Invention Disclosure Form

This is designed to give you an idea of the information you will need to supply to your Research Ventures and Licensing office (or equivalent), if your research has the potential to generate intellectual property. It is not meant for official use; your Research Ventures and Licensing office (or equivalent) will have its own official forms that you will need to complete.

Title of Invention: ______________________________________________________________

Category of Invention:  □ Patent  □ Material  □ Software  □ Copyright  □ Trademark

Description:

Key concepts of invention, including nature, stage, purpose, and operation, including technical characteristics:

Distinguishing novel features of invention:

Envisioned commercial products or processes:

List any commercial entities that may be interested in licensing this invention:

____________________________________________________________________________
____________________________________________________________________________
Public Disclosure/Publication Plans

Public disclosures include abstracts, presentations at scientific meetings, public seminars, publications, awarded grants, or disclosures to others outside of your institution who have not signed a confidentiality agreement.

A. Identify dates and circumstances of any such disclosures and submit an electronic copy of each along this document.

B. Indicate your future disclosure or publication plans.

Support by Third Parties

What funds supported the work leading to this invention? Include all sources of funding not from your home institution: government agencies, industrial sponsors, private agencies and others.

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<tr>
<th>PI</th>
<th>Sponsor</th>
<th>Grant #</th>
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<tr>
<td>John Smith</td>
<td>National Institute of Medicine</td>
<td>5K01DK0111111-01</td>
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Was material (biological, chemical or physical) obtained from others to create this invention? If yes, did a Material Transfer Agreement or other document accompany the transfer? Please name the institution/company involved in this transfer and the material transferred:

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<thead>
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<th>Institution/Company</th>
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Contributors

Include the names, addresses, and affiliations of all likely contributors. A contributor is an individual who has conceived an essential part of the invention either independently or jointly, but not necessarily one who participated in the research related to the invention. Please note if any named individual has an appointment at an institution other than your home institution. All contributors must assign all right, title, and interest to this invention and any subsequent patent applications to the home institution in accordance with the terms of the home institution’s policies.

Primary Contributor/Contact:

Full Name: _______________________________________________________
Degree(s): ___________________________ Position: __________________________
Institution: __________________________ Department: _________________________
Email: ______________________________ Phone: ___________________________
Fax: ________________________________ Pager: ___________________________
Institutional ID#: ______________________ SSN: __________________________
Citizenship: __________________________
Office Address: _______________________________________________________
_____________________________________________________________________
Home Address: _________________________________________________________
_____________________________________________________________________
Contribution: ☐ Conception ☐ Experimental Design ☐ Brainstorming
Explanation of Contribution: _______________________________________________
_____________________________________________________________________
Signature: __________________________________________________________________
Other Contributors:

Full Name: _______________________________________________________

Degree(s): ___________________________ Position: __________________________

Institution: __________________________ Department: __________________________

Email: ______________________________ Phone: ____________________________

Fax: _______________________________ Pager: ____________________________

Institutional ID#: ______________________ SSN: __________________________

Citizenship: __________________________

Office Address: _________________________________________________________________
______________________________________________________________________________

Home Address: _________________________________________________________________
______________________________________________________________________________

Contribution: □ Conception □ Experimental Design □ Brainstorming

Explanation of Contribution: ______________________________________________________
______________________________________________________________________________

Signature: _____________________________________________________________________

Witness Statement

You will need a witness to read and understand the disclosure, then provide his/her signature. In most cases, this can be a member of the venture office staff.

Witness Name: ______________________________

Signature: _______________________________ Date: ______________