



# NEW TECHNOLOGY DISCLOSURE

Please submit completed form to Campus Research Office

<b>1. Campus submitting this disclosure</b>				
<b>2. Title</b>				
<b>3. Key Words</b>				
<b>4. Type</b>				
<input type="checkbox"/> Invention <input type="checkbox"/> Software <input type="checkbox"/> Video <input type="checkbox"/> Other: _____				
<b>5. Inventors</b>				
<b>Full Name</b>	<b>Position</b>	<b>Department and Campus Address</b>	<b>% of Inventive Contribution</b>	<b>Phone/Fax/E-Mail</b>
1.				
2.				
3.				
4.				
<b>6. Primary Contact (among developers/ inventors)</b>				
<b>7. Date of Conception</b>				
/ /				
<b>8. Date of First Description, Drawing, or Sketch of Invention (Please attach drawings or sketch, if available.)</b>				
/ /				
<b>9. Date of First Model of Invention</b>				
/ /				
<b>10. Date of First Successful Reduction to Practice</b>				
/ /				
<b>11. Outside Sponsorship (Please attach copies of grant or contract documents.)</b>				
<input type="checkbox"/> United States Government <input type="checkbox"/> Private Industry <input type="checkbox"/> Departmental funds from Research Foundation indirect costs <input type="checkbox"/> Other: _____				

Name of Sponsor(s)	% of Contribution to Invention	Research Foundation or Campus Account Number	Sponsored Assigned Identification Number

**12. 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: / /

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

**14. Brief technical confidential description (including its unique features). Attach any manuscripts, reviews, papers, diagrams, charts, etc.**

**15. 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

**16. Advantages of the technology (*relative to existing technology*)**

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17. Possible disadvantages of the technology (*relative to existing technology*)

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18. Briefly explain the circumstances that led to this invention:

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

Inventor 1:

Inventor 2:

Inventor 3:

Inventor 4:

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

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21. 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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22. Have Confidentiality Agreements been enacted?  YES  NO

If yes, with whom?

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

U.S.	<input type="checkbox"/>	Australia	<input type="checkbox"/>	Other	<input type="checkbox"/>
Africa	<input type="checkbox"/>	Canada	<input type="checkbox"/>		
Asia	<input type="checkbox"/>	Europe	<input type="checkbox"/>		
Japan	<input type="checkbox"/>	South America	<input type="checkbox"/>		

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

Company Name	Contact (if any)	Location/Telephone Number

