

**Virginia Commonwealth University**  
**Request for NON-DISCLOSURE / CONFIDENTIALITY AGREEMENT**

**VCU SCIENTIST**

Name & Department:

**OTHER PARTY ("SPONSOR")** ["Sponsor" is used for MTAs, DUAs & CDAs to mean the other party in the proposed agreement; it does not refer to the party providing financial support for the project]

Sponsor (Company/Institution) Name:

Sponsor Contact (If Known):

Sponsor Contact Email Address, Phone Number:

**AGREEMENT DETAILS**

Confidential Information will be disclosed by:      VCU                      Other Party                      Both

How long will you want/need to exchange information under this agreement? \_\_\_\_\_ (months, years)

Please describe the Subject Matter that is Confidential or Proprietary:

What is the purpose of the conversation and disclosure?

Does this conversation/disclosure relate to an invention that has been disclosed to VCU's Innovation Gateway (Office of Technology Transfer) or elsewhere?                      Yes                      No

**If YES**, please describe the IP and, if relevant, list the VCU # or name of institution where you disclosed the invention:

Will students be granted access to the Sponsor's Confidential Information?                      Yes                      No                      N/A

**If YES**, students are:       Undergraduates       Medical or Dental students  
(*check all that apply*)       Masters students       Doctoral students                       Other

Will you send or receive any materials under this agreement?                      Yes                      No

**If YES**, please describe:

Will any export-controlled material or technical data be received or disclosed under this agreement?                      Yes                      No

**If YES**, please describe:

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**OTHER DETAILS**

Do you have a financial or non-financial relationship with the Sponsor?      Yes      No

If **YES**, briefly describe the relationship:

Is your Financial Interest Report (FIR) in the AIRS up-to-date?      Yes      No

*If you have not completed a FIR, go to [AIRS.research.vcu.edu](http://AIRS.research.vcu.edu) to update.*

**17. Please provide any additional information that is relevant to your needs for this agreement, if any.**

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**PRINCIPAL INVESTIGATOR CERTIFICATION:** To the best of my knowledge, the answers to the questions are true, complete and accurate. **I agree to abide by the terms and conditions of the agreement as finalized and to adhere to VCU's policies and procedures.**

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Signature

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Date