

**Intellectual Property Disclosure Form**

*(to be completed by the Awardee and Sponsor/Mentor upon the completion of each award year)*

Name of Awardee:

Name of Sponsor/Mentor:

*(if applicable)*

Sponsoring Institution:

Title of Project:

1. Have any patentable inventions/discoveries or computer software been conceived or reduced to practice in the performance of research funded in whole or in part by the DRCRF?

[ ]  Yes [ ]  No

If yes, please provide:

* Name of invention, discovery or computer software:
* An attached description.

2. Have any patent applications been filed or are any going to be filed in the future as a result of research funded in whole or in part by the DRCRF?

[ ]  Yes (Please attach information about the patent applications.)

[ ]  No

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Signature of Awardee Date

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Signature of Sponsor or Mentor Date

*(for Clinical Investigators, Fellows, Sohn Fellows,*

*and Physician-Scientists; N/A for Innovators and Frey Scientists)*