

Sponsor (Company) Name:

UCLA PI Name:

To assist us in better classifying your research study, please use the menus below to select the research field(s) that best identify this study :

Primary Category:

Secondary Category:

1) Is any university intellectual property (patents, copyrights or software) or Sponsor proprietary information, equipment, or materials being used in this project?

NO

YES, university intellectual property, (please continue to question #1a)

YES, Sponsor proprietary information, equipment, or materials (please continue to question #2)

1a) Who is the lead inventor or author of the university intellectual property and what is his/her UC affiliation (employee or UC affiliate (e.g. student, visiting scientist))?

1b) Has the intellectual property been disclosed to the UCLA Office of Intellectual Property?

NO

YES **If YES**, please list UC Case Numbers or, if it is from another university, please list the name of that university:

If NO, please list the following:

Title or Description:

Inventor/Author(s):

Patent No (if applicable)

Assignee(s):

1c) Has the intellectual property been licensed or optioned?

NO (please continue to question #2)

YES **If YES**, please list the name(s) of the entity that has licensed or optioned the IP:

2) What proprietary information, materials, or equipment will the Sponsor be providing you to conduct the scope of work?

2a) Will you be conducting the scope of work using Sponsor's materials or equipment in conjunction with any other material or equipment received from a third party (including the Government)?

NO (please continue to question #3)

YES **If YES**, please explain:

3) Will you be conducting the scope of work with funding received from a third party (including the Government) other than the Sponsor?

NO (please continue to question #4)

YES **If YES**, please explain:

4) Will any non-UCLA employees, including visiting scientists/scholars or volunteers, be visiting your lab to perform research or related tasks in the conduct of this research project?

NO (please continue to question #5)

YES **If YES**, please explain:

5) Per Federal guidelines, does the Sponsor have its own research facilities (or research facilities that it controls)?

NO (please continue to question #7)

YES **If YES**, please list the address of the Sponsor's research facilities:

6) Please list the name of the Sponsor Representative who will be negotiating the subcontract with UCLA:

Name:

Title:

Ph #:

7) Please provide the names of any Sponsor officials or employees who are also UCLA employees, students or trainees:

8) Please list the name of the Sponsor Principal Investigator(s):

9) Does the Sponsor intend to rely on the program and facilities of UCLA's Institutional Animal Care and Use Committee to oversee the performance of its animal research?

NO

YES

Not Applicable

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