INVENTION DISCLOSURE FORM

PLEASE PRINT CLEARLY OR TYPE\*\*\* SUBMIT VIA E-MAIL OR CAMPUS MAIL

This Invention Disclosure form is an important *legal document* and care should be taken in its preparation. The information is submitted pursuant to OSU *Intellectual Property Policy 1-0202* and will be evaluated by the Office of Technology Commercialization to determine whether legal protection should be sought for the disclosed invention and/or commercialization pursued. For assistance, please contact the Office of Technology Commercialization at (405) 744-5361. Downloadable copies of this form can be obtained from the Office of Technology Commercialization website at <https://cowboyinnovations.okstate.edu/for-innovators/agreements-and-forms.html>.

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| **1.** | | **Non-confidential title of invention:** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
|  | a) | | Is this disclosure related to any previous disclosure(s)? | | | | | Yes |  | No |  |  | |
|  | 1. If Yes, please list disclosure(s) here: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
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| **2.** | | **Date of invention:** | |  | |  |  | | | | | |  | |

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| **3.** | **Stage of development of invention:** | Concept |  | Proof of Concept |  | Prototype |  | Working Model |  |

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| **4.** | **Abstract of invention:** (Provide a brief description of the invention.) |
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| **5.** | **Inventor Information:** List as inventors those individuals who contributed to the conception of the invention. Conception involves conceiving the means to accomplish the desired result. Thus, persons who actually contributed to the invention by conceiving physical structure or operative steps would be considered inventors. Persons who merely suggested an idea of the result to be accomplished without providing any means of achieving the result would not be considered inventors. Persons who merely acted under the direction and supervision of the conceivers without exercising inventive skill of their own are not considered to be inventors, either. |

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| --- | --- | --- | --- | --- |
| INVENTOR 1 | Name (first, middle, & last) |  | | |
| Campus Wide ID |  | Citizenship |  |
| Title/Position |  | Department |  |
| Work Address |  | Work Phone Number |  |
| Home Address |  | Home Phone Number |  |
| Work Email Address |  | Personal Email Address |  |
| Percentage of Contribution |  |  |  |
| Describe the nature of this inventor’s contribution: | |  | |
| Describe this inventor’s University duties and his/her relation to this invention: [Note: If an inventor is not affiliated with the University, please explain his/her affiliation and relation to this invention.] | | | |
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| INVENTOR 2 | Name (first, middle, & last) |  | | |
| Campus Wide ID |  | Citizenship |  |
| Title/Position |  | Department |  |
| Work Address |  | Work Phone Number |  |
| Home Address |  | Home Phone Number |  |
| Work Email Address |  | Personal Email Address |  |
| Percentage of Contribution |  |  |  |
| Describe the nature of this inventor’s contribution: | |  | |
| Describe this inventor’s University duties and his/her relation to this invention: [Note: If an inventor is not affiliated with the University, please explain his/her affiliation and relation to this invention.] | | | |
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| INVENTOR 3 | Name (first, middle, & last) |  | | |
| Campus Wide ID |  | Citizenship |  |
| Title/Position |  | Department |  |
| Work Address |  | Work Phone Number |  |
| Home Address |  | Home Phone Number |  |
| Work Email Address |  | Personal Email Address |  |
| Percentage of Contribution |  |  |  |
| Describe the nature of this inventor’s contribution: | |  | |
| Describe this inventor’s University duties and his/her relation to this invention: [Note: If an inventor is not affiliated with the University, please explain his/her affiliation and relation to this invention.] | | | |
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| INVENTOR 4 | Name (first, middle, & last) |  | | |
| Campus Wide ID |  | Citizenship |  |
| Title/Position |  | Department |  |
| Work Address |  | Work Phone Number |  |
| Home Address |  | Home Phone Number |  |
| Work Email Address |  | Personal Email Address |  |
| Percentage of Contribution |  |  |  |
| Describe the nature of this inventor’s contribution: | |  | |
| Describe this inventor’s University duties and his/her relation to this invention: [Note: If an inventor is not affiliated with the University, please explain his/her affiliation and relation to this invention.] | | | |
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Expand and/or removed tables as needed.

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| **6.** | **Description of Invention:** Attach a detailed description of the invention, including any drawings or sketches necessary for understanding the invention. It is helpful to explain the problem the invention solves, with reference to any prior attempts (successful or unsuccessful) by others to solve the problem. Then explain how your invention works in comparison to the other known solutions and what advantages it provides. |
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| **7.** | **Background Literature/Patents:** If you have conducted a literature or patent search, please list and enclose copies of relevant publications/patents found during your search and indicate where the search was conducted (*e.g.* Patent & Trademark Library, literature databases, etc.). If no search has been conducted, please list keywords/phrases relating to your invention that would aid the Office of Technology Commercialization in conducting a search for existing publications/patents. |
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| **8.** | **Research Support:** Was this invention conceived and/or reduced to practice in the course of work under a grant, contract, research collaboration agreement, or with the use of other University Funds as defined in the *Intellectual Property Policy*? | | | | Yes |  | No |  |
|  |  | | | | | | | |
|  | If yes, list the agency, patron, or collaborative partner below, and attach copies of the grant or contract documents. | | | | | | | |
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| Agency/Patron/  Collaborative Partner | | % Contribution | Grant Number | OSU Account Number | | | | |
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| **9.** | Have you published or otherwise publicly disclosed this invention? | Yes |  | No |  |
|  | Consider the invention to have been published or publicly disclosed if enough of the substance of the invention has been disseminated to allow someone skilled in the art to make and use the invention. Publication would include a thesis or abstract (or sometimes even a grant proposal) even if it is not physically distributed to others, when such a document has been indexed and catalogued in a library where it is thus accessible to the public. A publication or public disclosure means a non-confidential disclosure to one or more individuals outside the University community. | | | | |
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|  | If yes, please provide copies of any such publications and describe below when, and in what manner (journal article, thesis, abstract, etc.), publication(s) occurred. Also include reference to any oral presentations made relating to the invention. | | | | |

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| **10.** | Have any of the following agreements been entered into concerning the invention or the underlying research? | | | | |
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|  | a) Confidentiality agreements with any third party? | Yes |  | No |  |

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|  | b) Any consulting agreement or other agreement with any third party relating to the field of the invention? | Yes |  | No |  |

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|  | c) Does the invention encompass the use of a biological, chemical, or physical material or substance that is proprietary to another person or entity? | Yes |  | No |  |
|  | If yes to (c), did a material transfer agreement or other document accompany the transfer? | Yes |  | No |  |
|  | If you answered yes to any of the above questions, please provide details and attach a copy of the document.   |  |  |  |  | | --- | --- | --- | --- | | Company Name | Address | Contact Person/Title | Agreement Type | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | |

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| **11.** | **Commercialization Potential:** | | | | | | | | |
|  | a) | What are the potential commercial applications for the invention? | | | | | | | |
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|  | b) | What additional research or development, if any, is needed to commercialize the invention? | | | | | | | |
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|  | c) | What are the limitations that must be overcome prior to practical application? | | | | | | | |
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|  | d) | What are the advantages of the invention versus present technologies? | | | | | | | |
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|  | e) | Please provide any available data or information on market potential/size. | | | | | | | |
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|  | f) | Are you thinking of a startup opportunity to commercialize this invention? Yes ☐ No ☐ | | | | | | | |
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|  | g) Do you have a potential licensee(s) or industry partner in mind? | | | | | Yes |  | No |  |
|  | If yes, please list: | | | | |  |  |  |  |
| Company Name | | | Address | Contact Person/Title | Phone/Fax/e-mail | | | | |
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| **12.** | **Export Control:** Oklahoma State University (OSU) has an obligation to implement an export control compliance program to reduce the risk of export control violations. All employees and students must be aware of and are responsible for the export control implications of their work and must ensure their activities conform to export control laws and regulations. There are severe institutional and individual sanctions for violations of export control laws and regulations, including the loss of research funding and export privileges, as well as criminal and civil penalties. It is important for the Office of Technology Commercialization to understand if the technology that is the subject of this disclosure is controlled by export regulations. | | | | | | | |
|  | a) | Does this invention involve or might it be employed to design, develop, produce, stockpile, or use: | | | | | |
|  |  | i. | High performance computing or encryption technology? | Yes |  | No |  |
|  |  | ii. | Nuclear materials? | Yes |  | No |  |
|  |  | iii. | Explosive devices, chemical or biological weapons, or missiles? | Yes |  | No |  |
|  |  | iv. | Other military intelligence or defense-related hardware, software or technical data? | Yes |  | No |  |
|  |  | v. | Satellites or other space-related technology? | Yes |  | No |  |
|  | b) | Are there any restrictions on publication of the information generated in the course of the research that led to this invention, beyond a brief review (up to 90 days) for patent protection and/or inadvertent release of a third party’s proprietary information? | | Yes |  | No |  |
|  | c) | Are there any restrictions on participation in the underlying research by citizens of a foreign country (including students)? | | Yes |  | No |  |
|  | d) | Have you received information identified as export-controlled from a third party relative to this invention or the underlying research? | | Yes |  | No |  |
|  | e) | Is your invention or the underlying research covered by an IBC (Institutional Biosafety Committee) protocol? | | Yes |  | No |  |
|  | f) | Do you have any other reason to believe that your invention might be export-controlled? | | Yes |  | No |  |
|  | g) | If your answer to any of the foregoing questions is yes, please elaborate. | | | | | |
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| **13.** | **Inventor(s) Signature(s):** | | |
|  | **a)** | ***This section is to be signed by inventors who are or were employed, appointed, or enrolled at Oklahoma State University at the time of invention.*** |

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| --- | --- | --- | --- | --- | --- |
| In accordance with the OSU *Intellectual Property Policy 1-0202*, acceptance of which is required by University policy as a condition of employment, appointment, and/or enrollment with the University, I hereby assign and agree to assign all right, title, and interest in the disclosed invention(s) to the Board of Regents for the Oklahoma Agricultural and Mechanical Colleges, such assignment to include without limitation all patents covering said invention(s). | | | | | |
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| Inventor’s Signature: | |  | | Date: |  |
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| Inventor’s Name (please type or print clearly): | | |  | | |
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| Inventor’s Signature: | |  | | Date: |  |
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| Inventor’s Name (please type or print clearly): | | |  | | |
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| Inventor’s Signature: | |  | | Date: |  |
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| Inventor’s Name (please type or print clearly): | | |  | | |
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| Inventor’s Signature: | |  | | Date: |  |
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| Inventor’s Name (please type or print clearly): | | |  | | |
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|  | **b)** | ***This section is to be signed by the inventors who were not employed or enrolled at Oklahoma State University at the time of invention.*** |

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| The undersigned warrants and represents by signing this Disclosure that to the best of his and/or her knowledge, the contents of this Disclosure are accurate, truthful, and have been vetted, acknowledged, and agreed upon by all of the signatories on this Disclosure. | | | | | |
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| Inventor’s Signature: | |  | | Date: |  |
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| Inventor’s Name (please type or print clearly): | | |  | | |
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|  | |  | |  |  |
| Inventor’s Signature: | |  | | Date: |  |
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| Inventor’s Name (please type or print clearly): | | |  | | |
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| **14.** | **DEAN(S)/DIRECTOR(S):** | | | | | |
|  | | | | | | |
| Signature of Dean/Director: | | |  | | Date: |  |
|  | |  | | |  |  |
| Name and Title (please type or print clearly): | | | |  | | |
|  | | | | | | |
|  | |  | | |  |  |
| Signature of Dean/Director: | | |  | | Date: |  |
|  | |  | | |  |  |
| Name and Title (please type or print clearly): | | | |  | | |
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| **15.** | Once **ALL** signatures have been obtained, submit completed form to:  Office of Technology Commercialization  Oklahoma State University  1201 S. Innovation Way Dr., Suite 210  Stillwater, OK 74074 |

Required: 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, & 14