

Technical Licensing Information Form

Date: _____

Title of the Licensed Technology	Chinese: _____					
	English: _____					
Representative Inventor	Unit: _____ Department/Institute			Dual Staff/Researcher Status (Taipei Veterans General Hospital, Taipei City Hospital, National Yang Ming Chiao Tung University Hospital, etc.)		
	Name: _____			<input type="checkbox"/> No <input type="checkbox"/> Yes, _____ Division/Office		
	Tel: _____			Allocation of Unit Interests		
	E-mail: _____			(Must be filled if you have a dual identity or need to share with a co-creator who does not work for the University)		
Inventors	Name	Unit	Title	Contact Number	Percentage of Intellectual Contribution to the Invention	
					%	
					%	
Patent Status (No need to fill in if there is no patent)	Certified			Application in Progress		
	Country	Certificat No.	Patentee	Country	Application No.	Applicant
Patent Expense	NTD: _____					
Licensee		Contact Person		Tel		
Disclosure of Interest	1. Has there been any industry-academia collaboration or technology licensing case with the licensee in the recent year? <input type="checkbox"/> No <input type="checkbox"/> Yes; year _____ Name: _____ Funding: NTD _____ 2. Is there any relative or financial interest with the person in charge (or representative) of the subject of the license and other related parties in the case? <input type="checkbox"/> No <input type="checkbox"/> Yes; Please describe: _____					
Licensed Area		Year of License	____ year	License Attributes	<input type="checkbox"/> Exclusive <input type="checkbox"/> Non-exclusive	
Appraisal	<input type="checkbox"/> Yes (Self-funding) <input type="checkbox"/> No		License Fee Base Price	NTD _____	Royalty Ratio _____ %	
Project Funding Source (No need to fill in if there is no subsidy)	Project Sponsor	Project Title		Project No.	Grant funds	
	Note: Please attach the approved list or project grant contract and other relevant supporting information.					
Representative Inventor Signature:	I agree to entrust the R&D Division with full authority to handle follow-up matters.					

National Yang Ming Chiao Tung University
Declaration of Avoidance of Conflict of Interest and Disclosure of
Information for Industry-Academia Collaboration

★ **Declarant:**

★ **Name of Industry-Academia Collaboration** (hereinafter referred to as this Collaboration):

★ **Industry-Academia Collaboration Organization** ^{*Note 1:}

★ **Type of Collaboration:**

1. Technology transfer:

Non-exclusive license Exclusive license Transfer Other _____

2. Industry-academia collaboration projects:

Government subsidized project (National Science and Technology Council Ministry of Economic Affairs Other _____) Non-government subsidized project Other _____)

★ **Please check if all six statements below are all met (Items 7 and 8 are not required).**

★ **If any of the following six items do not meet the requirements, please continue to fill in or check item 7 and 8.**

1. The declarant, the party involved (the representative creator, the principal investigator, and the contractor, hereinafter the same), and his/her spouse and minor children have not received any property interest in excess of NT\$150,000 or held more than 5% of the equity interest in the industry-academia collaborative institution^{*Note 1} and its business within the previous year.
2. The declarant, the party involved, and his/her spouse, relatives within the second degree of kinship, and other family members living together are **not** responsible persons, directors, supervisors, or managers of the institution (except for those who are representatives of shareholders of government agencies or public institutions).
3. There are no circumstances as described in the preceding two paragraphs prior to the license or transfer of the research and development results to the collaborative institution by the declarant or the party involved or his/her related parties; **nor** is there any agreement to have the circumstances as described in the preceding two paragraphs after the license or transfer of the research and development results.
4. If the declarant, the party involved, and his/her spouse have trust estates, the trustee is **not** a responsible person, director, supervisor, or manager of the collaborative institution (except for the trustee who is a representative of shareholders of government agencies or public institutions).
5. There are **no** financial transactions such as loans, investments, endorsements, guarantees, etc., between the declarant, the party involved, or his/her related parties, and the collaborative institution or its responsible persons, directors, supervisors, or managers at prices or interest rates that are not in line with normal and reasonable

market transactions in the past three years.

6. If the declarant, the party involved, or his/her related persons have **no** employment, appointment, or agency relationship with the collaborative institution or the person in charge of the collaborative institution in the past three years; or if the applicant is applying for a research project funded by the National Science and Technology Council, although he/she has the aforementioned relationship with the collaborative institution, the following two requirements are met: (1) the aforementioned relationship is a collaborative project appointed by the collaborative institution through the University; and (2) the content of the collaborative project is related to or continuous with the aforementioned appointed collaborative project.
7. This collaboration is governed by a government program or law that specifically excludes avoidance of conflicts of interest:
 - Yes (Name of regulation: _____).
 - No (Potential reasons for avoidance of conflict of interest: _____).
8. If there is no applicable exclusion in the preceding paragraph, or if you believe that there is a risk of conflict of interest, please continue to check or fill out your own avoidance plan as follows (you may check more than one):
 - The declarant and his/her related parties will not participate in the negotiation of contract terms.
 - The declarant agrees to waive the allocation of income from the partnership.
 - The declarant has taken the initiative to avoid conflict of interest and disclose the information to the collaborative institution, which has been reviewed and approved by the collaborative institution, and the certificate has been attached.
 - The declarant and his/her related parties undertake not to accept the benefits provided by the collaborative institution without the consent of the University.
 - Unless the University has signed a written agreement or consent, no member of the declarant's laboratory will be allowed to participate in the business of the collaborative institution during their employment with the University.
 - Other self-proposed conflict avoidance plans:

* **This declaration is in accordance with the University's "Principles of Conflict of Interest Avoidance and Information Disclosure in the Management and Use of R&D Results".** (This declaration is also applicable to applications to the National Science and Technology Council or other government programs)

* **If you think you have a conflict of interest, please fill out this declaration two months prior to the application deadline to avoid not being able to submit your application before the deadline.**

* **Note 1 - Industry-academia cooperative institutions:** In accordance with the first paragraph of Article 3 of the Regulations on Implementation of Industry-Academia Collaboration for Colleges and Universities, Article 8 of the Government Scientific and Technological Research and Development Results Ownership and Utilization Regulation and Article 7 of the National Science and Technology Council Scientific and Technological Research and Development Results Ownership and Utilization Regulation, including government agencies, institutions, private organizations, academic research institutions and profit-making enterprises engaged in industry-academia collaboration with the declarant.

The declarant declares that the above statements are all true.

To National Yang Ming Chiao Tung University

Declarant: _____ (Signature/Seal)

Unit/Title:

National ID No.:

Date: _____