

**UNIVERSITY OF ROCHESTER
INTELLECTUAL PROPERTY AGREEMENT**

I understand that in the course of my activities at the University of Rochester I may participate in a research program sponsored through grants or contracts by government agencies, corporations, foundations, or others outside the University. I also understand that these grants or contracts usually require that the University protect sponsor's rights to intellectual property that may result from such a research program.

If I receive any support from the University or other sponsoring agency through affiliation with a sponsored program, whether as salary or sharing in equipment use, expendable materials, or other support, I agree that I will:

1. Disclose promptly to the Office of Research and Project Administration full information concerning inventions or discoveries I may make in the course of any such sponsored research or training program;
2. Assign to the University of Rochester or its designee all of my right, title, or interest to such inventions, discoveries, patent applications, or patents;
3. Upon request of the University execute any document and do everything necessary and proper to secure the issue of letters patent, United States or foreign.

I understand that the University's policies may provide for sharing of any income arising from inventions, discoveries, or patents that I assign to the University under this agreement. I understand that such sharing and other policies and practices are outlined in the University's research policy manual which may change from time to time. I agree to abide by the terms in effect at the time of the disclosure of an invention.

I understand that from time to time the University's intellectual property policy and practices are reviewed by the Research Policy Committee for needed changes, such as those resulting from government regulations. I agree to keep informed of any changes in the intellectual property policy through revisions of the research policy manual or other announcements.

RESEARCH PARTICIPANT

Signature

PRINT NAME AND DEPARTMENT:

Name

Department

Date

WITNESS

Signature

PRINT NAME AND DEPARTMENT:

Name

Department of Radiology

Department

Date