

**SAINT LOUIS UNIVERSITY  
INTELLECTUAL PROPERTY DISCLOSURE FORM**

**Submission Instructions:** Please email your completed form to [otm@slu.edu](mailto:otm@slu.edu) to ensure prompt processing.

I. Researcher Information		
<b>Primary Researcher</b>		
Full name:		
Country of Citizenship:		
Home Address:		
City, State, Zip:		
Telephone:		
E-mail Address:		
University College and Department (or Employer):		
Primary affiliation with University:	Tenured faculty Non-tenured, tenure-track faculty Adjunct faculty Research faculty	Graduate student Undergraduate student Staff Non-university employee (e.g., contractor, visiting professor, etc.)
<b>Researcher 2</b>		
Full name:		
Country of Citizenship:		
Home Address:		
City, State, Zip:		
Telephone:		
E-mail Address:		
University College and Department (or Employer):		
Primary affiliation with University:	Tenured faculty Non-tenured, tenure-track faculty Adjunct faculty Research faculty	Graduate student Undergraduate student Staff Non-university employee (e.g., contractor, visiting professor, etc.)























