NEW TECHNOLOGY DISCLOSURE

(To fill in check box, right-click on box, choose Properties, and click the button “Checked” under the default value. Expand rows or attach additional sheets if more space is needed)

1. Title

2. Key Words

3. Type
   - □ Invention
   - □ Software
   - □ Video
   - □ Other:

4. Inventors
<table>
<thead>
<tr>
<th>Full Name</th>
<th>Position</th>
<th>Department and Campus Address</th>
<th>% of Inventive Contribution</th>
<th>Phone/Fax/E-Mail</th>
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5. Primary Contact (among developers/inventors)

6. Date of Conception
   - / /

7. Outside Sponsorship (Please attach copies of grant or contract documents.)
   - □ United States Government
   - □ Private Industry
   - □ Departmental funds from Research Foundation indirect costs
   - □ Other: ____________________________

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<tr>
<th>Name of Sponsor(s)</th>
<th>% of Contribution to Invention</th>
<th>Research Foundation or Campus Account Number</th>
<th>Sponsored Assigned Identification Number</th>
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8. Public Disclosure
   Has the description of the technology been published?  
   □ Yes  □ No  Date:  / / 

   Has the description of the technology been submitted for publication?  
   □ Yes  □ No  Date:  / / 

   Title of publications:

   Title of Journal/Other (specify)

   Has the technology been presented at a conference or professional meeting?  
   □ Yes  □ No  Date:  / / 

9. To whom have you shown or described this work? (e.g. Students, Colleagues)

10. CONFIDENTIAL technical description (including its unique features). Attach any manuscripts, reviews, papers, diagrams, charts, etc.

11. Prototypes and/or samples
   Is working prototype available for demonstration?  
   □ Yes  □ No  □ N/A

   Are samples (e.g. compounds) available for testing?  
   □ Yes  □ No  □ N/A

12. Advantages of the technology (relative to existing technology or competing new technology)

13. Possible disadvantages of the technology (relative to existing technology)

14. Briefly explain the circumstances that led to this invention:
15. Describe your University duties and their relation to this invention:

Inventor 1:

Inventor 2:

Inventor 3:

Inventor 4:

16. Non-confidential description of the technology
(indicate applications and advantages – for marketing purposes)

17. Was a biological, chemical or physical material or substance obtained from others used to create this invention? □ YES □ NO

If yes, did a Material Transfer Agreement or other document accompany the transfer? □ YES □ NO

If yes, please attach a copy of the document.

18. Have Confidentiality Agreements been enacted? □ YES □ NO

If yes, with whom?

19. Where would your invention have commercial value? (Check all appropriate countries)

U.S. □ Australia □ Other □

Africa □ Canada □

Asia □ Europe □

Japan □ South America □

20. List companies that you believe would be interested in commercializing the technology.

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<tr>
<th>Company Name</th>
<th>Contact (if any)</th>
<th>Location/Telephone Number</th>
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21. Signed by Developer(s) and witness(es)

1. Name: Dr.  Mr.  Ms.  
   Home Address:  
   Country of Citizenship:  
   Home Telephone:  
   Developer’s Signature:  
   Date:  
   Witness’s Signature:  
   Date:  

2. Name: Dr.  Mr.  Ms.  
   Home Address:  
   Country of Citizenship:  
   Home Telephone:  
   Developer’s Signature:  
   Date:  
   Witness’s Signature:  
   Date:  

3. Name: Dr.  Mr.  Ms.  
   Home Address:  
   Country of Citizenship:  
   Home Telephone:  
   Developer’s Signature:  
   Date:  
   Witness’s Signature:  
   Date:  

4. Name: Dr.  Mr.  Ms.  
   Home Address:  
   Country of Citizenship:  
   Home Telephone:  
   Developer’s Signature:  
   Date:  
   Witness’s Signature:  
   Date:  

22. Signature of Campus Liaison for Technology Transfer

Name of Campus Liaison: David Schoenhaut, Ph.D.  
Title of Campus Liaison: Director, Office of Technology Commercialization  
Signature of Campus Liaison:  ________________________________  Date: __________________

(Attach additional sheets if there are more developers)