

| Invention Disclosure Form PRIVILEGED AND CONFIDENTIAL | UofM OTT Use Only | |
|--|------------------------------|----------------|
| | Tech ID: | Date Received: |
| | UofM OTT Reviewer: | |
| Title of the Invention: (should be brief and descriptive) | | |
| Is the disclosure of this invention regulated by ANY U.S. export laws and regulations pertaining to the export of technical data, services and commodities [i.e. International Traffic in Arms Regulations (ITAR) and/or Export Administration Regulations (EAR)]? Yes No | | |
| Potential Inventor(s): (subject to legal review) <i>Please use additional copies of this page for more than four names</i> | | |
| Full Name _____ | Position _____ | |
| Department(s) _____ | Center(s) _____ | |
| Campus Mail Address _____ | Telephone _____ | |
| Email Address _____ | Country of Citizenship _____ | |
| Residential Address _____ | City, State, Zip _____ | |
| Full Name _____ | Position _____ | |
| Department(s) _____ | Center(s) _____ | |
| Campus Mail Address _____ | Telephone _____ | |
| Email Address _____ | Country of Citizenship _____ | |
| Residential Address _____ | City, State, Zip _____ | |
| Full Name _____ | Position _____ | |
| Department(s) _____ | Center(s) _____ | |
| Campus Mail Address _____ | Telephone _____ | |
| Email Address _____ | Country of Citizenship _____ | |
| Residential Address _____ | City, State, Zip _____ | |
| Full Name _____ | Position _____ | |
| Department(s) _____ | Center(s) _____ | |
| Campus Mail Address _____ | Telephone _____ | |
| Email Address _____ | Country of Citizenship _____ | |
| Residential Address _____ | City, State, Zip _____ | |
| Which of the above should be the primary contact for correspondence? | | |
| University Lab(s)/resources used to develop this technology: | | |
| Are all inventors listed above employees, officers or students of the University of Memphis? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, provide details)</i> | | |
| Are any inventors listed above undergraduate students? | Yes | No |
| Was any material or equipment provided by a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, provide details)</i> | | |

Federal Grant/Contract or Subcontract Funding

Was the invention conceived or first actually reduced to practice in the performance of work funded, in whole or in part, by any federal grant(s), contract(s) or subcontract(s)? (If yes, list below) Yes No

| Sponsor(s): | Grant/Contract Number(s): | Principal Investigator: | UM Index Account Number(s): |
|-------------|---------------------------|-------------------------|-----------------------------|
| | | | |
| | | | |
| | | | |

Certain publications, public disclosures and other activities can adversely affect patent rights.

Publication, Public Disclosure & Other Activities:

Has the invention been described in any publication(s) (including abstracts)? Yes No

Name of Publication, journal or website: _____

Date of each publication: _____

Has a manuscript describing the invention been submitted for publication? Yes No

If yes, has it been **accepted** for publication at this time? Yes No

Has a description of the invention appeared online (including conferences and abstracts)? Yes No

Was a grant application describing the invention submitted for review? Yes No

Was the invention disclosed publicly, such as in a poster session, presentation or lecture? Yes No

Was the invention or any derivative product sold, offered for sale, or used in public? Yes No

Are any of the above disclosures or activities contemplated in the near future? Yes No

If yes to ANY of the above, please provide details:

If the answer to any of the above questions is YES, please provide detailed information and attach any grants, abstracts, manuscripts, articles, presentations, etc. Please keep our office informed of any future submission or acceptance for publication or other possible disclosure of any manuscripts, abstracts or oral presentations describing the invention.

Conception/Disclosure:

Conception is defined as: "the act of forming a general idea or notion" Please fill in the following dates:

| | |
|---|--|
| Conception of discovery: | |
| First disclosure to another: | |
| First experiment demonstrating discovery: | |

If the discovery or a significant aspect of the discovery is not supported by written records, briefly describe how the date of discovery can be established and identify earliest written record:

Type of Invention: (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Agriculture/Animal Science | <input type="checkbox"/> Environmental | <input type="checkbox"/> Medical Devices & Imaging |
| <input type="checkbox"/> Bio-Technology | <input type="checkbox"/> Fuel Cells & Energy | <input type="checkbox"/> Networks, I/T, Software & Communication |
| <input type="checkbox"/> Drug Screening | <input type="checkbox"/> Materials & Electronics | <input type="checkbox"/> Therapeutics |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Mechanical/Manufacturing | Other: _____ |

Abstract/Brief Summary of the Invention:

Give an overview of the invention's concept and chief objective(s) or purpose(s).

Introduction/Background of the Invention:

Give context to the invention. Describe the field(s) to which the invention pertains and the developments that led to the invention.

Detailed Description of the Invention:

Give a thorough description of the invention as well as how it is made/executed and used. The description should be so detailed that a person skilled in the field would be able to make and use the invention as a result of reading it. Please be as clear, exact and thorough as possible in your description, and please be sure to clearly identify which element of your research is "the invention."

Figures and Descriptions:

If you wish to submit documents, presentations, figures, charts or other supporting materials, please list them here and include them with this disclosure.

Non-Confidential Summary of the Invention:

This should be one to two paragraphs in length and should not contain any proprietary information. The non-confidential summary should include an overview of the invention and its impact/commercial potential and may be shared with companies interested in licensing the rights to the invention.

Novel Aspects of the Invention:

Specifically identify those properties of the invention (or the process by which it is made or used) that are novel and that distinguish it from existing technologies.

Advantages Over Current Technology and Impact:

Please identify the invention's advantages over existing alternative products, processes or services.

Which Companies or Investors are most likely to be interested in this invention?

| Company | Contact | Phone | Email Address |
|---------|---------|-------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

Commercial Potential:

Please describe the invention's commercial potential, in terms of potential products and services, and describe its competition/available alternatives.

| |
|--|
| |
|--|

Related Publications:

Please list any papers, patents and other published material that you are currently aware of that either relate to your invention or describe similar technology. Please include links and/or submit copies of the publications when possible. (add supplemental sheet if necessary)

| |
|--|
| |
|--|

Certification and Acknowledgement: *(please use additional copies of this page if more signatures are required)*

I certify that the information contained in this Invention Disclosure Form is true, accurate and complete. I acknowledge and agree that UofM owns the discovery and intellectual property disclosed herein pursuant to [UofM Intellectual Property Policy](#). I hereby assign all rights in the invention disclosed herein, including any patent applications related hereto, to UofM. I understand that UofM Office of Technology Transfer (OTT) is the intellectual property management organization for UofM.

If UofM OTT determines to seek patent or other appropriate protection for the technology described herein, I shall cooperate with UofM OTT in its efforts to do so and shall sign such documents as may be required for this purpose, including but not limited to an assignment of the discovery to UofM in a form that may be recorded, a declaration as to inventorship, and power of attorney. I understand that UofM OTT will adhere to the terms of UofM Intellectual Property Policy, as amended from time to time, and will distribute any proceeds from licensing or assigning the technology in accordance with such policy.

If it is determined that I am an inventor, I acknowledge that UofM OTT will need my contact information to facilitate the prosecution and commercialization of this invention. I agree to promptly provide UofM OTT with any changes to my contact information. My failure to provide current contact information may affect UofM OTT's ability to prosecute and/or commercialize this invention and my ability to share in any commercialization revenue.

| Signatures | Date |
|------------|------|
| | |
| | |
| | |
| | |

Submit the completed form via email to hhtrieu@memphis.edu. Please call (901) 678-1712 if you have any questions.

<http://www.memphis.edu/fedex/ott.php>