



## Non-Disclosure Agreement (CDA/NDA) Request Form

This form is to be used when requesting a CDA/NDA. A CDA/NDA is needed whenever University Faculty or Personnel will be exchanging confidential or proprietary information with an outside party. Please provide as much information as you can below.

Indicate one: CDA one way in (receiving)  CDA one way out (disclosing)  Mutual  KU initiated   
or CDA form provided by outside party  (email form to [indcontracts@ku.edu](mailto:indcontracts@ku.edu))

Name of KU Requestor: \_\_\_\_\_  
Name of KU Principal Investigator: \_\_\_\_\_  
Department: \_\_\_\_\_ Email: \_\_\_\_\_  
Name(s) of other KU personnel participating in discussions: \_\_\_\_\_  
\_\_\_\_\_

Name of Outside Party/Institution: \_\_\_\_\_  
Name of Primary Contact: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Purpose of the exchange: \_\_\_\_\_  
\_\_\_\_\_

1. Do you have any patent applications or invention disclosures in our office that relate to the topic of disclosure?  
Yes  No  If Yes, please provide specific details of such application(s) and/or invention disclosure(s), including KU Tech ID No. if available:  
\_\_\_\_\_  
\_\_\_\_\_
2. Will you be receiving or sending any biological, patient images or data, software or other materials as part of your relationship with the institution or company? Yes  No  If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Have any discussions already taken place? Yes  No  If Yes, when, with whom, and how extensive?:  
\_\_\_\_\_  
\_\_\_\_\_
4. Did you discuss or receive any confidential information during the prior discussions?  
Yes  No  If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Please save the completed document, and email it to KUIC at [indcontracts@ku.edu](mailto:indcontracts@ku.edu), or return in person at KU Innovation & Collaboration, Bioscience & Technology Business Center, Suite 142, 2029 Becker Drive, Lawrence, Kansas 66047.