



# FACULTY AGREEMENT

FOR USE WITH ACADEMIC RESEARCH SERVICES AGREEMENT & CLINICAL STUDY AGREEMENT

**This form is for internal use only and should not be forwarded to the sponsor.**

The Office of Sponsored Programs (OSP) utilizes Academic Research Services and Clinical Study Agreements for **non-federally** funded projects when the purpose of a project is to test sponsor owned materials or conduct a clinical study and no intellectual property (IP) is anticipated to be developed. **Ownership of all data and IP which involve the use of, composition of, or improvement to sponsor provided materials or information, or a derivative, analogue thereof generated under the project will be owned by the sponsor.** Inventions not unique to processing sponsor proprietary materials or does not derive from sponsor materials or information shall be owned by university.

### GENERAL INFORMATION

PI Name:	Sponsor Name:	Project Title:	OSP Proposal No.

### INTELLECTUAL PROPERTY

- Yes**   **No**   **Please answer each question.**
- Does the project require the development of any IP (i.e. the development or modification of equipment, software, or improvements to sponsor's product, etc.)?
- Are there any deliverables other than the research results, reports, or data?
- Will the scope of work lead to inventions or the creation of software programs?
- Does the project require the use of any LSU background IP (i.e. working on previous disclosures or technology)?
- Does the proposed work involve anything other than testing or analysis of sponsor's proprietary materials that uses known or established procedures, protocols and/or equipment and providing the sponsor the results of that testing?

**Note: All LSU employees are required to file an invention disclosure on any inventions or software generated by this research.**

### PUBLICATION RIGHTS

- Yes**   **No**   **Please answer each question.**
- Do you want to publish the research results?
- Are students involved in any fashion or will the results be used to support student degree requirements?

### FUNDING

- Yes**   **No**   **Please answer question.**
- Does this project involve federal funding or federal flow through funding?

**Note: All projects will be subject to the industry facilities and administration rate.**

### CONFLICT OF INTEREST

- Yes**   **No**   **Please answer each question.**
- Does this project present a conflict of interest for the principal investigator or other LSU employee have a significant financial interest in the project?
- Have you been involved with any other agreement with the sponsor? If yes, please specify:

### CONCURRENCE

All project personnel (including student researchers) agree to the above responses and hereby consent to the use of the Academic Research Services or Clinical Study Agreement. We understand that we will never receive any money for any IP associated with sponsor provided information on materials that are developed by us under this project.

\_\_\_\_\_  
Principal Investigator      Date

\_\_\_\_\_  
Department Head      Date

\_\_\_\_\_  
Dean / Director      Date

\_\_\_\_\_  
Investigator\*      Date

\_\_\_\_\_  
Investigator \*      Date

\_\_\_\_\_  
Investigator \*      Date

\*Includes co-investigators, research associates, and student researchers. Personnel added at a later date also must sign this form.