**Washington University Joint Research Office for Contracts**

**UNFUNDED COLLABORATIVE RESEARCH INTAKE QUESTIONNAIRE**

**PLEASE NOTE THIS IS INTENDED AS AN INTERNAL DOCUMENT TO WASHINGTON UNIVERSITY ONLY. DO NOT SEND TO OUTSIDE PARTIES FOR COMPLETION.**

**PRINCIPAL INVESTIGATOR** email phone

**PI Office Contact/Business Manager** email phone

**Secondary Investigator** email phone

**DURATION OF AGREEMENT**: 6 mos. \_\_\_\_\_ 1 yr. 2 yrs. 3 yrs. Other

**RESEARCH TITLE:**

**COLLABORATORING ORGANIZATION (NOT WU):**

**Collaborator’s Contact Person:**  **e-mail:**

**Funding: Please list all sources of funding for this Research Project.** (*If funded by department funds please obtain the Department Chair or the Department Chair’s designee’s signature at the end of the form*.)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If funding will be transferred to either party, please indicate funding flow and provide budget and preferred payment schedule.**

**WHO DEVELOPED PROTOCOL/SOW?**

PI\_\_\_\_ Collaborator Both PI and Collaborator (If both, who initiated protocol?)

**PUBLICATION** — Do you plan to publish? **Yes \_\_\_\_ No \_**

Do you anticipate publishing jointly with Collaborator? **Yes \_\_\_\_ No \_**

When not publishing jointly, do you require the right to publish first? **Yes \_\_\_\_ No \_**

**INTELLECTUAL PROPERTY**

Do you anticipate that you will make an independent discovery or invention related to the study you are performing, or do you expect to make an improvement to or develop a new use for the Collaborator’s product? (*if applicable)* **Yes \_\_\_\_ No \_**

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any issued or pending patents, or have you ever filed an invention disclosure related in any way to the project? **Yes \_\_\_\_ No \_\_\_**

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MATERIALS (other than biospecimens)**

Will you be receiving any proprietary materials from the Collaborator? **Yes \_\_\_\_ No \_**

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be sending any proprietary materials to the Collaborator? **Yes \_\_\_\_ No \_\_\_\_**

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the collaborator performing any CLIA assays utilizing the material? **Yes \_\_\_\_ No \_\_\_\_**\_\_\_\_

If yes, will results be returned to the patient / human subject? **Yes \_\_\_\_ No \_\_\_\_**

Will materials (other than those provided by the Collaborator) be used in the performance of your research?

**Yes \_\_\_\_ No \_\_\_\_**

If yes, what is the source of these other materials (please attach any related agreements/MTAs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HUMAN SUBJECTS DATA** – Are you sending any human subjects data (including genomic data) or biospecimens? **Yes \_\_\_\_ No**

If Yes, was any data/specimens collected or generated after November 2016 under NIH funding? **Yes \_\_\_\_ No**

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Will you be sending or receiving any PHI, including a Limited Data Set?

**Yes \_\_\_\_ No**

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB Number for collection of data or biospecimens: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Related agreements (eg. Clinical trial or material transfer agreement under which data/biospecimens were collected or received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELATED RESEARCH** — Are you doing any related research for another party including another private entity or a Government agency that could conflict or overlap with this study? **Yes \_\_\_\_*\_*No \_\_\_\_\_\_If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER PARTICIPANTS** Will there be any students or post-docs working on this project? **Yes \_\_\_\_*\_\_\_* No \_\_\_\_\_\_**

**NON-EMPLOYEES** Will there be any Visiting Scholars or other non-employees working on this project or present in the lab during performance of the project? **Yes \_\_\_\_*\_\_\_* No \_\_\_\_\_\_**

**CONFIDENTIALITY** Do you plan on disclosing (\_\_) or receiving (\_\_) any confidential information?

**COLLABORATOR BENEFIT** If Collaborator is an industry partner, please describe the benefit the Collaborator will derive from the collaboration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EXPECTATIONS FOR DATA OWNERSHIP** What are your expectations for Data/Results Ownership and rights to use? For example, do you anticipate joint ownership, each party receiving a right to use the other’s data for research purposes only, etc.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***IF COLLABORATOR IS A COMPANY, PLEASE ANSWER THE FOLLOWING DISCLOSURE & ICOI SECTIONS***

**DISCLOSURE** – Do you\* or any investigator\* participating in the study have a financial interest in the Collaborator consisting of:

Consulting,  Speaking fees,  Serving on a BOD or SAB, Honoraria,  Personal Gifts,  Licensing agreement or royalty income,  Equity interests, including stock, stock options, warrants, partnership or equitable ownership interests, or  Other fees/compensation

*\*includes family member(s).*

**ICOI** – To your knowledge, does this study involve utilizing a technology developed at Washington University that is currently licensed to a commercial entity? Yes  No

If yes, please answer the following: Briefly describe the technology:      ; Provide the name of the inventor(s) and their department name      ; Provide the name of the commercial entity that is party to the license agreement (if known)

**STATEMENT OF WORK**:

Please attach the statement of work to your response. Because this statement of work is collaborative, the attachment should include a detailed description of each party’s activities. Please include any material or equipment to be exchanged. This description will be appended to the agreement.

If Department Funds are being used to fund this Project, the Department Chair or his designee must sign below confirming approval of this Project.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please send to the JROC staff member who provided this form, or if obtained from our website, to the Contract Assistant – ResearchContracts@wusm.wustl.edu.**