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| *CONFIDENTIAL*  *TDG Use Only* | |
| Case#: | |
| Date Received: | BDO: |
| Sponsors: | Jointly Owned: |

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**ASSOCIATED TECHNOLOGY DISCLOSURE FORM**

The purpose of this Associated Technology Disclosure Form is to notify UCLA’s Technology Development Group (TDG) of your non-patentable, non-software items such as know-how, data, protocols, and tangible research materials (e.g., cell lines, mouse models and other reagents), or non-software copyrightable works, and any related sponsor or other third party rights. When completed, this becomes a legal document which may be relied upon during intellectual property proceedings.

This is an interactive form that may be filled out in Word. **Once completed, please submit this form along with any attachments via email to** [**innovation@tdg.ucla.edu**](mailto:innovation@tdg.ucla.edu).

For questions, please contact us at (310) 794-0558 or [innovation@tdg.ucla.edu](mailto:innovation@tdg.ucla.edu) or visit [Submit an Invention](https://tdg.ucla.edu/ucla-researchers-innovators/submit-invention)/[FAQs](https://tdg.ucla.edu/about/faq).

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| **1. TITLE.**Create a concise title describing the associated technology. |
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| **2. IDENTIFICATION OF TECHNOLOGY CREATORS.** Please list the individuals that created the tangible materials, developed the protocols or know-how, data, etc., as relevant. Students must list a faculty advisor. **ALL LISTED PEOPLE MUST SIGN AND DATE THE LAST PAGE OF THIS FORM.**  **\*\*ALL INDIVIDUALS LISTED IN THIS SECTION MUST SIGN AND DATE THE ASSIGNMENT ON THE LAST PAGE OF THIS FORM**. | | | |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
| UCLA ID (if applicable) |  | Country of Citizenship |  |
| UCPATH ID (if apl.) |  |  |  |
| Work Telephone |  | Work Email |  |
| Home Address |  | Home City, State, Zip |  |
| This creator is affiliated with: *(check all that apply)*  VA  HHMI  OHRC  Parker  Non-UC at time of invention  Visiting researcher; home institution: | | | |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
| UCLA ID (if applicable) |  | Country of Citizenship |  |
| UCPATH ID (if apl.) |  |  |  |
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| Full Name |  | Position |  |
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| Home Address |  | Home City, State, Zip |  |
| This creator is affiliated with: *(check all that apply)*  VA  HHMI  OHRC  Parker  Non-UC at time of invention  Visiting researcher; home institution: | | | |

***Note: The “Additional Creators” section at the end of this form can be used to list more inventors.***

|  |  |  |  |  |  |  |  |
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| **3. FUNDING SUPPORT & THIRD PARTY MATERIALS USED.** List all funding (e.g., non-profit, federal, for-profit, foundations, etc.) and any third-party materials used to create the invention. If there are non-UC inventors or collaborators, please disclose any non-UCLA administered funding used to create the invention.  **Please note that accurate and complete funding information is necessary so that UCLA can comply with any sponsored research or third party agreements and federal law.** | | | | | | | |
| **Sponsor(s)** | | **Grant/Contract Number(s)** | | **Principal Investigator** | | **Administering Dept./Center** | |
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| **Was the technology developed at/with any of the following:** | | | | | | | |
| HHMI affiliated lab | VA funds or lab | | CIRM  Grant No. | | Parker Institute | | LA Orthopedic Hospital |
| TANMS affiliated lab | PATHS-UP Research Center | | SRC | | Gates Fdn. | | AMRF |
| Using materials received from a third party under an **MTA (e.g. equipment, cell lines, antibodies)**?  Yes  No  *Material Name:       Provider Name:       MTA #:* | | | | | | | |
| **Using data from Electronic Medical Records or data, tissue samples, images or other things directly derived from human clinical research?**  **If yes**, have you submitted a request to the Data Release Committee?   If so, what date?   Please provide details regarding the status of such request: | | | | | | | |
| If no funding sources are indicated above, what financial support did the inventors rely on (e.g., personal funds, departmental funds)?  *List source here:* | | | | | | | |
| **I confirm all funding sources, if any, that supported this invention are identified above:** | | | | | | | |

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| **4. TECHNOLOGY DETAILS.**Please describe the technology (tangible materials, protocols, know-how, etc.) and provide details with attachments if needed. Please also note any of your other/prior UCLA inventions that this may be related to. |
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***Please use the section below for additional creators.***

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| **ADDITIONAL CREATORS.** Use to list additional creators that did not fit into section 2. | | | |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
| UCLA ID (if applicable) |  | Country of Citizenship |  |
| UCPATH ID (if apl.) |  |  |  |
| Work Telephone |  | Work Email |  |
| Home Address |  | Home City, State, Zip |  |
| This creator is affiliated with: *(check all that apply)*  VA  HHMI  OHRC  Parker  Non-UC at time of invention  Visiting researcher; home institution: | | | |
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**PLEASE BE SURE TO HAVE ALL AUTHORS EXECUTE**

**THE ASSIGNMENT ON THE LAST PAGE!**

**ASSIGNMENT**

Each person (each a “**Creator**”) signing below hereby represents she/he has contributed to the creation of the technology described in the related Associated Technology Disclosure Form (the “**Technology**”) and, to her/his reasonable knowledge, that the set of individuals identified as authors in the Technology Disclosure Form is accurate and complete. The Technology contains or may contain subject matter that is subject to assignment to the University of California (“**University**”) pursuant to University policies, employment, funding or otherwise.

Creator represents to the best of her/his knowledge, their interest in the Technology is unencumbered, other than with respect to any funding support or third party materials identified the Associated Technology Disclosure Form, if applicable. Creator further represents that she/he has good and full right and lawful authority to assign, sell and convey the same in the manner herein set forth. And for the same consideration Creator hereby covenants and agrees to sign all papers and documents, take all lawful oaths, and do all acts necessary as required to be done for the procurement, maintenance, enforcement, and defense of such intellectual rights without charge to the University, but at the cost and expense of the University, and Creator hereby covenants that they have not executed and will not execute any agreement in conflict herewith.

In consideration of the benefits for Creator stipulated in the applicable University policies, which policies are made by reference part hereof, and other good and sufficient considerations, the receipt of which is hereby acknowledged – to the extent all right, title and interest in and to such Technology is not already owned by or assigned to the University – Creator hereby assigns and does assign to the University all of their right, title and interest in and to the Technology, including any copyrights and other property rights contained therein. This assignment applies to the University, its successors and assigns.

The following Creator(s) hereby execute this Assignment as of the date of their signature below:

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Printed Name Title Signature Date

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Printed Name Title Signature Date

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Printed Name Title Signature Date

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Printed Name Title Signature Date

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Printed Name Title Signature Date