Please complete this form to have your research tool considered for licensing/distribution purposes. Please contact the Office of Technology Transfer at (937) 775-4245 or (937) 775-4277 if you have any questions.

Please email a copy of your completed form to: techtransfer@wright.edu

 AND

 Please be sure to send the signed original form to: Office of Technology Transfer

306 University Hall

**A. Name of Research Tool:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Type of Research Tool (e.g. antibody, mouse, cell line, plasmid, fusion protein, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**C. Description:** Please describe your Research Tool in Appendix A and attach any **publication**.

**D. Reduction to Practice:** Has this Research Tool been successfully made? [ ] Yes [ ] No

 If yes, has data been collected on the Research Tool to show its usefulness/advantages? [ ] Yes [ ] No

If yes, please describe any tests performed, data, and publications characterizing the Research Tool.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. Potential Licensees:** Please list any commercial entities you believe may be interested in this Research Tool. Please provide as much detail as possible.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F. Support/Sponsor Information:** Please indicate ALL types of support, including material, software, equipment, money, or other.

Federal [ ] No.

[ ] Yes. Agency Name and Contract No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RSP No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Industry: Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RSP No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List type of support:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List other related project or collaboration with the same company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Academic Collaborator: Name of Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List type of support:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any agreement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Foundation: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] University facility or resources

[ ] Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] None

**G. Third Party Materials:** Does the Research Tool contain or incorporate materials that were obtained or purchased from others? [ ] No [ ] Yes, please provide additional information on each material and if a Material Transfer Agreement (MTA) was used for the transfer of the material to Wright State University.

|  |  |  |  |
| --- | --- | --- | --- |
| Material | Source | Purchased? | MTA? |
|  |  | [ ] Yes [ ] No | [ ] Yes [ ] No |
|  |  | [ ] Yes [ ] No | [ ] Yes [ ] No |

**H. Wright State University Contributors.** I/We hereby certify that all statements made herein are true and complete to the best of my/our knowledge. I/We hereby agree to assign all right, title, and interest to this invention to Wright State University and agree to execute all documents as requested, and to cooperate with the Office of Technology Transfer in the evaluation, protection, and commercialization of this invention. Wright State University will share any royalty income derived from this invention according to its policies and the contributor share will be shared in accordance with the percentage of contribution listed herein (if there is no agreement regarding % contribution, then the contributor share will be shared equally among all contributors.) Please attach additional pages as needed. **All Wright State University contributors/inventors must sign this form before it is submitted.**

|  |  |
| --- | --- |
| **WSU Contributor 1 *(Primary)*** | **WSU Contributor 2** |
| Signature: Date: | Signature: Date:   |
| Print Name: | Print Name: |
| Title/Position: | Title/Position: |
| Affiliation(s): | Affiliation(s): |
| Home Address: | Home Address:  |
| Email: | Email: |
| Phone: | Phone: |
| Citizenship: | Citizenship: |
| % Contribution: | % Contribution:  |
| **WSU Contributor 3** | **WSU Contributor 4** |
| Signature: Date: | Signature: Date:   |
| Print Name: | Print Name: |
| Title/Position: | Title/Position: |
| Affiliation(s): | Affiliation(s): |
| Home Address: | Home Address:  |
| Email: | Email: |
| Phone: | Phone: |
| Citizenship: | Citizenship: |
| % Contribution: | % Contribution:  |
| **WSU Contributor 5** | **WSU Contributor 6** |
| Signature: Date: | Signature: Date:   |
| Print Name: | Print Name: |
| Title/Position: | Title/Position: |
| Affiliation(s): | Affiliation(s): |
| Home Address: | Home Address:  |
| Email: | Email: |
| Phone: | Phone: |
| Citizenship: | Citizenship: |
| % Contribution: | % Contribution:  |

**H. Non-Wright State University Contributors:** I/We hereby certify that all statements made herein are true and complete to the best of my/our knowledge.

|  |  |
| --- | --- |
| **Non-WSU Contributor 1** | **Non-WSU Contributor 2** |
| I hereby agree to assign to: (company/institution) | I hereby agree to assign to: (company/institution) |
| Signature: Date: | Signature: Date: |
| Print Name: | Print Name: |
| Affiliation(s): | Affiliation(s): |
| Home Address: | Home Address: |
| Email: | Email: |
| Phone: | Phone: |
| Citizenship: | Citizenship: |
| % Contribution: | % Contribution: |
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| Company/Institution Address: | Company/Institution Address: |
| Contact Person’s Email: | Contact Person’s Email: |
| Contact Person’s Phone: | Contact Person’s Phone: |
| **Non-WSU Contributor 3** | **Non-WSU Contributor 4** |
| I hereby agree to assign to: (company/institution) | I hereby agree to assign to: (company/institution) |
| Signature: Date: | Signature: Date: |
| Print Name: | Print Name: |
| Affiliation(s): | Affiliation(s): |
| Home Address: | Home Address: |
| Email: | Email: |
| Phone: | Phone: |
| Citizenship: | Citizenship: |
| % Contribution: | % Contribution: |
| Intellectual Property Contact Person at Company/Institution listed above: | Intellectual Property Contact Person at Company/Institution listed above: |
| Company/Institution Address: | Company/Institution Address: |
| Contact Person’s Email: | Contact Person’s Email: |
| Contact Person’s Phone: | Contact Person’s Phone: |

**APPENDIX A: *Description of Research Tool***

1. Please provide a description of the Research Tool, including the following information and any additional useful information (if the Research Tool is an antibody, skip this question and answer question 2 instead):
	1. Nature and purpose of the Research Tool
	2. How was the Research Tool Created? Similar to a journal article’s Materials and Methods section, please detail all steps and important controls.
	3. What advantages or improvements does this Research Tool offer over other available tools?
	4. What are the anticipated commercial applications and what types of experiments does this Research Tool enable?
	5. Are there any distribution limitations to the Research Tool because of grants or publication restrictions?
2. Complete this section only if the Research Tool is an antibody
	1. Antibody Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Antibody Target:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		1. What was the immunogen? What are the amino acid residue numbers?\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Is this a monoclonal or polyclonal antibody?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. If Monoclonal, is a viable hybridoma available: [ ] Yes [ ] No
	5. If Polyclonal, what amount of antiserum is available for licensing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		1. Is purification of the antiserum required?
	6. If Polyclonal, is there immunogen available for licensing and how much:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	7. What was species of the host animal?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	8. Validated Species Reactivity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	9. Validated Applications: [ ]  ELISA, [ ]  Flow Cytometry, [ ]  Immunocytochemistry,

[ ]  Immunofluorescence, [ ]  mmunohistochemistry, [ ]  Immunohistochemistry (Paraffin),

[ ]  Immunoprecipitation, [ ]  Western Blotting, Other (please list)

* 1. Average number of requests for Antibody per month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. What advantages or improvements does this Research Tool/Antibody offer over other available tools?
	3. Are there any distribution limitations to the Research Tool/Antibody because of grants or publication restrictions?