

INTAKE FORM  
NON-DISCLOSURE AGREEMENT  
THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY

***THIS IS NOT A NON-DISCLOSURE AGREEMENT (NDA)***

Information provided on this form will help the Office of Research Contract & Industry Agreements (CIA) develop an agreement. Please complete and return to CIA at rcia@utrgv.edu.

**UTRGV INFORMATION**

UTRGV Investigator (PI): \_\_\_\_\_

Department: \_\_\_\_\_ Building & Room: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Administrative Contact (if different from PI): \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**OTHER PARTY INFORMATION**

Firm or Institution: \_\_\_\_\_

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

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Contact (if different from Primary): \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**DISCLOSURE INFORMATION**

1. What is the purpose of disclosing this confidential information?

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**2. For this agreement, I am:**

\_\_\_\_ Sharing confidential information.

\_\_\_\_ Receiving confidential information.

\_\_\_\_ Both sharing and receiving confidential information.

\_\_\_\_ Sharing or receiving confidential information specific to Clinical Research.

**3. List any related project, proposal, or agreement:**

**4. Provide additional details (e.g., site visit, meeting, etc.):**

**To the best of my knowledge, the above information is true and correct.**

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

UTRGV Investigator

**Acknowledged without objection.**

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

Department Chair (initials)

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

Associate Dean for Research (initials)

*If there are any questions regarding NDA agreement, please email [rcia@utrgv.edu](mailto:rcia@utrgv.edu).*