To: SIMON FRASER UNIVERSITY
Research Services (Fax: 778-782-3477)

Party 1 to Agreement: Simon Fr	aser University	
		Email:
		Email:
Department & Address:		
Party 2 to Agreement:		
Contract Contact:	Telephone:	Email:
Scientist/PI:	Telephone:	Email:
Any other parties: (attach anoth	er page with details if necess	ary)
Nature of Information and Conf	identiality Requirements:	
Information to be shared (e.g. Confidential Information, Trade Secret, Other Specifics):		
mormation to be shared (e.g. e.	Jimaciniai imormation, maa	e secret, other specifics).
Which Parties are providing Info	rmation:	
Which Parties are providing Information:		
Who owns Information SFU is receiving:		
Who is/are the Representative(s) providing/receiving Information at		
Who will have access to Informa	tion in addition to Represent	ative(s) at
(i) SFU		
(ii) Party 2:		
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):		
Specific parpose of sharing the fi	mormation (accasi another p	uge ii iicecssui ().i
Are there now or contemplated	other Joint Research or Colla	boration Agreements regarding the Information?
☐ Yes ☐ No - Details:		oration 18. comento regularile tre micrimation.
_		ion or a right to require it he kent confidential?
Does anyone else have an ownership interest in the Information or a right to require it be kept confidential?  ☐ Yes ☐ No - Details:		
·		patent regarding the Information?
		ion disclosures to SFU or its UILO?
Is there any Information to be treated as confidential that cannot be marked as "CONFIDENTIAL"?		
☐ Yes ☐No - Details:		
FINANCIAL: Was industry funding	g (including student/post-do	cs funding sources) used in creating Information?
☐ Yes ☐No. If yes, des	cribe the funding source(s) in	cluding award number(s), used or to be used to
develop Information or	support the research?	
•		
PRINCIPAL INVESTIGATOR SIGN	ATURE: 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		
		e with the agreement implemented in this matter.
		Date:
Research Services Approval for S		Date:
• • • • • • • • • • • • • • • • • • • •		