

**UAB RESEARCH FOUNDATION INTELLECTUAL PROPERTY DISCLOSURE FORM**  
*(additional IPD signature form)*

<b>Date:</b>	<b>Lead Discloser:</b>
<b>Title of Invention:</b>	
<b>Contact Information:</b>	<b>Office Phone:</b>
<b>Email:</b>	<b>Fax:</b>

**Disclosers:** Please list all persons believed to have made essential contributions to the Intellectual Property during the evolution of the initial concept or reduction to practice. Include UAB as well as non-UAB persons and obtain signatures from all Disclosers. (Fax signatures of non-UAB personnel will be accepted.) Determination of inventorship is a legal matter and will be determined by legal counsel.

**Discloser #6**

Printed Name:	Country of Citizenship:
Campus Address:	UAB Employee    Yes    No
Email:	Daytime Phone:
Home Address:	
Signature	Date:

**Discloser #7**

Printed Name:	Country of Citizenship:
Campus Address:	UAB Employee    Yes    No
Email:	Daytime Phone:
Home Address:	
Signature	Date:

**Discloser #8**

Printed Name:	Country of Citizenship:
Campus Address:	UAB Employee    Yes    No
Email:	Daytime Phone:
Home Address:	
Signature	Date: