

## Office of Technology Management: Software Report Form

**1. TITLE OF SOFTWARE ("Work"):**

**2. CREATOR(S) INFORMATION:** Please list the full name of the UTHealth employees or students and any non-UTHealth personnel who directly contributed to the creation of the Work and/or accompanying material. If necessary please attach an Additional Creator Addendum to include additional creators (form can be found [here](#)); ALL UTHealth Creators must sign below. **OTM should be informed of any changes to the information submitted.**

**CREATOR 1 - Primary Person For Contact Regarding The Work**

Name:	<input style="width: 100%;" type="text"/>	Employer:	<input type="checkbox"/> UTHealth	<input type="checkbox"/> Other:	<input style="width: 100%;" type="text"/>
Position:	<input style="width: 100%;" type="text"/>	% Time Employed by UTHealth:	<input style="width: 100%;" type="text"/>		
School:	<input style="width: 100%;" type="text"/>	% Time Employed by Other:	<input style="width: 100%;" type="text"/>		
Department:	<input style="width: 100%;" type="text"/>	Appointments:	<input type="checkbox"/> HHMI	<input type="checkbox"/> Clayton	<input type="checkbox"/> Other
Work Address:	<input style="width: 100%;" type="text"/>	Home Address:	<input style="width: 100%;" type="text"/>		
Work Phone:	<input style="width: 100%;" type="text"/>	Home Phone:	<input style="width: 100%;" type="text"/>		
Work E-mail:	<input style="width: 100%;" type="text"/>	Personal E-mail:	<input style="width: 100%;" type="text"/>		

Describe this individual's contribution to the Work:

**CREATOR 2**

Name:	<input style="width: 100%;" type="text"/>	Employer:	<input type="checkbox"/> UTHealth	<input type="checkbox"/> Other:	<input style="width: 100%;" type="text"/>
Position:	<input style="width: 100%;" type="text"/>	% Time Employed by UTHealth:	<input style="width: 100%;" type="text"/>		
School:	<input style="width: 100%;" type="text"/>	% Time Employed by Other:	<input style="width: 100%;" type="text"/>		
Department:	<input style="width: 100%;" type="text"/>	Appointments:	<input type="checkbox"/> HHMI	<input type="checkbox"/> Clayton	<input type="checkbox"/> Other
Work Address:	<input style="width: 100%;" type="text"/>	Home Address:	<input style="width: 100%;" type="text"/>		
Work Phone:	<input style="width: 100%;" type="text"/>	Home Phone:	<input style="width: 100%;" type="text"/>		
Work E-mail:	<input style="width: 100%;" type="text"/>	Personal E-mail:	<input style="width: 100%;" type="text"/>		

Describe this individual's contribution to the Work:

**3. SUMMARY OF THE WORK:**

(A) Please provide a brief description of the Work, including its purpose and intended users.

(B) What problems does the Work solve and how is it different from other available software?

(C) Do you believe that some or all of the Work may contain patentable material?  Yes  No

(D) Is the Work designed to be used in conjunction with other materials or software?  Yes  No

If yes,  
what material?

(E) For each of the following identify its current format: [A] Hardcopy; [B] Online; [C] Both; [D] Under Development

User Guide  Installation Guide  Technical Information  Illustrations   
Data Libraries

**4. TECHNICAL DETAILS:**

(A) Are any non-standard hardware configuration(s) required to operate the Work?  Yes  No

If yes,  
please  
describe:

(B) What operating system(s) are required?

(C) What programming language(s) was used to create the Work? Please include a copy of the implementation licenses with submission or describe below (e.g. Ruby License).

(D) Was vendor-provided software used in the development of the Work (e.g. MATLAB)?  Yes  No

If yes,  
please  
describe:

(E) Does the Work perform "cryptography", or otherwise contain any parts or components that are capable of performing "information security" functions: encryption, decryption, password protection, copy protection, anti-virus protection, or any other protection?

Yes  No

(F) Does the Work "call to", contain "hooks" for, or otherwise make use of existing cryptographic/information security functionality already present in another product such as a processor, other hardware, an operating system, another application, or cryptographic.?

Yes  No

(G) If you answered "yes" for either 5(E) or 5(F) above, please provide: (a) the type(s) of encryption/information security (e.g. SSL, SHA, RSA, obfuscation, hashing); (b) the relevant key length(s)(e.g., 56-bit, 64-bit, 128-bit, ect.); and (c) the purpose(s) of the encryption/information security (e.g. copyright, data, or password protection, ect.).

**5. DEVELOPMENT OF THE WORK:**

(A) Were any UTHealth personnel, funds, facilities, equipment or materials used in the development of the Work?  Yes  No

(B) Please provide the source for all funding used in the development of the Work, including the funding agency and grant number (please separate multiple entries with a semicolon). If additional space is needed please submit an additional listing with submission.

Federal Funds	
UTHealth Funds (Endowment, Startup Funds, Gifts, etc)	
State Funds (CPRIT, ETF, TIF, TEA)	
Association, Foundation or International Agency Funds	
Funding From Other Academic Institutions	

(C) Please provide the following dates:

Development start date:  Date of completion:  Date of publication:

(D) Is the Work a derivative of another software(s), such as a previous version of the Work?  Yes  No

If yes, list the title of the pre-existing work and its owner

(E) Does the Work include any software other than software developed solely by the Creators listed in this disclosure? (including open source, vendor sourced, or other software or code incorporated into the Work)  Yes  No

If yes, please identify the software and the license(s) under which it was licensed and include a copy of all licenses with submission.

(F) Was a student involved in the development of the Work?  Yes  No

If so, are they also an employee or staff of UTHealth (e.g. graduate research assistants)?  Yes  No  N/A

Was the student's contribution performed as part of a UTHealth course or for course credit?  Yes  No  N/A

(G) Are there UTHealth employees who contributed to the Work, but who are not listed as Creators?

If yes, please a listing of these individuals with submission; this listing should explain their contribution to the Work.

(H) Was the software created using any contracted services (i.e. contractors) or any non-UTHealth personnel (e.g. collaborators from another university)?

If yes, please provide details and submit a copy(ies) of any related contract(s) with submission.

## 6. COMMERCIALIZATION

(A) What are the commercial possibilities for the Work?

(B) What companies may have a particular interest in the Work, and in what manner might they use or commercialize it?

(C) Have you been approached by any companies regarding this software?  Yes  No

If yes, please provide the company's name and contact information.

(D) Please indicate the anticipated distribution model for the current version of the software (select all that apply):

Open Source License     Evaluation License     Academic Use License     Commercial License to Company

## 7. DISCLOSURE SUBMISSION REQUIREMENTS:

(A) Please submit a copy of the Work, along with any associated software and documentation (e.g. user manual), published articles, or presentations related to the Work, with this form to OTM. Please make sure the materials are in the best form possible.

(B) If the Work was designed to be used for a specific year, age group, or grade level, please make sure it is evident on the Work and accompanying documents.

(C) **If any part of your software is not original, you must obtain permission to use the borrowed work from the owner of the work (this may be different from the author). You must obtain permission to use the work even if the work is not registered with the Copyright Office. Please attach a copy of all signed permission forms to this disclosure along with a description of the borrowed work.**

(D) ALL UTHealth Creators listed above or on the accompanying Additional Creator Addendum must sign below.

**Please return the original signed report along with any additional attachments to:**

**The Office of Technology Management: UCT 720  
Phone 713.500.3369 Fax 713.500.0331 [otm@uth.tmc.edu](mailto:otm@uth.tmc.edu)**

**EMAILED OR FAXED COPIES MUST BE CONFIRMED WITH A SIGNED ORIGINAL**

**8. SIGNATURES:**

By my signature I certify that the above is a reasonably complete and detailed description as required by Section 11.1 of the Board of Regents of The University of Texas System Rules and Regulations Rule 90101 and that I have exercised reasonable due diligence to ensure that all information is true and accurate.

I understand and agree that any financial consideration received by UTHealth from commercialization of any Work contained in this disclosure will be distributed pursuant to the UTHealth Intellectual Property Policy and that the "percent contribution" listed in Section 2 for each Creator shall be the percentage used in allocating each Creator's respective portion of any such financial consideration. Once signed by all Creators, these percentages cannot be changed without the written agreement of all Creators.

I acknowledge and agree that pursuant to UTHealth policy and the Rules and Regulations of the Board of Regents of The University of Texas System, that this Work belongs to the Board of Regents of The University of Texas System. In order to ensure that the Board of Regents of The University of Texas System's ownership is accurately reflected, I hereby do assign any and all of my rights in the Work. I covenant that I, and my heirs, legal representatives, assigns, administrators, and executors, or their successors and assigns, will execute all papers and perform such other acts as may be reasonably necessary to give the Board of Regents of the University of Texas System, or their successors and assigns, the full benefit of its ownership and this assignment. I also represent that all Creators of the Work have been identified and that the material to be registered with the Copyright Office is either entirely original or I have attached the appropriate permission form(s) from the owner(s) of the borrowed material.

**ALL UTHEALTH CREATORS LISTED ABOVE OR ON THE ACCOMPANYING ADDITIONAL CREATORS ADDENDUM MUST SIGN BELOW.**

Please note that digital signatures are not accepted.

Signature: _____	Printed Name: <input type="text"/>	Date: <input type="text"/>
Signature: _____	Printed Name: <input type="text"/>	Date: <input type="text"/>
Signature: _____	Printed Name: <input type="text"/>	Date: <input type="text"/>
Signature: _____	Printed Name: <input type="text"/>	Date: <input type="text"/>
Signature: _____	Printed Name: <input type="text"/>	Date: <input type="text"/>
Signature: _____	Printed Name: <input type="text"/>	Date: <input type="text"/>

If necessary, please attach an Additional Creator Addendum to include additional creators; an Additional Creator Form can be found [here](#). All UTHealth Creators must sign above

**Will an Additional Creator Addendum be submitted with this disclosure?**