

RUSH UNIVERSITY MEDICAL CENTER

COPYRIGHTABLE WORK PRODUCT DISCLOSURE FORM

Please complete the appropriate questions on this form, send a signed copy to your department head or chairman and a copy to the Rush Intellectual Property Office, Suite 470 TOB, Attn. Matthew Raymond, PhD. You may forward an electronic version to matthew_raymond@rush.edu.

(Please attach individual pages if necessary and denote which portions refer to which of following paragraphs:)

The writing or work product herein described is being disclosed in pursuance of the terms of the Medical Center's Policy Regarding Patents, Copyrights and Licenses Resulting from Discoveries, Inventions, Writings and Other Work Products.

1. Title of Writing or Work Product:

2. Author(s) (Please give a full name, address, and title):

#1	Last	First	Middle
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Title

Institution	Department
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Street	City	County	State
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Citizenship	Office Phone	email
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#2	Last	First	Middle
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Title

Institution	Department
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Street	City	County	State
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Citizenship	Office Phone	email
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#3	Last	First	Middle
Title			
Institution		Department	
Street	City	County	State
Citizenship		Office Phone	email

3. Type of Writing or Work Product:

a) Describe the writing or work (e.g., textbook, article, film, slide presentation , computer program, tape recording, examinations, etc.):

b) Is the work composed of several different components, (e.g., film and script, slides and recording, etc.)? Yes [] No []

If yes, describe the components:

c) Does the work incorporate verbatim a preexisting work or a portion of a preexisting work, or is the work substantially similar to any preexisting work? Yes [] No []

If yes, list preexisting works:

d) Is the work a collective work, such as a periodical issue or anthology, in which a number of contributions, constituting separate works in themselves, are collected?

Yes [] No []

If yes, list collected works:

7. Expenditures

Already Incurred (List all expenses incurred by the Medical Center to date in printing, publishing or developing the work product):

Nature of Expense	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Anticipated Expenses (List all costs which are anticipated to be paid by the Medical Center):

Nature of Expense	Amount
_____	_____
_____	_____
_____	_____
_____	_____

8. Has the work product been published? Yes [] No []

If yes: Name of publisher: _____
Date of publication: _____
Place of publication: _____

9. If the work in a speech, play or live dramatic production, had it ever been performed:

a) before a live audience? Yes [] No []

If yes, in what setting:

- Commercial []
- Charitable []
- Academic []
- Other [] Please specify: _____

b) before television cameras for:

a live telecast? Yes [] No []
videotaping and subsequent telecast? Yes [] No []

c) for live or taped radio broadcast Yes [] No []

10. Has the work product been copyrighted? Yes [] No []

If yes: date copyright was filed: _____

date of copyright certificate: _____

country where copyrighted: _____

11. Has the copyright been assigned, sold or otherwise transferred? Yes [] No []

If yes: who currently owns the copyright? _____

date of most recent transfer: _____

12. Does any other person (aside from the co-authors listed in #2 above) or institution have a proprietary interest in the work product? Yes [] No []

If yes, describe:

13. Signature of author(s)

#1. _____ Date: _____

#2. _____ Date: _____

#3. _____ Date: _____