

To be submitted to the following address upon completion:

INTENT  
Address  
Tel:

For INTENT use only

Responsible	Date	Reference

## Cyprus University of Technology

### Biological and Tangible Research Property Disclosure Form

See the instructions on the back of this form.  
All CUT inventors should sign the form before submitting it.

#### 1. NAME OF BIOLOGICAL OR TANGIBLE RESEARCH PROPERTY ("TRP")

#### 2. TYPE OF TRP

#### 3. DESCRIPTION OF TRP

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#### 4. INVENTORS

##### 4.1. List the names of all persons who have contributed intellectually to this TRP.

Full Name (given name(s) and last name)	Inventive Contribution (%)	Affiliation (if not employed by the University)
Total	100%	

##### 4.2. Employment status Information during TRP development period

Full Name (given name(s) and last name)	Department (or other entity if not affiliated with the University)	Employment Status (e.g. employee, student, professor)	Funding Source for Employment	Date (From)	Date (Until)

#### 5. FUNDING SOURCE(S) UNDER WHICH THE TRP WAS DEVELOPED.

##### 5.1. Sources of funding

Sponsor(s)	Principal Researcher	Project Reference and Name

##### 5.2. Other corporate relationships pertaining to this invention

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##### 5.3. Use of university resources

If there is no contract or research agreement, has there been significant use of university resources as defined in the "Policy of the Cyprus University of Technology on the Ownership, Transfer and Commercial Exploitation of Intellectual Property"?  Yes  No

#### 6. MATERIAL TRANSFER AGREEMENT (MTA) AND OTHER RELEVANT AGREEMENTS

6.1. Does the TRP contain or incorporate materials that (a) have been obtained from another laboratory or (b) have been purchased?

Yes  No

If yes, please provide a list of materials, and their origin, and whether there are Material Transfer Agreements ("MTA") for the transfer of such materials to the CUT (attach additional pages where necessary).

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Material	Origin	MTA
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## 7. COMMERCIAL ISSUES

### 7.1. Which companies offer similar TRP (if known)?

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### 7.2. Companies that may be interested in this TRP

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## 8. RESPONSIBLE FOR TRP SHIPPING

Name:	
E-mail:	

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## 9. CUT INVENTORS

I confirm receipt of a copy of the Policy on Ownership, Transfer and Commercial Exploitation of Intellectual Property of the Cyprus University of Technology as well as other relevant written instructions and agree to be subject to all terms and conditions included therein. All statements made herein, based on my own knowledge are true and all statements made on information and belief are believed to be true.

I hereby assign all rights and title to this this TRP to CUT, and I agree to execute all required documents and to cooperate with INTENT in the protection of this invention. CUT will share any royalty income derived from this invention with the inventor(s), in accordance with its policies as may be updated periodically.

<b>Inventor's Signature:</b>	
<b>Full Name:</b>	<b>Date:</b>
<b>Position:</b>	<b>Faculty/Department:</b>
<b>Business Address:</b>	
<b>Business Telephone:</b>	<b>Business Fax:</b>
<b>E-mail:</b>	
<b>Home Address:</b>	
<b>Civil ID Number:</b>	<b>Nationality:</b>
<b>Affiliation with other institutions? If yes, give details</b>	

<b>Inventor's Signature:</b>	
<b>Full Name:</b>	<b>Date:</b>
<b>Position:</b>	<b>Faculty/Department:</b>
<b>Business Address:</b>	
<b>Business Telephone:</b>	<b>Business Fax:</b>
<b>E-mail:</b>	
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<b>Inventor's Signature:</b>	
<b>Full Name:</b>	<b>Date:</b>
<b>Position:</b>	<b>Faculty/Department:</b>
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<b>Affiliation with other institutions? If yes, give details</b>	

<b>Inventor's Signature:</b>	
<b>Full Name:</b>	<b>Date:</b>
<b>Position:</b>	<b>Faculty/Department:</b>
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Affiliation with other institutions? If yes, give details	

<b>Inventor's Signature:</b>	
<b>Full Name:</b>	<b>Date:</b>
Position:	Faculty/Department:
Business Address:	
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E-mail:	
Home Address:	
Civil ID Number:	Nationality:
Affiliation with other institutions? If yes, give details	

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## 10. NON-CUT INVENTORS

I (we) declare that all statements made herein, based on my own (our) knowledge, are true and that all statements made, on information and belief are believed to be true.

<b>Inventor's Signature :</b>	
I hereby agree to assign all my rights to: (company / institution)	
<b>Full Name:</b>	<b>Date:</b>
Home Address:	
Home Telephone:	Civil ID Number:
E-mail:	
Contact person for intellectual property rights in the above-mentioned company / institution:	
Company/ Institution address:	
Contact person telephone number:	
Contact person e-mail:	

<b>Inventor's Signature :</b>	
I hereby agree to assign all my rights to: (company / institution)	
<b>Full Name:</b>	<b>Date:</b>
Home Address:	
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Company/ Institution address:	
Contact person telephone number:	
Contact person e-mail:	

<b>Inventor's Signature :</b>	
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Contact person e-mail:	

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## Instructions for the Biological Tangible Research Property Disclosure Form

### A. INTRODUCTION

The purpose of the present document is to inform INTENT of the TRP and any relevant funding and publication history. The form also serves to create a legal record of the origin of the TRP

INTENT evaluates all the Biological and Tangible Research Property Disclosure Forms submitted by CUT members, in the order of receipt. Where appropriate, INTENT tries to license CUT inventions and technology to the industry and non-profit organizations for further development and commercialisation.

It is recommended to study the ***Policy on Property, Transfer, and Commercial Exploitation of CUT Intellectual Property*** before completing the form. Should you wish to discuss your technology with a member of INTENT before completing this form, please call.

### B. FORM COMPLETION INSTRUCTIONS

The numbers below refer to the corresponding numbered sections of the form. Please attach additional sheets, where necessary.

1. Create a short descriptive title of TRP that will facilitate identification of the TRP.

**Note:** The title should be given both in Greek and English.

2. Categorise the TRP in a general class of biological or tangible goods, e.g. antibody, mouse, microcircuit, plasmid.

3. Provide a description of the TRP, covering the following topics:

- i. General purpose
- ii. Technical description of the TRP
- iii. Benefits and/or improvements existing materials
- iv. Commercial applications/types of experiments which it enables a researcher to carry out.
- v. Any publications in which use was made of the TRP.
- vi. Requests for use of the TRP (if any) by external academic and industrial organisations

Attach to this form any additional supporting material such as photographs, drawings, manuscripts, etc.

vii. Provide a list of relevant Peer reviewed publications and patents, published in scientific journals within the last 10 years.

**Note:** This section should be completed in the English.

4. Include the names of all co-inventors. A co-inventor is a person who has contributed to the conception of the idea or offered an important element of the TRP, either independently or jointly with others, during the development of the TRP.

5.2. Is there any corporate relationship that we should know about regarding this TRP? If yes, give the name of the company(ies) and describe the nature of the relationship(s). Did you provide consulting services to this/these company(ies)?

6. List any components of the TRP that originated from another laboratory or were purchased. INTENT must ensure that it has the right to transfer the TRP for commercial use. Please attach copies

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of any MTA (if applicable) or any other written or oral agreements used to acquire any materials used for this TRP.

7.1. Based on your knowledge, give the names of commercial entities that provide comparable TRP or are working to develop comparable TRP.

7.2 Based on your knowledge give the names and addresses of commercial entities (include the names and addresses of specific contacts, if known) who are interested or might be interested in the TRP. We would also like to know your thoughts on how your invention could be commercialised as well as an indication of your interest in getting involved in such a process.

8. Give the name and e-mail address of the person who will be responsible for dispatching the TRP to a commercial entity or other institution. This person should be a CUT employee.

9. Please list the names of all CUT employees and students who contributed intellectually to the TRP. Additionally, state any affiliation with other entities. Put an asterisk next to the main contact (attach additional sheets if necessary). **The signature of CUT inventors is required.**

10. If an inventor is not an employee or a student of the University (that is they are not obligated to assign their rights to the TRP to CUT) please provide the information listed in the table (attach additional sheets if necessary). **The signature of non-CUT inventors is not required.**