in writing by all Creators**.  **I also acknowledge that disclosures made by the form are for research materials to be commercialized solely as such and will not be evaluated for patentability.**  **As partial consideration for The University of Texas Health Science Center at Houston (“University”) commercializing the Material, I hereby do assign all of my rights in this Material to the University, and I agree to execute all papers and perform such other acts as may be reasonably necessary to give the University, its successors, and assigns, the full benefit of this assignment. By signing below, I represent that all Creators of the Material have been identified and the Material is entirely original or I have attached all relevant documentation relating to non-original materials that have been incorporated into Materials.**  **ALL UTHEALTH CONTRIBUTORS LISTED ABOVE MUST SIGN THIS REPORT.**   |  |  |  | | --- | --- | --- | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name: | Date: \_\_\_\_\_\_\_\_\_\_ | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name: | Date: \_\_\_\_\_\_\_\_\_\_ | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name: | Date: \_\_\_\_\_\_\_\_\_\_ | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name: | Date: \_\_\_\_\_\_\_\_\_\_ | | 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 Material (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)