

University of Cincinnati
Confidential Disclosure Agreement Request Form

Case No. (this space for IPO use only)

1. INITIATING PRINCIPAL INVESTIGATOR:		Phone Number	COLLEGE & DEPARTMENT
2. Who is disclosing and/or receiving the confidential information? Check One: UC is only receiving information (CDA-IN) <input type="checkbox"/> UC is only disclosing information (CDA-OUT) <input type="checkbox"/> UC is BOTH receiving and disclosing information (TWO-WAY) <input type="checkbox"/>			
3. DESCRIPTION OF CONFIDENTIAL INFORMATION TO BE DISCUSSED:			
4. Name of Other Party:			
5. Number of original(s) to be signed: _____ (A minimum of two is required)			
6. Name of Other Institution's Researcher: Department: E-Mail Address for Researcher:			
7. Address Information For Other Institution's Researcher: Name: Address: Phone: Fax:		8. Address Information for Other Party's Contracting Office: (Name, Address, E-Mail, telephone and fax #':) Name: Address: E-Mail: Phone: Fax:	
I declare that I do not have a connection to or a financial interest in the company with which this contract is being made. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true.			
_____ Principal Investigator's Signature		_____ Date	
NOTE: By signing, the Principal Investigator hereby certifies that an appropriate plan is in place for managing procedures and handling the transferred Information.			