## A close-up of a logo  Description automatically generated

For OTM use only

|  |
| --- |
| File #:   |
|  |

**OFFICE OF TECHNOLOGY MANAGEMENT
 ADDITIONAL CREATOR ADDENDUM TO COPYRIGHTABLE MATERIAL DISCLOSURE**

**1. TITLE OF COPYRIGHTABLE MATERIAL (“Work”):**

-If the material is only appropriate for school-aged children of a certain year(s), certain grade level(s), or both, please so indicate in the title.

|  |
| --- |
| **2. ADDITIONAL CREATOR(S) INFORMATION:** Please list the full name of UTHealth employees or students and any non-UTHealth personnel who have directly contributed to the creation of the material to any degree. Note also if any such person holds a joint appointment with any other university, a company, or governmental agency or the like. **All fields in this section 2 for each Creator must be completely filled out** (Home address, Home Phone, and Personal email information will only be used by our office in event your work contact information changes). |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Employer: | [ ]  UTHealth [ ]  Other (Name):        |
| Year of Birth: |       | Date of Death (if applicable) |         |
| School: | [ ] McGovern [ ] Nursing [ ] SBMI [ ] GSBS [ ]  Dental [ ] SPH  | % Time Employed by UTHealth |        % |
| Title: |       | % Time Employed by Other |        % |
| Department: |       | Other Appointment |  [ ]  None [ ]  Clayton  [ ]  Other:       |
| Work Address: |       | Home Address: |       |
| Work Phone: |       | Personal Phone: |       | Citizenship:       |
| Work Email: |       | Personal Email: |       |
| % Contribution: | % | **Note: OTM should be informed of any changes to the above information** |
| Describe this individual’s contribution: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Employer: | [ ]  UTHealth [ ]  Other (Name):        |
| Year of Birth: |       | Date of Death (if applicable) |         |
| School: | [ ] McGovern [ ] Nursing [ ] SBMI [ ] GSBS [ ]  Dental [ ] SPH  | % Time Employed by UTHealth    |        % |
| Title: |       | % Time Employed by Other |        % |
| Department: |       | Other Appointment |  [ ]  None [ ]  Clayton  [ ]  Other:       |
| Work Address: |       | Home Address: |       |
| Work Phone: |       | Personal Phone: |       | Citizenship:       |
| Work Email: |       | Personal Email**:** |       |
| % Contribution: | % | **Note: OTM should be informed of any changes to the above information** |
| Describe this individual’s contribution: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Employer: | [ ]  UTHealth [ ]  Other (Name):        |
| Year of Birth: |       | Date of Death (if applicable) |         |
| School: | [ ] McGovern [ ] Nursing [ ] SBMI [ ] GSBS [ ]  Dental [ ] SPH  | % Time Employed by UTHealth    |        % |
| Title: |       | % Time Employed by Other |        % |
| Department: |       | Other Appointment |  [ ]  None [ ]  Clayton  [ ]  Other:       |
| Work Address: |       | Home Address: |       |
| Work Phone: |       | Personal Phone: |       | Citizenship:       |
| Work Email: |       | PersonalEmail: |       |
| % Contribution: | % | **Note: OTM should be informed of any changes to the above information** |
| Describe this individual’s contribution: |       |
|  |  |

|  |
| --- |
| **8. SIGNATURES:** |
| **I understand and agree that financial consideration from commercialization, if any, will be distributed pursuant to the University of Texas Health Science Center at Houston Intellectual Property Policy (“Policy”) and that the “percent contribution” listed in Section 2 for each Creator are the percentages to be used in allocating the Creator’s portion of any financial consideration received, unless otherwise agreed upon separately in writing by all Creators**.**As partial consideration for The University of Texas Health Science Center at Houston (“University”) commercializing the Work, I hereby do assign all of my rights in this Work to the University, and I agree to execute all papers and perform such other acts as may be reasonably necessary to give the University, its successors, and assigns, the full benefit of this assignment. By signing below, I represent that all Creators of the Work have been identified and the Work is entirely original or I have attached the appropriate permission form(s) from the owner(s) of the borrowed material.****ALL UTHEALTH CREATORS LISTED ABOVE MUST SIGN THIS REPORT.**

|  |  |  |
| --- | --- | --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name:       | Date: \_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name:       | Date: \_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name:       | Date: \_\_\_\_\_\_\_\_\_\_ |

**If necessary, please attach an Additional Creator Addendum to include more co-creators. An Additional Creator Form can be found** [**here**](http://www.uth.tmc.edu/otm/for-inventors/instructions.html)**.** |

**Please return the original signed report along with any additional attachments that might further explain the discovery (e.g.. manuscripts, reprints, related publications, etc.) to:**

**The Office of Technology Management: UCT 1400**

**Phone 713.500.3369 Fax 713.500.0331** **otm@uth.tmc.edu**