

To: SIMON FRASER UNIVERSITY
Research Services

NONDISCLOSURE AGREEMENT REQUEST

Party 1 to Agreement: Simon Fraser University

ContractContact: _____ Telephone: _____ Email: _____

Scientist/PI: _____ Telephone: _____ Email: _____

Department & Address: _____

Party 2 to Agreement _____

ContractContact: _____ Telephone: _____ Email: _____

Scientist/PI: _____ Telephone: _____ Email: _____

Department & Address: _____

Any other parties:(attach another page with details if necessary)

Nature of Information and Confidentiality Requirements:

Information to be shared (e.g. Confidential Information, Trade Secret, Other Specifics) _____

Which Parties are providing Information: _____

Who owns Information SFU is providing: _____

Who owns Information SFU is receiving: _____

Who is/are the Representative(s) providing/receiving Information at

(i) SFU: _____

(ii) Party 2 _____

Who will have access to Information in addition to Representative(s) at

(i) SFU _____

(ii) Party 2 _____

Proposed Effective Date of Non-disclosure Agreement: _____

Number of months after Effective Date during which Information will be disclosed: _____

Number of months after Effective Date during which Information must be kept confidential: _____

Number of months after Effective Date during which Information may be used _____

Specific purpose of sharing the information (attach another page if necessary): _____

Are there now or contemplated other Joint Research or Collaboration Agreements regarding the Information?

† Yes † No - Details: _____

Does anyone else have an ownership interest in the Information or a right to require it be kept confidential?

† Yes † No - Details: _____

Is there a current, pending, or anticipated patent application patent regarding the Information?

† Yes † No - _____

FINANCIAL Was industry funding (including student/postdoc funding sources) used in creating Information?

† Yes † No. If yes, describe the funding source(s) including award number(s), used or to be used to

develop Information or support the research? _____

PRINCIPAL INVESTIGATOR SIGNATURE: By signing this form, I certify that the foregoing is true and correct to the best of my knowledge, and I agree to comply with current university policies and federal/provincial regulations relating to the Information, and to ensure SFU's compliance with the agreement implemented in this matter.

^] P v š μ Œ } (W Œ] v] % o / v Å • š] P š } Œ ~ ~ v u] (v } š } Å • Date: In773 <0Tj -0.159 Tw 7p6