University of Oregon
Innovation Partnership Services

Research Tool Registration

Please use this registration form to identify and describe a University of Oregon research tool (e.g. antibody, plasmid, cell line, seed, etc.) to Innovation Partnership Services. Please fill out this form only after discussing your project’s work and goals with a member of the UO Innovation Partnership Services team.

1 Name of the Research Tool

2 Investigator Information

   Name:
   Title:
   Department:
   Phone number:
   E-mail address:

3 Brief background and description of the Research Tool

   a. Brief layperson’s description of the research tool (2-3 sentences):

   b. Were any materials from outside the University of Oregon used to create the research tool:  
      Yes:  
      No:  

   c. If yes in (b), indicate what materials were used and from whom those materials were received:
d. Were there other University of Oregon collaborators who helped create the 
research tool:  Yes: ☐  
No: ☐

e. If yes in (d), please list their name and contact information:

f. Were there other collaborators outside University of Oregon who helped create the 
research tool:  Yes: ☐  
No: ☐

g. If yes in (f), please list their name and contact information:

4  **Funding Sources**
List all funding sources and grant numbers that supported the
development of the Research Tool. If no funding sources were used, please state “none”.

5  **Distribution of Research Tool**

a. Is the tool currently available for distribution:  Yes: ☐  
No: ☐

b. If yes in (a), what quantity of reagent is available for distribution:  __________

If yes in (a), is your laboratory capable of filling future requests: Yes: ☐  No: ☐

c. Does your laboratory wish to distribute the research tool or prefer that someone 
else fulfill requests for the research tool?  Yes: ☐  No: ☐

d. Do you know of any companies that may be interested in using or distributing the 
Research Tool?

**Proposed Contributor’s Certification**

☐ I hereby certify that all of the information set forth in this Research Tool Registration is, 
to the best of my knowledge, complete and accurate.

Signature: ________________________________

Name: ________________________________

Date: ________________________________