

NONDISCLOSURE AGREEMENT REQUEST FORM

Please answer the following questions so that we can expedite your request for a nondisclosure agreement.

Name: _____

Division: _____

Phone number: _____

OTHER PARTY

Company name: _____

Company address: _____

Name of contact person: _____

Phone: _____

Fax number: _____

Purpose of the agreement: _____

Is Argonne disclosing protectable Laboratory information to the other party? Yes No

If so, what? Include the Argonne invention and/or software number(s), if applicable.

Otherwise, identify the protectable Laboratory information. _____

Is the other party disclosing proprietary information to Argonne? Yes No

If so, what? _____

Is Argonne sending any samples to the other party? Yes No

Is the other party sending any samples to Argonne? Yes No

Please return this form to Sandra Kalina by E-mail at skalina@anl.gov or facsimile at 630-252-5966.