

Invention Record and Disclosure Form OSP Number:

This form should be used for disclosing patentable inventions only. Please complete this form and submit it to RESEARCH@indstate.edu. The form will be uploaded and routed in Cayuse for approval. If approved, the form will be processed timely by an institutional authorized organizational representative.

**Introduction**

Thank you for disclosing your technology. This is the first step of the process that could lead to the commercialization of your technology. This disclosure form serves two important functions:

* + It is a formal record of the date and scope of your invention and forms the basis for drafting a patent application.
	+ It provides basic information needed to conduct a patentability and commercialization review of your invention.

Guidelines for completing the form:

* Provide as complete a description of the technology as possible. This provides OSP a good starting place to do a detailed patent and commercialization review.
* Disclose all sources of funding used to develop the technology. ISU has reporting obligations to federal as well as industrial sponsors of research at the University.
* Please identify any publications that may be relevant to your technology. These include earlier publications from your, as well as, other academic or industrial labs. These earlier public documents are important in determining the scope of protection available for your technology as only new information is patentable.
* Please be inclusive when identifying potential contributors that may have played a role in developing the technology. Inventorship is a legal determination and the institution will work with a patent attorney to identify legal inventors.

It is not necessary to answer every question in order to submit the form. If you have any questions or would like assistance in completing the form, please contact RESEARCH@indstate.edu.

Please return the original and signed disclosure form, along with supporting documentation, to:

 Office of Sponsored Programs

 Indiana State University

 Holmstedt Hall, Room 272

 Terre Haute, IN 47809

Your documentation may be shared with appropriate institutional personnel assigned to support intellectual property. Thank you in advance for your cooperation and effort. We look forward to working closely with you to ensure the successful commercialization of technology at ISU.

1. **Earlier related inventions**

|  |  |  |  |
| --- | --- | --- | --- |
| Is this disclosure closely related to any previously disclosed inventions or pending patents, developed by any of the submitters, at Indiana State University?  |  | **[ ]**  Yes | **[ ]**  No |
|  |  |  |  |
| Is the disclosed concept related to or embodied by any software or other previously copyrighted material, developed by any of the submitters, owned by Indiana State University? |  | **[ ]**  Yes | **[ ]**  No |

If you answered YES to either of the above, please reference the related ISU-owned patent disclosure or copyright disclosure below. If necessary, a separate Disclosure of Software and Copyright may be completed and submitted along with this invention disclosure for ISU-owned but previously undisclosed software or other copyright protected materials.

|  |  |
| --- | --- |
| ISU Patent Reference No.       | Title       |

1. **Title of invention:** Provide a short title that discloses what the invention does, but not how it is made or how it works. Four to eight words is about right.
2. **Lead Inventor:**

(In addition, please fill out complete inventor information sheet at the end of this form.)

1. **Other Inventors:** (Please list here and complete a full inventor information sheet for each inventor listed found at the end of this form, the form may be duplicated as per the number needed.)
2. **DATES OF CONCEPTION AND REDUCTION TO PRACTICE:**

**Conception of the Invention**

This is defined as the formulation in the mind of an inventor of the complete means for solving a problem. The recognition of the problem in itself does not constitute conception.

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| Date | Where Recorded | Current location of Record |
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**First Written Description** – this date could be the same as the above date

This is the date on which the invention was first described in writing in sufficient detail that an individual considered to be “skilled in the art” (someone similar to yourself) could replicate it without undue experimentation.

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**Reduction to Practice**

This is defined as the date on which the invention is first made and tested and determined to work for its intended purpose. For mechanical or electrical inventions the date on which detailed circuit diagrams or drawings demonstrating a working model were produced could be sufficient to show reduction to practice. For chemical and biological inventions experimental data is usually necessary.

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| Date | Where Recorded | Current location of Record |
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Please provide copies of documents, identifying these dates. The best evidence to exemplify these dates is bound laboratory notebooks that are dated and witnessed at least once a week by a colleague who understands the science but is not an inventor.

1. **BRIEF DESCRIPTION OF the INVENTION:** Is the invention a new process, composition of matter, device, product or one or more? A new use for or an improvement to an existing product or process? Present the general idea of the invention to say how it can be used.
2. **Uses:** Please indicate the primary uses of the technology as you perceive it.
3. **Advantages:** Indicate the advantages of this technology over other alternatives.

1. **NOVELTY:** Describe the characteristics of the technology that make it novel.
2. **FURTHER RESEARCH NEEDED:** Indicate any further research that may be required to commercialize the technology.
3. **INTERESTED COMPANIES:** Indicate any companies you believe are or would be interested in this technology. If you cannot think of any, indicate any companies that produce an alternative or substitute or related products.
4. **RELATED PATENTS:** If you are aware of any patents that relate to this technology, please enter their numbers, inventors, owners, or any other information you have about them here.
5. **LAB RECORDS:** How have your lab records been maintained, in what form are they, and are they available for inspection and use during patenting and commercialization?
6. **STAGE OF DEVELOPMENT:** Describe the current stage of research, (e.g. prototype, in vitro data, model system and indicate the additional steps needed for commercialization).
7. **TECHNICAL DESCRIPTION or DETAIL AND SUPPORTING DATA:** Inventions could include a new process, products apparatus, composition of matter, living organism, or an improvement to (or new use for) a thing that already exists. (Sketches, drawings, photos, reports and manuscripts will be helpful.) If the invention includes software, please describe any novel algorithms used. If the invention includes a database, please describe any novel features of the structure. Describe the best way of practicing the invention along with possible modifications and variations on the best way. Do not withhold any key elements of the invention, as a complete description is essential to an enforceable patent. This description *should* allow one skilled in the art to practice the proposed invention. (You may attach additional pages as needed).

1. **Search Terms:** Keywords that would be useful in describing your invention (these will be used to search databases for related patents, publications, and to define potential markets).
2. **Sponsored FUnding Information:** Please use the following section to indicate where funding for the research that led to this technology came from. (You may attach additional pages as needed)

 Funding Agency 1:

Amount:

ISU Reference Number:

Funding Agency 2:

Amount:

ISU Reference Number:

1. **PUBLICATIONs, POSTERS, SEMINARS, Offers for SALE, Website listing AND OTHER FORMS OF UNRESTRICTED COMMUNICATION (DISCLOSURE)**

Please enter and describe any public disclosures of this technology whether via publication, conference, poster, etc. Provide exact details, including dates and copies of any publications. (Attach additional pages as needed.

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| --- | --- | --- | --- |
| Does this material involve a thesis? |  | **[ ]**  Yes | **[ ]**  No |
|  |  |  |  |
| Is it on the confidential shelf? If yes, indicate date deposited       |  | **[ ]**  Yes | **[ ]**  No |
|  |  |  |  |
| Is a publication, poster, thesis or other disclosure **planned**?If yes, when?       Please enclose drafts, abstracts, pre-prints. |  | **[ ]**  Yes | **[ ]**  No |
|  |  |  |  |
| Do you currently have plans to make the disclosed material available to others? If yes, please briefly describe the procedures you would follow to accomplish this:       |  | **[ ]**  Yes | **[ ]**  No |
|  |  |  |  |
| **Has there been any public use or sale or offer for sale of products embodying this invention?** If yes, please describe: |  | **[ ]**  Yes | **[ ]**  No |

|  |  |  |
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| Date | Purchaser | Material/Service Provided |
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1. **OTHER AGREEMENTS AND INTERACTIONS**

Check all the following that apply

[ ]  Material(s) or software used in the discovery of this invention were obtained from a third party under a Material Use Agreement

[ ]  One or more of the submitters were engaged in a collaborative or consulting arrangement, with another party, that may have an impact on the commercialization of this technology.

If any of the above apply, please provide a copy of the agreement and relevant details regarding the same.

|  |  |  |
| --- | --- | --- |
| Other Party | Type of Agreement | Principal Investigator |
|       |       |       |
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1. **Third party contributors**

Describe any non-Indiana State University individuals who may have worked with you on either the conception or reduction to practice of your invention.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prefix** | **Name**  | **Title** | **Phone No.** | **Company and Address** |
|       |       |       |       |       |

**COMPLETE THIS PAGE (with signatures) TO CONSTITUTE SUBMISSION OF A FULL DISCLOSURE.**

**I (We) acknowledge and agree that this disclosure (“Invention”) is made pursuant to and controlled by the provisions of Indiana State University’s Intellectual Property Policy. To the full extent of my (our) right(s) as inventor(s) of the Invention, by signing this document I (we) acknowledge and agree that the Invention and all patent ownership and other legal rights relating thereto are and shall be deemed to be unconditionally assigned to Indiana State University (and/or its designee at the option of Indiana State University) for all purposes.**

**Pursuant to Indiana State University’s Intellectual Property Policy, net proceeds derived from this Invention may be shared with the inventor(s) listed below. I (We) propose to divide any Invention proceeds that are shared with the listed inventor(s) in the proportion(s) specified before each signature below.**

(Note: List as inventors those individuals who, individually or jointly, contributed either to the conception or reduction to practice of your invention. In the event that Indiana State University (or its designee) files a patent application relating to your disclosure, actual inventorship will be determined as a matter of law by a patent attorney. (Do not list any inventor gratuitously. The rules for inclusion are not the same as a scientific publication.)

Using your full legal name, including middle name, please sign below and then print: Prof/Dr/Mr./Ms., followed by your full legal name.

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| --- | --- | --- | --- |
| **Percentage** | **Signature** | **Print Name** | **Date** |
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D. ***Disclosure must be reviewed and approved by Submitter’s Department Head and Dean***

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| --- | --- | --- |
| **Department Head(s)** | **Signature** | **Date** |
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| **Academic Dean** | **Signature** | **Date** |
|  |  |  |
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**COMPLETE THIS FORM FOR EACH INVENTOR INDENTIFIED ON THIS FORM:**

**CREATOR/SUBMITTER INFORMATION (complete for each submitter) – copy more as needed**

|  |
| --- |
| Prefix First Name Middle Initial Last Name |
|  |  |       |  |       |
| **Work Address** | Permanent Home Address |
| (dept)      |       |
| (bldg)      |  |
|       |       |
| **City, State, Zip, Country** | City, State, Zip, Country |
|       |       |
| **Work Phone Number** | Home Phone Number |
|       |       |
| Work Fax Number E-Mail Address |
|       |       |
| US Citizen [ ]  Resident Alien [ ]  Non-Resident Alien [ ]  Country of Residency:       Country of Citizenship:       |

What was the nature of your involvement with the project and/or with Indiana State University? (Some examples: full time faculty, paid consultant under contract, graduate research assistant). Be sure to include departmental affiliation or employment work group.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Each Indiana State University creator/submitter who will receive a share of income under the provisions of Indiana State University’s Intellectual Property Policy must complete and sign a copy of this Information Sheet. We disclaim any obligation to find you and deliver royalty payments to you at any address other than your most recent record address on file with us. If delivery of your royalty payment to that address is unsuccessful, we may, at our discretion, reallocate your royalty payment according to university policies and procedures. In order for you to continue receiving royalties for the entire term of any agreement executed, we must have your forwarding address each time you move. Please keep us updated by sending forwarding address information to:

**Office of Sponsored Programs**

**Re: Invention Disclosure Form**

**Indiana State University**

**Holmstedt Hall, Room 272**

**Terre Haute, IN 47809**

**research@indstate.edu**

**Phone: 812-237-3088**