WAYNE STATE UNIVERSITY

Affirmation Memo for Research Agreements

TO: _____
(Grant & Contract Officer's Name)
Sponsored Program Administration, 5057 Woodward Avenue, 13th Floor, Detroit, Michigan 48202
Phone: (313) 577-3726, Fax: (313) 577-5055

FROM: _____
(Investigator's Name)

RE: _____
(Sponsor/Study/Protocol)

I have completed and signed this memo so that it may be attached to the agreement for the above referenced study when sent to the Office of the General Counsel for review and approval. I have paid particular attention to any clauses on intellectual property, proprietary or patent rights, publication rights and debarment and understand that the terms of the contract may require giving up certain ownership rights.

Having read the agreement, I am answering the following questions:

1. Do you understand **and agree** to the terms of the agreement? ***Note:*** *If you disagree or do not understand the terms, please describe items of concern on a separate page.* ◯ Yes ◯ No
2. Did you write the protocol/scope of work for this study? ◯ Yes ◯ No
3. At what specific location(s) will this study be performed?
4. Will any of the work for this study be performed by non-WSU staff? ◯ Yes ◯ No
   If yes, who are the staff employed by?
5. Are you or any staff working on this study currently debarred, excluded, disqualified or restricted or the subject of an action or proceeding that could lead to you or any staff working on this study becoming debarred, excluded, disqualified or restricted? ◯ Yes ◯ No
6. Does this study involve the use of funds from: 1) a firm in which a University employee is a partner, employee, director, officer, or substantial stockholder, or 2) an individual who is an employee of the University? ◯ Yes ◯ No
7. Does this study involve the use of federal funds either directly or by flow-down through other agencies? ◯ Yes ◯ No
8. Will the sponsor be providing equipment for this study? ◯ Yes ◯ No
   If yes, will the equipment be ☐ *WSU owned or* ☐ *Sponsor owned at the end of the study?*
9. Is an invention or patentable discovery likely to come out of your work or is there any aspect of your expected work product that you believe could be commercialized by WSU? ◯ Do not know ◯ Yes ◯ No
10. Does the project involve an invention previously developed and disclosed (or to be disclosed) to WSU? ◯ Yes ◯ No
11. Are you planning on publishing the results of this study? ◯ Yes ◯ No
12. Will the project involve the use of proprietary materials of another party besides the sponsor? *If yes, please explain on a separate page.* ◯ Yes ◯ No
13. If you are receiving material, is it a threat to people or the environment if released? *If yes, please explain on a separate page.* ◯ N/A ◯ Yes ◯ No
14. Does handling of materials require more than the standard laboratory precautions or safety measures? *If yes, please explain on a separate page.* ◯ N/A ◯ Yes ◯ No
15. Will you subcontracting with other institutions for this project? *If yes, please provide names and briefly describe the collaboration:* ◯ Yes ◯ No

_____ _____
Signature of Investigator Date