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For OTM use only

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| File #: |
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**Office of Technology Management: 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). **Please do NOT use ChatGPT or any other AI tool to fill out this form or in the creation of the technology—see more information in Section 4(H) below!** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **CREATOR 1 - Primary Person For Contact Regarding The Work** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 3** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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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| **CREATOR 4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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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| **CREATOR 5** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 6** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | % | |
| **3. SUMMARY OF THE WORK:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (A) Please provide a brief description of the Work, including its purpose and intended users: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (B) What problems does the Work solve and how is it different from other available software? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (C) Do you believe that some or all of the Work may contain patentable material? | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No  If ‘Yes’ please also submit a Technology Report Form to our office to start a patentability analysis | | | | | | | | | | | | | | | | | | | | |
| (D) Is the Work designed to be used in conjunction with other materials or software? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | |
| If Yes,  what material? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (E) Did you incorporate Open Source content in the Work? | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Yes, please list name of Open Source content and the type of Open Source license it was distributed under (i.e. MIT, BSD, Apache, etc.). Please also submit a copy of any Open Source license with this disclosure submission | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Yes, how was the Open Source content used in the Work? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4. TECHNICAL DETAILS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (A) Are any non-standard hardware configuration(s) required to operate the Work? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | |
| If Yes, please describe: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (B) What operating system(s) are required? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (C) What programming language(s) was used to create the Work? Please include a copy of the implementation licenses with submission or describe below (e.g. Ruby License). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (D) Was third party or vendor-provided software used in the development of the Work (e.g. MATLAB)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | |
| If Yes, please describe: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (E) Does the Work perform “cryptography”, or otherwise contain any parts or components that are capable of performing“ information security” functions: encryption, decryption, password protection, copy protection, anti-virus protection, or any other protection?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (F) Does the Work “call to”, contain “hooks” for, or otherwise make use of existing cryptographic/information security functionality already present in another product such as a processor, other hardware, an operating system, another application, or cryptographic?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (G) If you answered “yes” for either 4(E) or 4(F) above, please provide: (a) the type(s) of encryption/information security (e.g. SSL, SHA, RSA, obfuscation, hashing); (b) the relevant key length(s)(e.g., 56-bit, 64-bit, 128-bit, ect.); and (c) the purpose(s) of the encryption/information security (e.g. copyright, data, or password protection, ect.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (H) Have you used any generative AI in this technology or in the creation of this report?  (i.e. ChatGPT, etc.) Yes  No  *If yes, please describe use:*        *(please note: Though generative AIs are a useful tool in many ways, intellectual property, especially patents and trade secrets, possess strict rules concerning public disclosure and inventorship/creatorship. Inventors/Creators and employees of UTHealth must not input ideas for new inventions, proprietary information, or other confidential information into any generative AI programs at this time, nor should they use generative AI systems to assist in the preparation or review of preliminary patent drafts or invention disclosures. Use of generative AI and the input of this type of information may be considered a public disclosure and could limit or bar patent rights.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. DEVELOPMENT OF THE WORK:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (A) Were any UTHealth personnel, funds, facilities, equipment or materials used in the development of the Work? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| (B) Please provide the source for all funding used in the development of the Work, including the funding agency and grant number (please separate multiple entries with a semicolon). If additional space is needed please submit an additional listing with submission. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Federal Funds | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UTHealth Funds (Endowment, Startup Funds, Gifts, etc) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State Funds (CPRIT, ETF, TIF, TEA) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funding from a Foundation, Association or International Agency | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funding from Other Academic Institutions | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Funding (crowd sourcing, etc,) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (C) Please provide the following dates: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Development start date: | | |  | | | | | | | | | | | | Date of completion: | | |  | | | | | | | | | | Date of publication: | | | | | | | | | |  | | | | | | | |
| (D) Is the Work a derivative of another software(s), such as a previous version of the Work? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | |
| If yes, list the title of the pre-existing work and its owner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| (F) Was a student involved in the development of the Work? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| If Yes, are they also an employee or staff of UTHealth (e.g. graduate research assistants)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No  N/A | | | | | | |
| Was the student's contribution performed as part of a UTHealth course or for course credit? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No  N/A | | | | | | | | | | | | | | | | |
| (G) Are there UTHealth employees who contributed to the Work, but who are not listed as Creators? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| If Yes, please list these individuals with submission and explain their contribution to the Work: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (H) Was the software created using any contracted services (i.e. contractors) or any non-UTHealth personnel (e.g. collaborators from another university)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| If yes, please provide details and submit a copy(ies) of any related contract(s) with submission. | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6. COMMERCIALIZATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| (A) What are the commercial possibilities for the Work? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (B) What companies may have a particular interest in the Work, and in what manner might they use or commercialize it? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (C) Have you been approached by any companies regarding this software? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Yes, please provide the company's name and contact information. | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (D) Please indicate your desired distribution model for the current version of the software (select all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Open Source License Evaluation License Academic Use License  Commercial License to Company  Unsure/TBD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (E) Have you publicly released any portion of the Work (source code, exe, etc.) prior to submitting this form to OTM? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please describe: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. DISCLOSURE SUBMISSION REQUIREMENTS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (A) Please submit a copy of the Work, along with any associated software and documentation (e.g. user manual), published articles, or presentations related to the Work, with this form to OTM. Please make sure the materials are in the best form possible. Please use UTH Share (or other currently UTHealth IT sanctioned sharing platform) to submit code comprising the Work to OTM.    (B) **If any part of your software is not original, you must obtain permission to use the borrowed work from the owner of the work (this may be different from the author). You must obtain permission to use the work even if the work is not registered with the Copyright Office. Please attach a copy of all signed permission forms to this disclosure along with a description of the borrowed work.**    (C) ALL UTHealth Creators listed above or on the accompanying Additional Creator Addendum must sign below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please return the original signed report along with any additional attachments to:**  **The Office of Technology Management: UCT 1400**  **Phone 713.500.3369 Fax 713.500.0331** [**otm@uth.tmc.edu**](mailto:otm@uth.tmc.edu)  **EMAILED OR FAXED COPIES MUST BE CONFIRMED WITH A SIGNED ORIGINAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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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.** |
| **ALL UTHEALTH CREATORS LISTED ABOVE OR ON THE ACCOMPANYING ADDITIONAL CREATORS ADDENDUM MUST SIGN BELOW.**     |  |  |  | | --- | --- | --- | | 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: |   If necessary, please attach an Additional Creator Addendum to include additional creators;  an Additional Creator Form can be found [here](https://www.uth.edu/dotAsset/179f3236-556e-4cc0-b955-beed9e096efe.pdf). All UTHealth Creators must sign above.  **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) |