

**UAB RESEARCH FOUNDATION REVENUE DISTRIBUTION AGREEMENT**  
*(additional RDA 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>

Please list all **UAB** Disclosers and Contributors and obtain signatures of all Disclosers and Contributors and their affiliated departments and schools. Signatures of the parties indicate that they have reviewed the Intellectual Property Disclosure Form and approve the indicated distribution of revenue. The sum of the percent contributions must equal 100%. All appropriate signature lines must be executed.

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Signature:		Date:
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Printed Name:		Percent Contribution:
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		Social Security No:
Department:	Department Chair Signature:	Date:
School:	Dean Signature:	Date: