**PLANT VARIETY DISCLOSURE FORM**

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

This Plant Variety 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 plant variety and/or commercialization pursued. Use this form to provide detailed information regarding your new plant variety. Note that this form should be completed only *after* submission of a Plant Release Proposal to the OAES Plant Materials Release Committee. If you require 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.** | **Plant Variety Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  | 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.** | | **Crop Type:** | | Seeded/Sexually propagated ☐ Clonal/Asexually propagated ☐ | | | |
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| **3.** | | **Genus/Species:** | |  | | | |
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| **4.** | | **Breeder Information** | |  | | | |
| Primary Breeder | | Name (first, middle, & last): | |  | | |
| Campus Wide ID: | |  | Citizenship: |  |
| Title/Position: | |  | Department: |  |
| Work Address: | |  | Work Phone Number: |  |
| Work Fax Number: | |  | Email Address: |  |
| Home Address: | |  | Home Phone Number: |  |
| Percentage of Contribution: | |  |  |  |

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| **5.** | | **Additional Contributors** | |  | | | |
| Additional Contributor | | Name (first, middle, & last): | |  | | |
| Campus Wide ID: | |  | Citizenship: |  |
| Title/Position: | |  | Department: |  |
| Work Address: | |  | Work Phone Number: |  |
| Work Fax Number: | |  | Email Address: |  |
| Home Address: | |  | Home Phone Number: |  |
| Percentage of Contribution: | |  |  |  |

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| Additional Contributor | | Name (first, middle, & last): |  | | |
| Campus Wide ID: |  | Citizenship: |  |
| Title/Position: |  | Department: |  |
| Work Address: |  | Work Phone Number: |  |
| Work Fax Number: |  | Email Address: |  |
| Home Address: |  | Home Phone Number: |  |
| Percentage of Contribution: |  |  |  |
| Additional Contributor | Name (first, middle, & last): | |  | | |
| Campus Wide ID: | |  | Citizenship: |  |
| Title/Position: | |  | Department: |  |
| Work Address: | |  | Work Phone Number: |  |
| Work Fax Number: | |  | Email Address: |  |
| Home Address: | |  | Home Phone Number: |  |
| Percentage of Contribution: | |  |  |  |

**EXPAND AS NEEDED FOR ADDITIONAL CONTRIBUTORS.**

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| **6.** | **Funding sources/contracts:** |  |
|  | Please list funding sources or contracts that have contributed to the development of the variety.  Include contract numbers if known. | |

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| **Type of Funding** | **Source** | **% of Contribution** | **Grant/Contract #** | **OSU Account #** |
| **Internal** |  |  |  |  |
| **Commodity Board Funding** |  |  |  |  |
| **Other External Funding** |  |  |  |  |

**7.**  Has the variety been transferred for evaluation under a material transfer agreement? Yes ☐ No ☐

If so, specify to whom and when.

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| **8.** | Has the variety been sold or offered for sale to a third party? | | | | | Yes | ☐ | No | ☐ |
|  |  | If so, specify date and circumstances. | | | | | | | |
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| **9.** | Who is producing the foundation seed? | | | | | | | | |
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| **10.** | Is any component of the new variety owned by a third party? | | | | | Yes | ☐ | No | ☐ |
|  |  | If yes, please explain. | | |  | | | | |
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| **11.** | Is this variety a genetically modified plant (containing transgenes)? | | | | | Yes | ☐ | No | ☐ |
|  |  | If yes, please explain. | | |  | | | | |
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| **12.** | Has the variety been approved for release by the Oklahoma Agricultural Experiment Station (OAES)? | | | | | Yes | ☐ | No | ☐ |
|  |  | If no, please explain. | | |  | | | | |
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| **13.** | Attach a copy of your Plant Release Proposal or provide a complete description of the plant variety (including origin, breeding history, objective description, and trial data). | | | | | | | | |
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| **14.** | **Commercialization Potential:** | |
|  | a) | What are the potential commercial applications for the plant variety? |
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|  | b) | What are the limitations that must be overcome prior to practical application? |
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|  | c) | What are the advantages of the plant variety versus present varieties? |
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|  | d) | Please provide any available data or information on market potential/size. |
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| **15.** | **Primary Breeder(s) Signature(s):** |
|  | 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 plant variety to the Board of Regents for the Oklahoma Agricultural and Mechanical Colleges, such assignment to include without limitation all patents, plant patents, plant variety protection rights, and trademarks covering said variety. |

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| Primary Breeder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Primary Breeder’s Name (please type or print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Primary Breeder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Primary Breeder’s Name (please type or print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **16.** | **Dean(s)/Director(s):** |

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| Department Head’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department Head’s Name (please type or print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Associate Director, OAES Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Associate Director, OAES Name (please type or print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **17.** | 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 |