



Affirmation Memo for Confidential/Non-Disclosure Agreements

TO: _____
(Grant & Contract Officers Name)

Sponsored Program Administration, 5057 Woodward Avenue, 13th Floor, Detroit, Michigan 48202
Phone: (313) 577-3726, Fax: (313) 577-5055

FROM: _____
Investigator's Name

RE (Sponsor/Study/Protocol): _____

Attached please find a copy of the agreement for the above referenced study. I have completed and signed this memo so that it may be attached to the agreement when sent to the Office of the General Counsel for review and approval.

I have paid particular attention to any clauses on intellectual property, proprietary or patent rights, publication rights and debarment and understand that the terms of the contract may require giving up certain ownership rights.

Having read the agreement, I am answering the following questions:

- | | | |
|--|-------------|-----|
| 1. Do you understand and agree to the terms of the agreement? | Yes | No |
| <i>Note: If you disagree or do not understand the terms, please describe items of concern on a separate page.</i> | | |
| 2. Did you write the protocol/scope of work for this study? | Yes | No |
| 3. Will any of the work for this study be taking place in DMC-owned space? | Yes | No |
| 4. Will any of the work for this study be performed by non-WSU staff?
<i>If yes, who are the staff employed by?</i> | Yes | No |
| 5. Is a patentable discovery likely to come out of your work? | Do Not Know | Yes |
| 6. Will the project involve the use of proprietary materials of another party besides the sponsor? <i>If yes, please explain on a separate page.</i> | Yes | No |
| 7. Will you be subcontracting with other institutions for this project?
<i>If yes, please provide names and briefly describe the collaboration:</i> | Yes | No |

Signature of Investigator

Date