

UNIVERSITY OF PITTSBURGH OFFICE OF TECHNOLOGY MANAGEMENT (OTM)

Submission Form for the Evaluation of Confidentiality / Non-Disclosure Agreements

Submit this completed form to the Office of Technology Management. If you have a company CDA or NDA, submit an electronic version of that with this document.

Phone: 412-648-3220 Fax: 412-648-8525 E-mail: jtarasi@pitt.edu

University Principal Investigator (PI) Name/Title	Other Party's Name
PI's Departmental Administrative Contact Department: Name: Phone: E-mail:	Company / Institution Contact Name: Phone: E-mail:
Name of University Contact to Receive Information	Is there another agreement (e.g., data sharing, material transfer, CDA / NDA through Office of Research) already in place regarding the subject matter of this CDA / NDA? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain. _____
Are there any other parties to this CDA / NDA? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list. _____	
Is this CDA / NDA related to a private employment activity you are conducting with the other entity (i.e., via a private consulting agreement)? <input type="checkbox"/> No <input type="checkbox"/> Yes (if so, the agreement cannot be reviewed and signed by the University)	Is this CDA / NDA related to a research activity with the other party? <input type="checkbox"/> No <input type="checkbox"/> Yes (if so, the agreement must be negotiated and signed by the Office of Research)
Describe the purpose / subject matter of this CDA / NDA. _____	What is the anticipated primary means of communication? (check all that apply) <input type="checkbox"/> E-mail <input type="checkbox"/> Phone <input type="checkbox"/> Physical Correspondence <input type="checkbox"/> Presentation <input type="checkbox"/> Other (please specify) _____
Are you disclosing information to the other party? <input type="checkbox"/> No <input type="checkbox"/> Yes, please advise what you are disclosing. _____	Is the other party disclosing information to you? <input type="checkbox"/> No <input type="checkbox"/> Yes, please advise what the other party is disclosing. _____
Has the other party already disclosed information? <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe the information, to whom it was disclosed and the earliest date of disclosure. _____	Have you already disclosed information? <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe the information, to whom it was disclosed, and the earliest date of disclosure. _____
Do you anticipate publicly disclosing the subject matter in a paper, presentation, or other means? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide date (m/d/yyyy) _____	Have you submitted an invention disclosure to the OTM? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide date (m/d/yyyy) _____
If you are disclosing information, did you develop this information or do you have the full rights to disclose it? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. _____	Have you received or are you currently receiving outside financial support for the subject matter of this CDA / NDA? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain. _____

To the best of my knowledge, the answers to the questions are true, complete and accurate. I have read the referenced agreement and agree to comply with its terms and conditions. I am a University of Pittsburgh faculty member authorized to disclose or receive the information noted above.

Principal Investigator: _____ Date (m/d/yyyy): _____

Please note that OTM does not recommend that any faculty member sign a CDA or NDA as the sole signature, and that any such signature is not binding on the University of Pittsburgh unless an appropriately Authorized University Official also signs.