Please email completed form to [orso@wsu.edu](mailto:lucas.sanchez@wsu.edu). The questions may also be copied and pasted directly into the email if you prefer.

* If confidential WSU information related to developing intellectual property is being disclosed, a future invention disclosure, or patent application please cc the Office of Commercialization at [commercialization@wsu.edu](mailto:commercialization@wsu.edu),or the technology licensing associate working on the project.
* If the other Party has provided a draft agreement, please attach to email, too.

**Who will be performing work/obligations?**

**WSU only  Provider only  Both**

**WSU Requesting Principal Investigator Information**:

Name:

Phone:

Email:

Location/College/Department:

Cost Center Region (Pullman, Spokane, etc.):

\*Cost Center Hierarchy (College of Vet Med, CAHNRS, etc.):

\*Cost Center (Crops and Soils, Paul G. Allen School, etc.):

\*Indicates the cost center numbers that are needed

**Collaborating Organization Information #1:**

Organization Name:

Website:

Physical Address (**full**):

Researcher’s Contact Name and Title:

Point of Contact Email and Phone:

**Collaborating Organization Information #2 (if applicable):**

Organization Name:

Website:

Physical Address (**full**):

Researcher’s Contact Name and Title:

Point of Contact Email and Phone:

**What is the purpose of the collaboration?**

**Date NMA needed:**

Please briefly describe any time constraints.

**Is this a new NMA, or a revision of an existing NMA?**  New  Revision

If revision, please include ORSO number:

**Will the information be used as part of a funded project?**  Yes  No

If yes, please list the ORSO number:

**Are you receiving any money for your work?**  Yes  No

**Are you performing a service?**  Yes  No

**Are you working with a service center?**  Yes  No

**Are you going to be sharing any confidential/proprietary information?**  Yes  No

**Is the other party going to be sharing any confidential/proprietary information?**  Yes  No

**Does any WSU employee working on this project have a financial relationship or financial interest with the other party to this DUA, or holds a management position, or participates in the day-to-day operations?**

If yes, please explain:  Yes  No

**Does this project involve:**

**Human subjects?**  Unsure Yes  No

Approved IRB#:  IRB pending

**Personal Identifiable Information (PHI), or other HIPAA-related data?**  Yes  No

**Personally Identifiable Information (FERPA)?**  Yes  No

**Personally Identifiable Information (Common Rule only\*)?**  Unsure Yes  No

**De-identified data about human subjects?**  Yes  No

**Does this project involve animals?**  Unsure Yes  No

Approved IACUC#  IACUC# pending

**Does this project require compliance with regulations – e.g. ITAR, EAR, or FAR clauses?**

Unsure Yes  No

**Will any publications be derived from this agreement?**  Yes  No

**How likely is it that a new discovery, invention, process, biological material, or research tool might result from this data?**  Very Likely  Likely  None

**Have you already or do you plan to disclose any information relating to an invention disclosure, patent filing, or any IP agreement pending or on file?**  Yes  No

If yes provide the tech number:

**Will Students or post-docs be working on this project?**  Yes  No

**Will this research be part of a thesis project?**  Yes  No

\* Identifiable information (even if sensitive) is recorded, provided that an IRB determines through limited review that, when appropriate, there are adequate privacy and confidentiality protections in the study.