University of Oregon Innovation Partnership Services

Research Tool Registration

Please use this registration form to identify and describe a University of Oregon research tool (e.g. antibody, plasmid, cell line, seed, etc.) to Innovation Partnership Services. Please fill out this form only after discussing your project's work and goals with a member of the UO Innovation Partnership Services team.

inno	vation	Partnership Services team.	
		Innovation Partnership Services Use Only	
		Date Received:	
		Ref. Number	
1	Na	me of the Research. To I	
2	Investigator Information		
	Nar	me:	
	Title	e:	
	Department:		
	Phone number:		
	E-n	nail address:	
3	Brief background and description of the Research Tool		
	a.	Brief layperson's description of the research tool (2-3 sentences):	
	b.	Were any materials from outside the University of Oregon used to create the research tool: Yes: \Box No: \Box	
	C.	If yes in (b), indicate what materials were used and from whom those materials were received:	

	d.	Were there other University of Oregon collaborators who helped create the research tool: Yes: □ No: □
	e.	If yes in (d), please list their name and contact information:
	f.	Were there other collaborators outside University of Oregon who helped create the research tool: Yes: \Box No: \Box
	g.	If yes in (f), please list their name and contact information:
4	List a	ading Sources all funding sources and grant numbers that supported the pearch Tool. If no funding sources were prod, please state "no si".
5	Dis	tribution o Researce To Y
	a.	Is the tool currently available for distribution: Yes: \square No: \square
	b.	If yes in (a), what quantity of reagent is available for distribution:
	If yes	s in (a), is your laboratory capable of filling future requests: Yes: \Box No: \Box
	C.	Does your laboratory wish to distribute the research tool or prefer that someone else fulfill requests for the research tool? Yes: \Box No: \Box
	d.	Do you know of any companies that may be interested in using or distributing the Research Tool?
Prop	ose	d Contributor's Certification
		eby certify that all of the information set forth in this Research Tool Registration is, e best of my knowledge, complete and accurate.
Signat	ure: _	
Name:	_	
Date:	_	