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**CONFIDENTIAL**

*To be filled in by Unitec*

#### **Reagent Disclosure**

Any reagent resulting from research conducted at the University of Geneva (UNIGE) may to be announced to Unitec to attempt its commercialization.

The purpose of this form is to record the reagent and the circumstances under which it was generated.

This document will be used by Unitec to evaluate whether it would be appropriate to attempt to commercialize the disclosed reagent and will provide a basis for drafting the data sheet required for effective marketing of the reagent.

If the reagent is successfully commercialized, any revenue received by UNIGE will be redistributed according to the rules applicable to inventions, as set out in the *Directives en matière d’accords de transferts de technologies et de compétences*. The UNIGE “inventor” share will be redistributed to the researchers who have generated the reagent proportionally to their relative contribution to the reagent, as indicated in this document.

Please fill out the form, have it signed by all the people involved in generating the reagent, and send it to Unitec :

Unitec

##### University of Geneva

24, rue Général-Dufour

1211 Geneva 4

Phone: (022) 379 03 50

E-mail: unitec@unige.ch

1. Description of the reagent

*Please check one box*

Antibody \*  Cell line  Transgenic mouse

Plasmid  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* If the reagent is an antibody, please also fill out section 1bis. Antibody specification*

*a) Name of the reagent*

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*b) Detailed description of the reagent*

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*c) Area of research in which this reagent has been used*

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*d) Applications for which this reagent could be used*

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**1bis. Antibody specification**

*please only fill out this section if the reagent is an antibody, otherwise skip to Section 2. Contributors*

(i) ANTIGEN

1. *Immunogen used:*

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1. *Antigen species (Human, mouse, rat, rabbit…):*

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(ii) ANTIBODY

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| --- | --- | --- | --- |
| Antibody Name | Isotype (IgM, IgG2a…) | Raised in  (Mouse, rat, rabbit…) | Cross reactivity (Human, rat,…) |
|  |  |  |  |

*(a) Type of antibody*: Monoclonal  Polyclonal  Ascites

*(b) Hybridoma available?* YES  NO

*(c) Purification protocol available?* YES  NO

*(d) The antibody can be used for the following applications (data available):*

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| **Application** |  | Dilution | Comments |
| Western blot |  |  |  |
| Immunofluorescence |  |  |  |
| ELISA |  |  |  |
| Immunoprecipitation |  |  |  |
| Functional assay |  | (please specify) | |
| Other |  | (please specify) | |

*(e) Is there a possible diagnostic use?*

Yes (please specify)  No

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*(f) Comments on stability/storage conditions and shipping conditions :*

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**2. The contributors**

Please state the name of all the individuals who were involved in key aspects of developing the reagent and should receive a share of the potential revenue according to the University’s revenue distribution policy. If there are more than 3 contributors, please use the last page of this form.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Contributor 1** | **Contributor 2** | **Contributor 3** |
| **Name** |  |  |  |
| **Employer** |  |  |  |
| **Department** |  |  |  |
| **Position** |  |  |  |
| **Phone** |  |  |  |
| **Email** |  |  |  |
| **% contribution\*** |  |  |  |

*\* estimated % of relative contribution of each contributor to the reagent (total should be 100%)*

*Contributor to whom correspondence should be addressed:*

|  |
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|  |

*Professor(s) responsible for the group(s) (“Group Supervisor(s)”):*

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**3. Funding/Possible third-party claims**

*(a) Have you developed the reagent while you were employed by the UNIGE?*

Yes  No (please specify)

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1. *Have you received any materials used to develop the reagent from a third party?*

Yes (please specify)  No

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If yes, have you signed a material transfer agreement (MTA)?

Yes (please provide a copy)  No

1. Have you developed the reagent as part of a collaboration with a third party?

Yes (please specify)  No

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If yes, have you signed a collaboration agreement?

Yes (please provide a copy)  No

**4. Publications**

(a) Please list the first publication mentioning this reagent.

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1. Please list any further relevant publications mentioning this reagent.

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**5. Distribution**

*(a) Have you already distributed this material to colleagues in academia?*

Yes  No

*(b) Have you already distributed this material to companies?*

Yes (please indicate to which companies)  No

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*(c) If you regularly distribute the reagent, please indicate the approximate number of requests per month:*

<1

1-4

5-10

>10

**6.Further information**

*Please provide any further information that could be helpful.*

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**7. Declaration and signatures**

I declare to the best of my knowledge, that the information given in the above form is complete and accurate. I believe that the list of contributors is correct and comprehensive and that no person(s) other than those listed in this document have made a significant contribution to the reagent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : Date

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Name : Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Group Supervisor Date

***Please send an original of this document signed by all the contributors to Unitec.***

***Please use this additional page if there are more than 3 contributors***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Contributor 4** | **Contributor 5** | **Contributor 6** |
| **Name** |  |  |  |
| **Employer** |  |  |  |
| **Department** |  |  |  |
| **Position** |  |  |  |
| **Work phone** |  |  |  |
| **Work email** |  |  |  |
| **% contribution\*** |  |  |  |

***\* estimated % of relative contribution of each contributor to the reagent (total should be 100%)***