

FAU Confidential INVENTION DISCLOSURE FORM

For FAU Office of Technology Transfer Use Only

Received at OTT on: _____, by: (name) _____ (initials) _____

OTT reviewed and accepted as complete: _____ (This date starts 120 day FAU ownership election period.)

OTT person determining completeness: (name) _____ (initials) _____

OTT sent copy of Form to Chair(s) and Dean(s) of Creators as notification: (date) _____

Disclosure presented to FAU Intellectual Property Committee for Recommendation of FAU ownership: (date) _____

FAU Election of Rights: _____ acquire title; _____ premature or incomplete; or _____ waive FAU's rights

Comments: _____

Signed by Vice President for Research or designee: _____ Date: _____

(Name) _____ (Signature) _____

To be completed by the FAU employee.

1. TITLE OF INVENTION: _____

2. SUBMITTING INVENTOR/CREATOR:

Name: _____
 Work Phone: _____ Fax: _____ Email: _____

3. THE INVENTION:

A. Brief description.

B. Attach detailed description of the invention.

C. State of the Art (Include literature, patents or presentations of which you are aware.)

Have you conducted a patent search? YES NO

If yes, please give results and list name, issue number and date of each patent you have read.

If No, please give several key words for OTT to use to due a patent/market search:

D. How this invention is unique or novel?

E. Stage of development (Check those that apply.)

concept able to demonstrate working prototype tested ready to manufacture

F. Is work on the Invention continuing? NO YES

G. Does the Invention need more work? NO YES Funds needed - \$ _____ Time needed- _____

H. Date Invention was conceived _____.

4. MATERIAL(S) from third parties:

	<u>Material</u>	<u>Source</u>	<u>Contact Name</u>	<u>Phone</u>	<u>License (Y/N)</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____

5. SUPPORT NOTE: percentages of all support for this invention should add up to 100%

A. FAU SUPPORT: _____%

Place _____ Location _____

B. OTHER SUPPORT: _____ %

Name _____
 Grant/Contracts Number _____
 Address _____
 Contact Person _____ Phone _____ Email _____
 Grant Title _____
 P.I. Name _____ Phone _____ Email _____

If this Invention has been supported by the United States Government and is included in a license agreement to a third party, it is understood that no earned royalties will be collected or paid to Florida Atlantic University for sales to the United States Government due to overriding obligations to the United States Government including those set forth in 35 U.S.C. §200-212 and applicable governmental implementing regulations and the obligation to report on utilization of the Invention set forth in 37 CFR §401.14(h).

C. FUTURE SUPPORT – Do you intend to apply for Federal funding to reduce this Invention to practice? ___NO ___YES.
 If yes, you must notify the FAU-OTT and report the Invention on your closing grant reports.

6. DISCLOSURE Which of the following have you done or do you intend to do with the Invention?

	<u>NO</u>	<u>YES</u>	<u>DATE</u>	<u>CDA</u>	<u>MTA</u>	<u>GIVE PUBLICATION, MEETING, OR COMPANY</u>
A. Publish	_____	_____	_____	_____	_____	_____
b. Oral Presentation	_____	_____	_____	_____	_____	_____
C. Poster Session	_____	_____	_____	_____	_____	_____
D. Disclose to Industry	_____	_____	_____	_____	_____	_____
E. Posting on Internet	_____	_____	_____	_____	_____	_____
F. Offer for sale	_____	_____	_____	_____	_____	_____
G. Sold	_____	_____	_____	_____	_____	_____
H. Seen by non-FAU persons	_____	_____	_____	_____	_____	_____

7. ECONOMIC AND MARKET INFORMATION

A. Please briefly describe the technical impact the Invention is likely to have on the field of endeavor (i.e., marginal improvement, significant change, revolutionary upheaval, creates new field, etc.) and why

B. What are the immediate and/or future applications of the Invention?

C. What present technology exists that solves the same or similar problems? Why is the Invention better or more advantageous than present technology? What problems does it solve? What are its novel and unusual features?

D. Describe the overall Market:

E. What are the advantages (and disadvantages) that may give a licensee a competitive advantage in the market?

- 1). What are the Marketing Advantages?
- 2). What are the Marketing Disadvantages?
- 3). What is needed to overcome these disadvantages?

F. Who would be interested in this invention (potential licensees)?

F. Please give your best guess as to the economic potential of this Invention if successfully commercialized, in terms of annual revenues:

___ Less than \$10,000 ___ \$10,000-\$100,000 ___ \$100,000-\$1 million ___ over \$1million

G. If the Invention is of a type for which patent(s) may be pursued, do you consider it worthwhile to spend up to \$10,000 to obtain a U.S. Patent?

___ Yes ___ No (Please indicate the reason(s) for either response.)

H. Experts in the field (FAU and non-FAU):

<u>Name</u>	<u>Reference Information</u>	<u>Phone</u>	<u>Email</u>
_____	_____	_____	_____
_____	_____	_____	_____

8. CREATORS/INVENTOR(S):

FAU CREATOR(S) (including students)

Name: _____
 Official Title/Position: _____ Citizenship: _____
 Department: _____ College: _____
 Work Address: _____
 Work Phone: _____ Fax: _____ Email: _____
 Home Address: _____
 Home Phone: _____ Fax: _____ Email: _____

I agree that any income from this invention will be distributed equally among the Creator(s). ___ Yes ___ No
 If NO to the above question, what percentage should you receive? _____

Signature: _____ **Date:** _____

NON-FAU CREATOR(S) (industry and/or university)

Name: _____
 Official Title/Position: _____
 Employer: _____ Department: _____
 Work Address: _____ Citizenship: _____
 Work Phone: _____ Fax: _____ Email: _____
 Home Address: _____
 Home Phone: _____ Fax: _____ Email: _____

I have disclosed this invention to my employer. ___YES ___NO
 I agree that any income from this invention will be distributed equally among the Creator(s). ___ Yes ___ No
 If NO to the above question, what percentage should you receive? _____

Signature: _____ **Date:** _____

9. COMMERCIALIZATION OF THE INVENTION – (Check those that apply.)

- A. ___ The Creator(s) wish to continue research on this invention.
- B. ___ The Creator(s) want FAU to commercialize this invention.
- C. ___ The Creator(s) wish to obtain the rights to this invention if the university elects to waive its rights.
- D. ___ The Creator(s) want FAU to license this invention a company owned by the Creator(s).
- E. ___ The Creator(s) want this invention dedicated to the public domain.

10. ADDITIONAL COMMENTS FROM THE CREATOR(S):

HAND DELIVER ORIGINAL AND ONE COPY TO THE DIVISION OF RESEARCH, OFFICE OF TECHNOLOGY TRANSFER, BOCA RATON CAMPUS, ADM 232 (EXTENSION 7-1165)
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