ALLIANCE FOR COASTAL TECHNOLOGIES

APPLICATION FOR TECHNOLOGY EVALUATION

Demonstration of Algal Toxin Detection Field Sensors and Kits

Please submit this form with a cover letter that describes the instrument proposed for testing and your organization. Application form must not exceed 3 pages. Letters and Forms should be sent to:

Dr. Mario Tamburri

Alliance for Coastal Technologies

Chesapeake Biological Laboratory

One Williams Street

Solomons, Maryland 20688

USA

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| --- | --- | --- | --- |
| Technology/Trade Name | | Commercial? \_\_\_Yes / \_\_\_No  Near-Commercial? \_\_\_Yes / \_\_\_No  Developmental? \_\_\_Yes / \_\_\_No | |
| Can multiple units be provided for testing?  \_\_\_Yes / \_\_\_No | |
| Applicant Information | | | |
| Company Name |  | Telephone |  |
| Address |  | Fax |  |
| City, State, Zip |  | E-mail |  |
| Contact Name |  | Web Address |  |
| Contact Position |  | | |
| Are you the owner of the technology by patent, license, or other agreement? Please explain.  \_\_\_Yes / \_\_\_No | | | |
| Patents | | | |
| Is the technology proprietary? | | \_\_\_Yes / \_\_\_No | |
| Is the technology patented, copyrighted, or otherwise protected? | | \_\_\_Yes / \_\_\_No | |
| Is there any specific information regarding your technology or company that you wish to be treated as strictly  confidential? If Yes, please describe (no confidential data please).  \_\_\_Yes / \_\_\_No | | | |
| Technology Description | | | |
| Describe the technology (include basic operating principle and specifications). | | | |
| Intended use and where it is applicable. | | | |
| State a brief history of the technology development, introduction, and acceptance to date. Where applicable, include a brief description of any predecessor product. | | | |
| Is the technology currently employed or been operated in a field setting? If Yes, give examples.  \_\_\_Yes / \_\_\_No | | | |
| Operating Information | | | |
| Operating Conditions (i.e., range of operation, site conditions). | | | |
| Is performance data available? If Yes, indicate type of test data available:  \_\_\_Yes / \_\_\_No Lab Tests? \_\_\_Yes / \_\_\_No Field Tests? \_\_\_Yes / \_\_\_No | | | |