



Confidential and Proprietary  
**Report of Research Discovery**  
TO THE UNIVERSITY OF ILLINOIS AT CHICAGO  
OFFICE OF TECHNOLOGY MANAGEMENT (OTM)

Tech ID  
(for office use only)

A Report of Research Discovery allows the OTM to understand your research discovery, and to evaluate your discovery for protection of commercial potential. **This discovery can be any work resulting from activities of University employees in the course of their duties or through the use of University resources (i.e. new chemical entity or material, new or improved device, research tool, software, apps, algorithm, curriculum, new use for a known drug).** Please submit the completed form and applicable attachments to the OTM by:

**Mail to:**

The Office of Technology Management (MC 682)  
1853 W. Polk St., Suite 446  
Chicago, IL 60612

**E-mail to:**

commercializeotm@otm.uic.edu

1. Title of Discovery – Title must be short, simple, and non-confidential

2. Please provide a layperson's description of the discovery in **sufficient detail**  
(If more space is needed, please provide the information on additional sheet(s) and include with your disclosure)



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3. Publication, Public Disclosures and other activities

*If the answer to any of the following questions is **YES**, please provide detailed information and attach any grants, abstracts, manuscripts, articles, presentations, etc. Please keep your technology manager informed of any future submission or acceptance for publication or other possible public disclosure of any manuscripts, abstracts or oral presentations describing the discovery.*

A. Has the discovery been described or otherwise publicly disclosed through any publication(s), abstract(s), appearances online, conferences, conference abstracts, poster session, presentations, lectures, or other?

Yes       No

Name or disclosure details	Date of public disclosure (MM/DD/YYYY)

B. Has a manuscript describing the discovery been submitted for publication?

Yes       No

*If yes, has it been accepted for publication at this time?*

Yes       No

Name of publication, journal or website	Date of submission or expected publication(MM/DD/YYYY)

C. Are any public disclosures contemplated in the next 3 to 6 months?

Yes       No

If yes, please provide the expected date(s)

4. Is this discovery a software, mobile, or other digital media ?

Yes       No

*If yes, please specify any third party program code, data, files or other incorporated elements (e.g. open source licenses, github, sounds, graphics or other images) not original to the developer(s). Please append copies of any permission to use releases or licenses for each use. If open source licenses are used, please indicate which features rely on that license and which do not:*



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5. Can this discovery be used as a research tool/reagent or did you create a research tool in the course of your research discovery (tangible material that will primarily be used for scientific research such as a cell line, transgenic model, expression vector, or research-use only antibody etc.)?

If yes, please complete Section 13 and 14: The Appendix for Research Tools/Reagents on page 6:

Yes       No

6. What is the stage of development of this discovery? (Examples – working prototype, beta-tested, scripted, in vitro/in vivo data, pre-clinical data, clinical data, TRL if known, etc.)

7. Please describe any immediate next steps to move this discovery forward

Is funding in place to do so (*If yes, please provide the source of funding in #10*)?

Yes       No

8. Please describe how your discovery might be used in a commercial setting and what existing problem(s) does this discovery solve? (What would a product, method, or service look like, who might be the most likely end user, etc.)

9. Which companies are most likely to be interested in this discovery?

*(Please note any commercial entity who inquired or expressed interest in this discovery)*



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10. Please provide the source of funds associated with this discovery:

Sponsoring Entity	Grant/Contract #	Primary
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

11. If an existing agreement applies to the discovery, please specify the type and party involved:

**Agreement Type**

- Material Transfer
- Confidentiality/Non-Disclosure
- Research/Collaboration
- Other

**Party to Agreement and OSP Ref# (if available)**


12. Creator(s): (List the primary creator FIRST. If more space is needed to list all contributors, please attach a complete list and include with your disclosure)

*Defined in Article III Section 2 of the General Rules Concerning University Organization and Procedure, "creator" refers to an individual or group of individuals who make, conceive, reduce to practice, author, or otherwise make a substantive intellectual contribution to the creation of intellectual property. "Creator" includes the definition of "inventor" used in U.S. patent law for patentable discovery and the definition of "author" used in the U.S. Copyright Act for copy written works of authorship.*

Lead Creator			
Name (First, Last)		Citizenship	
Current Organization Information			
Organization	<input type="checkbox"/> UIC, UIN _____ <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> VA Appointment		
College		Department	
Position			
Contact Information			
Work E-mail		Work Phone	
Secondary E-mail		Secondary Phone	
Signature		Date	



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<b>Creator</b>			
Name (First, Last)		Citizenship	
<b>Current Organization Information</b>			
Organization	<input type="checkbox"/> UIC, UIN _____ <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> VA Appointment		
College		Department	
Position			
<b>Contact Information</b>			
Work E-mail		Work Phone	
Secondary E-mail		Secondary Phone	

<b>Creator</b>			
Name (First, Last)		Citizenship	
<b>Current Organization Information</b>			
Organization	<input type="checkbox"/> UIC, UIN _____ <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> VA Appointment		
College		Department	
Position			
<b>Contact Information</b>			
Work E-mail		Work Phone	
Secondary E-mail		Secondary Phone	

<b>Creator</b>			
Name (First, Last)		Citizenship	
<b>Current Organization Information</b>			
Organization	<input type="checkbox"/> UIC, UIN _____ <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> VA Appointment		
College		Department	
Position			
<b>Contact Information</b>			
Work E-mail		Work Phone	
Secondary E-mail		Secondary Phone	
<b>Contact Information</b>			
Work E-mail		Work Phone	
Secondary E-mail		Secondary Phone	



**APPENDIX**

If you answered question 5 as Yes, please provide details below.

13. Select all relevant novel categories that apply to the disclosed technology:

- |   |   |
|---|---|
| <input type="checkbox"/> Research platform                                    | <input type="checkbox"/> Mono/ polyclonal or synthetic antibody       |
| <input type="checkbox"/> Transgenic animal/genetically modifiedorganism/virus | <input type="checkbox"/> Nanofabrication tools                        |
| <input type="checkbox"/> Cell line / stem cell                                | <input type="checkbox"/> Benchtop research instrumentation            |
| <input type="checkbox"/> Transfection system / reagent                        | <input type="checkbox"/> Purification technology                      |
| <input type="checkbox"/> Protein expression systems                           | <input type="checkbox"/> Chemical matter—Organic catalyst             |
| <input type="checkbox"/> Plasmids or cloning systems                          | <input type="checkbox"/> Chemical matter—Pharmacophore/drug candidate |
| <input type="checkbox"/> Probes / detection system                            | <input type="checkbox"/> Chemical matter—Combinatorial scaffold/core  |
| <input type="checkbox"/> Bioactive peptides or other macromolecules           | <input type="checkbox"/> Chemical matter—coupling reagent             |
| <input type="checkbox"/> Engineered protein                                   | <input type="checkbox"/> Highly purified antigen (novel or known)     |
| <input type="checkbox"/> Clinical/tissue samples                              | <input type="checkbox"/> Micro/proteomic array                        |
| <input type="checkbox"/> Research assay or drug screen                        | <input type="checkbox"/> Disease model (cellular, xenograft, etc.)    |
| <input type="checkbox"/> Software   | <input type="checkbox"/> Other _____                                  |

14. If the disclosed technology is a reagent, specify one of the following:

- Infinitely scalable (e.g. bacterial strain, immortal cell lines, etc.)
- Limited quantity(difficult to produce). Specify the quantity available for distribution: \_\_\_\_\_
- Limited quantity—but can be batch manufactured.

Indicate if you are willing to produce more material:  Yes  No

Indicate if you would allow a third party to manufacture the material:  Yes  No

- Not applicable