

INVENTION DISCLOSURE FORM

Thank you for disclosing your invention to KU Innovation and Collaboration (KUIC). We will confidentially review the materials that you provide us. We look forward to working with you to facilitate the translation of your new discovery into a commercial product/process. We are here to help in any way – please contact us with any questions you may have.

-- KUIC Staff

INSTRUCTIONS

<p>Why submit an Invention Disclosure Form:</p>	<ul style="list-style-type: none"> Completion of the Invention Disclosure Form is the first step in the commercialization process and supplies KUIC with the necessary information to begin assessing the invention. All federal funding sources and most other funding sources require invention reporting, and this document will facilitate KU’s compliance with those obligations. The KU IP Policy governs the disposition of all inventions created or authored by faculty, staff and students.
<p>How to complete the Invention Disclosure Form:</p>	<ul style="list-style-type: none"> Complete the form by typing directly in the text boxes. Create a Title to identify the invention. Enter it in the space provided in Parts I and III When complete, print the form. Prior to submitting to KUIC, each inventor must: <ul style="list-style-type: none"> Complete and sign an Inventor page *KU inventors include all inventors at the time of creation of the invention.
<p>Where to send the form once it is completed:</p>	<ul style="list-style-type: none"> Scan the completed form and email it to ottip@ku.edu. If you have been in contact with one of our licensing staff, please note that person’s name in the email. <p style="text-align: center; margin: 10px 0;">OR</p> <ul style="list-style-type: none"> Mail your completed form with all signatures to 2385 Irving Hill Road, Lawrence, KS 66045

For Office Use Only:

KU Number: _____

Date Completed: _____

INVENTION DISCLOSURE FORM

PART I: INVENTION INFORMATION

Title:

Invention Title: _____

Previous Invention:

Is this invention related to a previous invention disclosed to KUIC?

Yes No

Invention Description:

Provide a detailed description of the invention being disclosed:
(Please attach any supporting information, such as a summary, PowerPoint, grant applications, draft manuscripts or abstracts that describe how to make and use your invention in sufficient detail so that someone in your field can make and use the invention just by reading the description.)

Establishment of Invention History:

Please provide your best estimate for the date when the following occurred (or will occur):

Conception of invention.

Date: _____ Has this date been documented? If so, where? _____

First Written Description
(Please attach a copy if available.)

Date: _____

Has this invention been described either in a **publication** (e.g. in an abstract, poster, manuscript, website, or powerpoint) or **verbally disclosed** (e.g. in a presentation, talk, or meeting with industry) **to the public** (i.e. to those outside of the KU community)?

Please include names of periodicals/journals/conferences.

Yes No

Where: _____ Date: _____

If **yes**, please attach any files that contain the disclosure material and list **where** and **when** you **disclosed**. Accurate data is essential as prior disclosure may affect the possibility of obtaining patent rights.

Where: _____ Date: _____

Where: _____ Date: _____

Where: _____ Date: _____

If unpublished and undisclosed, provide the anticipated publication or public oral disclosure date and any submissions made for potential publication.

Where: _____ Date: _____

Where: _____ Date: _____

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Completion of model or prototype	Date: _____	
First successful operational test	Date: _____	
<u>Prior Art:</u>	List any recent publications or patents that you are aware of that are similar to this invention. Two useful sites for patent searches are: Espacenet and Google Patents .	
Have you performed a patent search?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain any differences over prior art.	
<u>Commercialization Potential:</u>		
List the likely potential commercial product(s) or application(s) for this invention:		
Briefly describe any problems this invention overcomes:		
List any elements of the invention that you believe to be novel or unique:		
List any current competitive or compatible technologies:		
What are the advantages of the invention versus present technologies?		
Do you have any available data or information on the market potential/size?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the information.	
Describe the current developmental stage of the invention (e.g. conceptual, tested in experiments or computer simulations, working prototype, etc.):		
Is work on the invention continuing?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the source of on-going funding.	
<u>Commercialization Contacts:</u>	List any potential licensees (e.g. companies, investors, or entrepreneurs) that may be interested in commercializing this invention. Please attach additional sheet if more space is required.	
Company Name	Contact Person	Contact Information

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PART II: REPORTING

Funding Information: If you received full or partial support during any stage of your research resulting in this invention, or if you have acknowledged or plan to acknowledge a funding source in a publication or grant progress report in which you describe the invention, please indicate all source(s) of your funding by checking the appropriate box or boxes below. If you were not funded, please check none.

Federal Foundation Industry Internal Other State None

Please identify below each funding source's name and each corresponding grant, contract or award number/ID.

Funding Source Name (List <u>primary</u> funding source first)	Grant/Contract/Award Numbers/IDs (Please do not list cost center numbers)	Principal Investigator

Third Party Material: Was any material or equipment provided by a third party?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
If yes, please provide details:	
If yes, was a material transfer agreement signed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate the material and from where you received the material:	

Export Control: Is this invention likely to have any export control sensitivity?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
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*Please check "yes" if you believe the invention may be subject to controlled disclosure under the United States Munitions List (defense and weaponry, explosives, space, national security, and/or biological materials to either protect or cause biological/chemical warfare) or the Commerce Control List (Categories: 0=Nuclear Materials, facilities and equipment; 1=Materials, Chemicals, Microorganisms and Toxins; 2=Material processing; 3=Electronics; 4=Computers; 5=Telecommunications and Information Security; 6=Sensors and Lasers; 7=Navigation and Avionics; 8=Marine; 9=Propulsion Systems, Space Vehicles and related equipment). Visit KU's Export Compliance Page at http://research.ku.edu/export_controls_regulations if you require assistance in making this determination.

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PART III: PERCENT CONTRIBUTION ALLOCATION

Invention Title:

List **ALL** inventors (non-KU inventors should also be included) and the percentage of their contribution below:

List percentage of contribution at the time of this disclosure. The “Contribution %” should reflect each inventor’s contribution to the concepts of the invention and be agreed upon by all inventors. Inventorship has a legal meaning under patent law and will be finally determined by KU-appointed patent counsel in accordance with applicable patent laws should KUIC proceed with patent filing. KUIC understands that contributions may fluctuate as the technology is developed.

If the inventors cannot agree to contribution percentages, KUIC will assume an equal distribution.

Inventors	%	List the Inventor’s Institution only if they were a <u>Non-KU</u> Employee during the research leading to this invention

Who will be the primary contact between the KUIC and the other inventors?	
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INVENTION DISCLOSURE FORM

INVENTOR #1

Must be filled out by each KU Inventor.

Invention Title:

Name:	Position:
Citizenship/Visa Status:	KU ID:
Primary Phone Number:	Home Address:
KU Email:	Alternate Email:
Describe the nature of your contribution:	
If you are a faculty member, please list the department and school to which you are appointed:	
If you are not a faculty member , please list the department, center or institute in which you are employed:	
If the research leading to the invention was supported by any university-recognized centers or institutes, please list those:	1. _____ 2. _____ 3. _____
Check the appropriate choice to describe your affiliation with Veterans Affairs (VA):	No VA appointment _____ Dually appointed _____ Without Compensation _____
If you checked Without Compensation , please check the following if applicable:	Did you perform any research activities at the VA for this invention? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered no above, were you appointed to exclusively perform clinical services, attending services, or educational activities? Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>I hereby agree with the percent contribution allocation as set forth in Part III of the Invention Disclosure Form.</u>	Signature: _____ Date: _____

INVENTION DISCLOSURE FORM

INVENTOR #2

Must be filled out by each KU Inventor.

Invention Title:

Name:	Position:
Citizenship/Visa Status:	KU ID:
Primary Phone Number:	Home Address:
KU Email:	Alternate Email:

Describe the nature of your contribution:	
If you are a faculty member, please list the department and school to which you are appointed:	
If you are not a faculty member , please list the department, center or institute in which you are employed:	
If the research leading to the invention was supported by any university-recognized centers or institutes, please list those:	1. _____ 2. _____ 3. _____
Check the appropriate choice to describe your affiliation with Veterans Affairs (VA):	No VA appointment ___ Dually Appointed ___ Without Compensation ___
If you checked Without Compensation , please check the following if applicable:	Did you perform any research activities at the VA for <u>this invention</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered no above, were you appointed to exclusively perform clinical services, attending services, or educational activities? Yes <input type="checkbox"/> No <input type="checkbox"/>

<u>I hereby agree with the percent contribution allocation as set forth in Part III of the Invention Disclosure Form.</u>	Signature: _____ Date: _____
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INVENTION DISCLOSURE FORM

INVENTOR #3

Must be filled out by each KU Inventor.

Invention Title:

Name:	Position:
Citizenship/Visa Status:	KU ID:
Primary Phone Number:	Home Address:
KU Email:	Alternate Email:

Describe the nature of your contribution:	
If you are a faculty member, please list the department and school to which you are appointed:	
If you are not a faculty member , please list the department, center or institute in which you are employed:	
If the research leading to the invention was supported by any university-recognized centers or institutes, please list those:	1. _____ 2. _____ 3. _____
Check the appropriate choice to describe your affiliation with Veterans Affairs (VA):	No VA appointment ___ Dually Appointed ___ Without Compensation ___
If you checked Without Compensation , please check the following if applicable:	Did you perform any research activities at the VA for this invention? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered no above, were you appointed to exclusively perform clinical services, attending services, or educational activities? Yes <input type="checkbox"/> No <input type="checkbox"/>

<u>I hereby agree with the percent contribution allocation as set forth in Part III of the Invention Disclosure Form.</u>	Signature: _____ Date: _____
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INVENTION DISCLOSURE FORM

INVENTOR #4

Must be filled out by each KU Inventor.

Invention Title:

Name:	Position:
Citizenship/Visa Status:	KU ID:
Primary Phone Number:	Home Address:
KU Email:	Alternate Email:
Please describe the nature of your contribution:	
If you are a faculty member, please list the department and school to which you are appointed:	
If you are not a faculty member , please list the department, center or institute in which you are employed:	
If the research leading to the invention was supported by any university-recognized centers or institutes, please list those:	1. _____ 2. _____ 3. _____
Check the appropriate choice to describe your affiliation with Veterans Affairs (VA):	No VA appointment __ Dually Appointed __ Without Compensation __
<p>If you checked Without Compensation, please check the following if applicable:</p>	Did you perform any research activities at the VA for <u>this invention</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If you answered no above, were you appointed to exclusively perform clinical services, attending services, or educational activities? Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>I hereby agree with the percent contribution allocation as set forth in Part III of the Invention Disclosure Form.</u>	Signature: _____ Date: _____

INVENTION DISCLOSURE FORM

INVENTOR #6	
<i>Must be filled out by each KU Inventor.</i>	
Invention Title:	
Name:	Position:
Citizenship/Visa Status:	KU ID:
Primary Phone Number:	Home Address:
KU Email:	Alternate Email:
Please describe the nature of your contribution:	
If you are a faculty member, please list the department and school to which you are appointed:	
If you are not a faculty member , please list the department, center or institute in which you are employed:	
If the research leading to the invention was supported by any university-recognized centers or institutes, please list those:	1. _____ 2. _____ 3. _____
Check the appropriate choice to describe your affiliation with Veterans Affairs (VA):	No VA appointment __ Dually Appointed __ Without Compensation __
If you checked Without Compensation , please check the following if applicable:	Did you perform any research activities at the VA for <u>this invention</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered no above, were you appointed to exclusively perform clinical services, attending services, or educational activities? Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>I hereby agree with the percent contribution allocation as set forth in Part III of the Invention Disclosure Form.</u>	Signature: _____ Date: _____

INVENTION DISCLOSURE FORM

NON-KU INVENTOR #1

Must be filled out by each Non- KU Inventor.

Invention Title:

Name:	Position:
Citizenship/Visa Status:	
Primary Phone Number:	Home Address:
Email:	Alternate Email:
Please describe the nature of your contribution:	
If you are a faculty member, please list the department and school to which you are appointed:	
If you are not a faculty member , please list the department, center or institute in which you are employed:	
<u>I hereby agree with the percent contribution allocation as set forth in Part III of the Invention Disclosure Form.</u>	Signature: _____ Date: _____

*Please note that you may have an obligation to disclose and assign your rights in this disclosed invention to your employer/institution. KUIC may independently contact your employer to ensure appropriate disposition of all intellectual property disclosed on this form.

INVENTION DISCLOSURE FORM

NON-KU INVENTOR #2

Must be filled out by each Non- KU Inventor.

Invention Title:

Name:	Position:
Citizenship/Visa Status:	
Primary Phone Number:	Home Address:
Email:	Alternate Email:
Please describe the nature of your contribution:	
If you are a faculty member, please list the department and school to which you are appointed:	
If you are not a faculty member , please list the department, center or institute in which you are employed:	
<u>I hereby agree with the percent contribution allocation as set forth in Part III of the Invention Disclosure Form.</u>	Signature: Date:
*Please note that you may have an obligation to disclose and assign your rights in this disclosed invention to your employer/institution. KUIC may independently contact your employer to ensure appropriate disposition of all intellectual property disclosed on this form.	

INVENTION DISCLOSURE FORM

NON-KU INVENTOR #3

Must be filled out by each Non- KU Inventor.

Invention Title:

Name:	Position:
Citizenship/Visa Status:	
Primary Phone Number:	Home Address:
Email:	Alternate Email:
Please describe the nature of your contribution:	
If you are a faculty member, please list the department and school to which you are appointed:	
If you are not a faculty member , please list the department, center or institute in which you are employed:	
<u>I hereby agree with the percent contribution allocation as set forth in Part III of the Invention Disclosure Form.</u>	<div style="display: flex; justify-content: space-between;"> Signature: Date: </div>

*Please note that you may have an obligation to disclose and assign your rights in this disclosed invention to your employer/institution. KUIC may independently contact your employer to ensure appropriate disposition of all intellectual property disclosed on this form.