## INTELLECTUAL PROPERTY FORM

Please complete this form and return one copy with signatures to the Office of Research Services prior to commencing any research under the auspices of Brock University.

Student Name _____ Phone Number: _____

Student Number: _____ Email:_____

☐ BMED 4F90/91 ☐ BMED 4F92

I have read the document "Ownership of Student-created Intellectual Property" and agree to comply with the Brock University's guidelines on Intellectual Property contained therein.

**Research results.** I acknowledge that a complete set of all original research data will be retained by the Principal Investigator for the period of at least 5 years or for 5 years from the date of publication of results based on the data, and that research collaborators will have free access to the relevant data at all times. Unpublished data are regarded as confidential.

**Authorship Acknowledgment**. I understand that all members of the research group are responsible for ensuring proper acknowledgment of each member when data are released in any form. The inclusion of Student's name as a full co-author or as an acknowledged participant in the resulting publication, if any, is in the discretion of the Principal Investigator and is dependent on the magnitude and merit importance of the Student's contribution.

**Order of authorship**. If the results can be published, I also recognize that the order of names on publication is dependent on the contribution made by each individual involved in the research in terms of conceptualisation, development of research design, data collection, data analysis, data organization and interpretation, and writing the manuscript. I acknowledge that discussion about explanations regarding order of authorship with Principal Investigator should be updated at the end of the project so that everyone's understanding and expectations with respect to acknowledgments are discussed after completion of the project but prior to publication.

If some specific understanding regarding intellectual property or order of authorship has been reached that is not covered in the above principles, please indicate that below.

Student's signature _____ Date: _____

Supervisor's signature _____ Date: _____

Co-Supervisor's signature _____ Date: _____

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## RESEARCH STUDIES

Approval (required if specific arrangements are proposed)

Associate Vice-President Research: _____ Date:_____

Copies to: Department of Biological Sciences
Research Services