



<b>8. Public Disclosure</b> Has the description of the technology been published?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Has the description of the technology been submitted for publication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Title of publications:			
Title of Journal/Other ( <i>specify</i> )			
Has the technology been presented at a conference or professional meeting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
<b>9. To whom have you shown or described this work? (e.g. Students, Colleagues)</b>			

**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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are samples ( <i>e.g. compounds</i> ) available for testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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:**

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**15. Describe your University duties and their relation to this invention:**

Inventor 1:

Inventor 2:

Inventor 3:

Inventor 4:

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

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**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.

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

If yes, with whom?

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

U.S.                       Australia                       Other   
Africa                       Canada   
Asia                       Europe   
Japan                       South America

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

Company Name	Contact (if any)	Location/Telephone Number

**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)***

Office of Technology Commercialization The Research Foundation of the State University of New York SUNY Downstate Medical Center 450 Clarkson Avenue, Box 128 Brooklyn, NY 11203 Telephone: (718) 613-8514 techtransfer@downstate.edu	<b>FOR TTO USE ONLY</b> Date of Disclosure Received: _____ Date of Complete Disclosure: _____
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