



Research Tool Disclosure Form

By submitting this form, you agree to provide assistance to Cedars-Sinai's Technology Transfer Office efforts to commercialize the research tool disclosed herein. Your responsibilities may include providing technical input, complying with deadlines, and educating potential licensees about your research tool. Failure to respond to any official requests and/or deadlines may lead to the abandonment of any potential commercialization activity.

The level of detail you provide on this form will affect our ability to assess the strength of the research tool being submitted. If the provided space is insufficient, please attach a Word document. You may also attach any other documents related to the research tool.

1. Title of the Research Tool

		Percentage Contributed to Research Tool	Lead Contributor	
_____	_____	_____ %	<input type="checkbox"/>	_____
[Contributor Name, Degree (MD, PhD, etc.)]	[Department]			[Date]
_____	_____	_____ %	<input type="checkbox"/>	_____
[Contributor Name, Degree (MD, PhD, etc.)]	[Department]			[Date]
_____	_____	_____ %	<input type="checkbox"/>	_____
[Contributor Name, Degree (MD, PhD, etc.)]	[Department]			[Date]
_____	_____	_____ %	<input type="checkbox"/>	_____
[Contributor Name, Degree (MD, PhD, etc.)]	[Department]			[Date]
_____	_____	_____ %	<input type="checkbox"/>	_____
[Contributor Name, Degree (MD, PhD, etc.)]	[Department]			[Date]

To the best of your knowledge, in the space provided below, please list all funding sources used to develop the above-referenced research tool to assist us in accurately reporting and identifying obligations. **Please note that this section must be completed before we can start processing this disclosure.**

- Federal Funds
 Non-federal External Funds (CIRM, etc.)
 Internal Funds
 None

_____ [Fund Agency] _____ [Grant No.]

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_____ [Fund Agency] _____ [Grant No.]

2.1. Research Tool Classification (Check all that apply)

<input type="checkbox"/> Antibody	<input type="checkbox"/> Animal Model	<input type="checkbox"/> Plasmid	<input type="checkbox"/> Chemical Reagent
<input type="checkbox"/> Protein/Peptide	<input type="checkbox"/> Cell Line	<input type="checkbox"/> Viral Vector	<input type="checkbox"/> Other (Describe below)

Comments:

2.2. Application Areas (Check all that apply)

<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> GI Disorders	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Radiation Control
<input type="checkbox"/> Drug Delivery	<input type="checkbox"/> Health IT	<input type="checkbox"/> Neurosciences	<input type="checkbox"/> Research
<input type="checkbox"/> Drug Discovery/Screening	<input type="checkbox"/> Imaging	<input type="checkbox"/> Oncology	<input type="checkbox"/> Stem Cells
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Infectious Diseases	<input type="checkbox"/> Organ Transplant	<input type="checkbox"/> Surgery
<input type="checkbox"/> Gene Therapy	<input type="checkbox"/> Inflammatory Disorder	<input type="checkbox"/> Ortho/Spinal Disorders	<input type="checkbox"/> Other (Describe below)

Comments:

2.3 Details (Please only complete relevant sections)

Antibody Monoclonal Polyclonal
 Primary Secondary

Clone name: _____

Immunogen: _____

Specificity: _____

Host species: _____

Isotype: _____

Purification method: _____

Culture medium: _____

Ascite production: _____

Positive control: _____

Applications: _____

Amount available: _____

Concentration: _____

Conjugated (Yes/No): _____

Other characteristics:

Protein/Peptide

Name: _____

Origin species: _____

Sequence (please indicate protein tags or other modifications): _____

Molecular weight: _____

Concentration: _____

Form (liquid, powder, etc): _____

Purification method: _____

Purity: _____

Storage conditions: _____

Stability: _____

Other characteristics:

Animal Model

Name: _____

Species: _____

Background strain: _____

Targeted gene: _____

Genotype details (transgenic, targeted mutation, inducible): _____

Phenotype: _____

List any special housing requirements: _____

Breeding scheme used: _____

Are breeding pairs available? _____

Other characteristics:

Cell Line

Organism: _____

Tissue: _____

Product Format: _____

Morphology: _____

Culture Properties: _____

Storage Conditions: _____

Other characteristics:

Plasmid

Vector backbone: _____

Backbone size (bp): _____

Vector Type: _____

Gene/Insert name: _____

Cloning method (Restriction Enzymes): _____

Sequencing primers: _____

Bacterial Resistance(s): _____

Growth Temperature: _____

Growth strain(s): _____

Other characteristics:

Viral Vector

Target Gene: _____

Selection Marker: _____

Sequencing Primers: _____

Growth strain and conditions: _____

Storage Buffer: _____

Other characteristics:

Chemical Reagent

Please describe characteristics:

Other

Please describe characteristics:

3. Description of the Research Tool

a. Describe the research tool, its key characteristics, and the amount available?

b. What problem is addressed by this research tool? What is the purpose?

c. Please list all publications describing validation, characteristics, and uses of the research tool.

d. How does your research tool improve upon and provide a unique advantage over existing solutions?

e. Is this research tool derived from human tissue or samples? Please explain briefly.

f. Have you received any material transfer requests for this research tool:

From colleagues within CSMC? Yes No

From any other academic/not for-profit institutions? Yes No

From for-profit companies? Yes No

4. Obligations to Third Parties

(Please reference below and attach documentation related to any external sponsorship, contracts, grants, materials, software, information or other funding associated to the creation of this research tool.)

a. Was this research tool developed at Cedars-Sinai? If "no", please explain.

b. The above-referenced research tool was developed in collaboration with a third party. Yes No

If yes, name of third party: _____

c. Third party material: Did you use any material or equipment provided by a third party to create this research tool?

Yes No

If yes, please provide a list of all such materials (including related MTAs and any other related agreements) and their sources (Name of the PI and institution):

d. Briefly identify any other third party agreements or obligations (CDA, NDA, interinstitutional, service, consulting, collaboration, consortium, etc.).

5. Business Development

Please pay special attention to this section. Your responses here are an important aspect of what we consider when strategizing optimal commercialization activity.

a. Describe how your research tool could be offered as a commercial product or service (i.e. reagent, diagnostic tool, kit, assay, or other).

b. Who could benefit from purchasing your research tool?

c. What specific companies may be interested in your research tool (development, production, sales, distribution, etc.)?

6. Contributor Information

By signing this document you agree to follow the rules and regulations proposed by the Cedars-Sinai and the Technology Transfer Office for the creation, protection, and commercialization of research tools. If at any time your research plans change and you will no longer be working on this research tool, you agree to notify the Technology Transfer Office as soon as possible. Please check the box of the person who you designate as the primary contact. **Also, please make sure your Department Chairperson reviews the document and signs where applicable below.**

Contributor #1 Primary contact

Employed by CSMC? Yes / No If "no", please name employer:

Name:	Best reachable phone:	Best reachable email address:	Second best email address:
Best time to call:	Signature:		Date:
Home Address:			
Country of Citizenship:			

Contributor #2 Primary contact

Employed by CSMC? Yes / No If "no", please name employer:

Name:	Best reachable phone:	Best reachable email address:	Second best email address:
Best time to call:	Signature:		Date:
Home Address:			
Country of Citizenship:			

Contributor #3 Primary contact

Employed by CSMC? Yes / No If "no", please name employer:

Name:	Best reachable phone:	Best reachable email address:	Second best email address:
Best time to call:	Signature:		Date:
Home Address:			
Country of Citizenship:			

Contributor #4 Primary contact

Employed by CSMC? Yes / No If "no", please name employer:

Name:	Best reachable phone:	Best reachable email address:	Second best email address:
Best time to call:	Signature:		Date:
Home Address:			
Country of Citizenship:			

Contributor #5 Primary contact

Employed by CSMC? Yes / No If "no", please name employer:

Name:	Best reachable phone:	Best reachable email address:	Second best email address:
Best time to call:	Signature:		Date:

Home Address:			
Country of Citizenship:			
If the primary contact is out of reach for urgent matters, please contact:			
Is this individual a contributor? <input type="checkbox"/> Yes / <input type="checkbox"/> No			
Name:	Best reachable phone:	Best reachable email address:	Second best email address:
Best time to call:	Signature:		Date:
Home Address:			
Department Chair Approval (MANDATORY PER INSTITUTIONAL POLICY)			
Name:		Signature:	
Department:		Date:	

(Please include multiple copies of this page if more than five contributors will be specified)