

**REQUEST FOR NONDISCLOSURE AGREEMENT (NDA) QUESTIONNAIRE**

**Date Agreement needed:** \_\_\_\_\_

**ORNL Contact Information**

**Your name/Requestor's name:** \_\_\_\_\_

**Phone No./Fax No./email:** \_\_\_\_\_

List the person within UT-BATTELLE who will receive Third Party Proprietary Information and who will assure appropriate logging, control, disposal, etc. of information:

**Name:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**Phone No. /Fax No./email:** \_\_\_\_\_

**Bldg/MS:** \_\_\_\_\_

**This information will be used in connection with:**

**CRADA                      License                      Other**

Is the information to be shared with other UT-Battelle employees or an employee of another DOE contractor, i.e. Bechtel-Jacobs or BWXT-Y-12?

**Yes**

**No**

If yes, **employee's name:** \_\_\_\_\_ **employer:** \_\_\_\_\_

Is the individual identified above a United States citizen or a permanent resident alien having a green card?

**Yes**

**No**

If no, provide the information requested below for each individual who will receive outsider's Third Party Proprietary Information (Use additional pages if necessary):

**Name:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

Please indicate whether you:

**(a) Wish to receive Third Party Proprietary Information from an outsider**

**(b) Wish to send UT-Battelle Business Sensitive Information to an outsider**

**(c) Both (a) and (b) Wish to send and receive Third Party Information**

**Outside Partner/Contact that will receive/send Proprietary Information**

**Company/Entity Name:** \_\_\_\_\_

**Name of Contact:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone No./Fax No./email:** \_\_\_\_\_

**Is the Contact a United States citizen or a permanent resident alien having a green card?**

Yes

No

If no, provide the information requested below for each outside individual who will receive the UT-Battelle Business Sensitive Information (Use additional pages if necessary):

**Name:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**If you wish to receive Third Party Proprietary Information from an outsider:  
Describe the Specific nature of Third Party Proprietary Information to be received:**

**If you wish to send UT-Battelle Business Sensitive Information to an outsider:**

(a) ID No. of the Invention: \_\_\_\_\_

(b) Title of Invention: \_\_\_\_\_

**SIGNATURE IS MANDATORY (TTED WILL NOT PROCESS THIS REQUEST UNLESS IT IS SIGNED BY THE PERSON SENDING/RECEIVING THIRD PARTY PROPRIETARY INFORMATION):**

I have read, I understand, and I am familiar with the UT-BATTELLE Procedure entitled "Subject Area: Proprietary Information, Protected CRADA Information and Business Sensitive Information" and will follow the guidance therein regarding, for example; (a) logging of Third Party Proprietary Information received; (b) maintenance of a list of authorized UT-BATTELLE employees (subcontractors not included) who have received the Information; (c) storage requirements for the information; and (d) disposal of the Information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_