**RESEARCH TOOL DISCLOSURE FORM**

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Please use this form to disclose individual research tools, models, and reagents developed in your lab to UIRF. A spreadsheet version of this form is also available for the disclosure of multiple research tools. For assistance, please call the University of Iowa Research Foundation (UIRF) at 319-335-4546 or email at [uirf@uiowa.edu](mailto:uirf@uiowa.edu).

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1. **tYPE OF research TOOL**

Antibody or Hybridoma

Cell Line

Mouse Model

Plasmid/Vector

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Title of research tool**

List the exact name of each material as it is specified in publications. Please also note any other names, designations, or accession numbers (e.g., ATCC, Cellosaurus).

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1. **DESCRIPTION OF TOOL**

Briefly describe key features of the material:

**ANTIBODY OR HYBRIDOMA**

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| **ANTIGEN**  Specify the antigen or target protein/gene name. |  |
| **REACTIVITY**  Which species was the antibody raised against? What is its cross-reactivity? |  |
| **HOST**  In which host species was the antibody produced? |  |
| **CLONALITY**  Is the antibody monoclonal, polyclonal, or recombinant? |  |
| **SUBCLASS**  What is the subclass or isotype of the antibody? |  |
| **MOLECULAR WEIGHT (kDa)** |  |
| **IMMUNOGEN**  What immunogen or selection antigen was used to produce the antibody? |  |
| **MYELOMA**  What myeloma fusion partner was used to produce the hybridoma? (if applicable) |  |
| **RECOMMENDED GROWING CONDITIONS**  How should users grow the hybridoma? (if applicable) |  |
| **CONCENTRATION / BUFFER**  Specify the antibody concentration and buffer composition (if applicable) |  |
| **PURIFICATION**  Specify the method of purification, including the method of conjugation to a purification column (if applicable) |  |

**CELL LINE**

|  |  |
| --- | --- |
| **SOURCE**  List name of parental line, species (and strain if relevant), and tissue type |  |
| **TYPE OF MODEL**  What is the nature of the cell line (e.g., tumor line, immortalized cell line, knock-out, mutant, reporter)? |  |
| **PHENOTYPE**  What is the relevant phenotype or growth characteristics? Please note any conditional phenotypes. |  |
| **RECOMMENDED GROWING CONDITIONS**  How should users grow the cells? |  |

**MOUSE MODEL**

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| --- | --- |
| **TARGET GENE OR PROTEIN**  Which gene(s) were modified in the model? |  |
| **GENETIC BACKGROUND**  What is the mouse genetic background and cross history? |  |
| **ZYGOSITY**  Is the mouse model homozygous or heterozygous? |  |
| **TYPE OF MODEL**  What is the nature of the mouse model (e.g., knock-out, transgenic, mutant)? |  |
| **PHENOTYPE**  What is the relevant phenotype? Please note any conditional phenotypes, as well as relevant breeding characteristics. |  |

**VECTOR**

|  |  |
| --- | --- |
| **TARGET GENE OR PROTEIN**  What gene(s) does the vector carry? |  |
| **VECTOR TYPE**  Specify the vector backbone |  |
| **BACKBONE SIZE (bp)**  What is the size of the vector? |  |
| **RESISTANCE AND SELECTABLE MARKERS**  What is the antibiotic resistance? What other selectable markers does the vector carry? |  |

1. **BIOLOGICAL RELEVANCE AND APPLICATIONS**

Briefly explain why the tool or its target is of scientific interest. List the research areas or diseases for which the tool may be of interest, as well as the types of assays or experiments in which it has been used.

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| --- | --- |
| **APPLICATIONS**  In what types of assays or experiments can the tool be used? |  |
| **RESEARCH AREA**  For which diseases or areas of study will the tool be of interest? |  |
| **BIOLOGICAL RELEVANCE**  Why is the tool, or its target protein or gene, of scientific interest? |  |
| **POSITIVE CONTROL**  Note any positive control that can be used with the tool. |  |

1. **ADDITIONAL NOTES**

Is there any further information that would be helpful to someone using the tool?

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1. **PUBLICATIONS & SUPPLEMENTAL FILES**

Please list representative publications using the tool and/or describing its production. Please attach copies of any publications, figures, protocols, or manuscripts that would be helpful to someone using the tool. Images showing the use of the tool in experiments are particularly useful.

|  |  |
| --- | --- |
| **PUBLICATION** | **DATE** |
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|  |  |
|  |  |
| **SUPPLEMENTAL FILES**  Attach any figures, protocols, or manuscripts that would be helpful to someone using the tool. | |

1. **AVAILABILITY**

In what form is the material available? How much can you provide?

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| **AVAILABLE** | **FORM & AMOUNT AVAILABLE** |
| **Yes** **No** |  |

1. **INTEREST FROM COLLEAGUES**

Have you received requests for the tool in the past twelve months? How many, approximately?

|  |  |
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| **INTEREST / REQUEST RECEIVED?** | **NUMBER OF REQUESTS** |
| **Yes** **No** |  |

1. **RELATED DISCLOSURES**

Is the tool related to a prior invention disclosure to UIRF or any other institution? If so, please list the reference number(s).

|  |  |
| --- | --- |
| **RELATED TO A PRIOR DISCLOSURE?** | **REFERENCE NUMBER** |
| **Yes** **No** |  |

1. **AGREEMENTS & PROPRIETARY MATERIALS**

Please list all agreements that might affect any rights or interests in the invention. If any proprietary material (e.g., cell line, antibody, plasmid, computer software, or chemical compound) that was purchased or otherwise obtained from outside your laboratory was used to develop this invention, indicate below and list the name of the other party or supplier. Please attach copies of any agreements, if available.

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| --- | --- |
| **TYPE OF AGREEMENT**  (e.g., Material Transfer, Confidentiality, Consulting, Sponsored Research) | **NAME OF OTHER PARTY OR SUPPLIER** |
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1. **Funding Sources**

|  |  |
| --- | --- |
| **Was the development of this research tool funded/sponsored?** | **Yes** **No** |

If yes, list the funding source(s), and identify each source by contract or grant number and name the Principal Investigator / Supervisor.

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| --- | --- | --- |
| **FUNDING SOURCE / SPONSOR** | **CONTRACT OR GRANT NUMBER**  **& AWARD DATE** | **PRINCIPAL INVESTIGATOR / SUPERVISOR** |
|  |  |  |
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1. **Contributors**

The first person listed will be the “lead,” UIRF’s primary point of contact for the invention. UIRF royalties resulting from the commercialization of this research tool will be split equally among the UIOWA inventors unless all inventors agree in writing otherwise. Invention contributors should list their affiliated departments/colleges/labs/centers/etc. which contributed to the creation of the research tool (more than one may be listed, if applicable). Add additional contributors as appropriate.

**Lead:**

|  |  |  |
| --- | --- | --- |
| **Name**: | **Employer:** | **Position/Title**: |
| **Department**: | **Primary Email:** | **Primary Phone**: |
| **Campus Address**: | | **Mobile Phone (optional)**: |
| **Home Address**: | | **Citizenship:** |

|  |  |  |
| --- | --- | --- |
| **Name**: | **Employer:** | **Position/Title**: |
| **Department**: | **Primary Email:** | **Primary Phone**: |
| **Campus Address**: | | **Mobile Phone (optional)**: |
| **Home Address**: | | **Citizenship:** |

|  |  |  |
| --- | --- | --- |
| **Name**: | **Employer:** | **Position/Title**: |
| **Department**: | **Primary Email:** | **Primary Phone**: |
| **Campus Address**: | | **Mobile Phone (optional)**: |
| **Home Address**: | | **Citizenship:** |

1. **CONTRIBUTOR AFFILIATIONS**

Please indicate any contributors who have an affiliation or dual appointment with another institution or had such an affiliation or appointment at the time the research tool was originally developed, even if the appointment is without compensation or the invention was not conceived with the use of the other institution’s resources.

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| --- | --- |
| **ORGANIZATION** | **AFFILIATED CONTRIBUTORS** |
| **Veterans Administration (VA)** |  |
| **Howard Hughes Medical Institute (HHMI)** |  |
| **Other:** |  |

1. **ADDITIONAL CONTACTS**

Please list any other individuals, such as a lab manager, with whom we should coordinate regarding technical information or shipping of materials.

|  |  |  |
| --- | --- | --- |
| **Name**: | **Employer:** | **Position/Title**: |
| **Department**: | **Primary Email:** | **Primary Phone**: |
| **Home Address**: | | **Mobile Phone (optional)**: |
| **Campus Address**: | | **Citizenship:** |

1. **HOW DID YOU HEAR ABOUT UIRF?**

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