



CONFIDENTIALITY AGREEMENT

Date: _____

I, _____ acknowledge and agree that
Print Name

I will observe and comply with the laws of Canada and Ontario and except as may be required by law or otherwise expressly permitted through my employment with the University of Western Ontario. I will not disclose or give to any unauthorized person any information, obtained from observations, research or otherwise, that comes to my knowledge or possession by reason of my work at, visit to or affiliation with the Biotron. Information includes but is not limited to scientific information, business, financial, legal, marketing, technology, intellectual property, document, material or data.

If I have any questions as to whether any particular information is subject to this Confidentiality Agreement, I will seek direction from my supervisor.

Signature

Witness