

**INDUSTRY SPONSORED RESEARCH
AGREEMENT CHECKLIST**

Sponsor (Company) Name:

UCLA PI Name:

To assist us in better classifying your research study, please use the menus below to select the research fields that best identify the contemplated Project:

Primary Category:

Secondary Category:

Complete information below will help to expedite the negotiation process. Please use the second page if additional space is needed to answer any of the questions below:

1) Will any UCLA Intellectual Property (patents, software, other copyrightable works) be used in the conduct of the Project?

IF YES, has the IP been disclosed to the UCLA Technology Development Group?

YES Please list the UC Case Numbers:

NO Please explain below:

2) Sponsor Materials: Will Sponsor provide any proprietary information, materials or equipment for use in the Project?

IF YES, please explain:

3) Third Party Materials: Will you be conducting the Project using proprietary information, materials or equipment received from a third party (including the Government) other than the Sponsor?

IF YES, please explain:

4) Third Party Funding: Will you be conducting the Project with funding received from a third party (including the Government) other than a Sponsor? This includes unrestricted gift funding in addition to funding from another sponsored project.

If YES, please explain:

5) Visitors: Will any non-UCLA employees, including Sponsor employees, visiting scientists/scholars or volunteers, or UCLA undergraduate students, be visiting your lab to perform research or related tasks in the conduct of this Project?

IF YES, please explain:

6) Does the Project contemplate use of UCLA Health Data¹?

If YES, please answer the following:

Will Sponsor have access during course of Project?

Will Sponsor have access following the conclusion of the Project?

7) Deliverables: Please describe the anticipated deliverable(s) to be generated in the performance of this Project:

Sponsor Negotiator/Rep Contact:

Identify Sponsor officials/employees who are also UCLA employees, students or trainees:

the Project is an SBIR/STTR Subcontract or Other Collaboration, please list the Sponsor PI:

Does Sponsor intend to use UCLA Institutional Animal Care and Use Committee?

I confirm that the above information is accurate to the best of my knowledge. If any of the information above should change during the term of the project I will update this form and re-submit it to UCLA Technology Development Group.

Signature

Name (Printed)

Date

¹Any information pertaining to the health, care, and treatment of UCLA Health patients or health plan members which: (1) results in a report used in treatment or monitoring of a patient, (2) generates a claim or a bill for services that are provided; and/or (3) is used for operations, financial management, population health activities or quality metrics.



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