**UCF Office of Technology Transfer**

IP#

Internal use

**Invention Disclosure Form**

Please submit the completed and signed document to your Unit’s respective IP and Licensing Specialist using the contact information found on [tt.research.ucf.edu/find-ip-team](http://tt.research.ucf.edu/find-ip-team/)

1. **Title of Invention** (brief, but comprehensive, technically accurate and descriptive):
2. **Inventor Information – VERY IMPORTANT *Please refer to attached Exhibit A: Tips for Determining U.S. Inventorship***

Note: Please complete all fields in their entirety.

*IMPORTANT NOTES:*

* *Department designation is used for credit reporting and future royalty revenue distributions. Please list the department(s) responsible for providing financial support for this invention, including your salary and other support. Please indicate percentages if more than one department shared costs. If you are a student, please list the department(s) which provided financial or other support.*
* *Please note that under U.S. Patent Law, there is no legal significance to the order of inventor names on a patent application. However, the first named inventor is often used to cite patent documents (e.g., Jane Doe, John Woe, Bob Dole will be cited as Doe, et. al). Therefore, if the disclosing joint inventors prefer that a particular inventor’s name appear first, please enter that inventor’s name as the “Lead” inventor.*
* *Correctly identifying inventors is critical to ensuring a valid and enforceable patent. UCF has developed a guideline to help you determine who should and should not be named as an inventor. Please be sure to consult the attached Exhibit A: Tips for Determining U.S. Inventorship.*

* 1. **UCF Lead Inventor:**

Full Name (*Last, First*):

Department:

Title:  **Faculty  (GRAD/UG) Student  Post Doc**

Country of Citizenship:

Work Address:

Home Address:

Phone Number:

Work Email:

Personal Email:

* 1. **Additional UCF Inventor(s):**

Full Name (*Last, First*):

Department:

Title:  **Faculty  (GRAD/UG) Student  Post Doc**

Country of Citizenship:

Work Address:

Home Address:

Phone Number:

Work Email:

Personal Email:

Full Name (*Last, First*):

Department:

Title:  **Faculty  (GRAD/UG) Student  Post Doc**

Country of Citizenship:

Work Address:

Home Address:

Phone Number:

Work Email:

Personal Email:

Full Name (*Last, First*):

Department:

Title:  **Faculty  (GRAD/UG) Student  Post Doc**

Country of Citizenship:

Work Address:

Home Address:

Phone Number:

Work Email:

Personal Email:

* 1. **Non-UCF Inventor(s) (if any):**

Full Name (*Last, First*):

Company Name:

Title:

Country of Citizenship:

Work Address:

Home Address:

Phone Number:

Work Email:

Personal Email:

Full Name (*Last, First*):

Company Name:

Title:

Country of Citizenship:

Work Address:

Home Address:

Phone Number:

Work Email:

Personal Email:

*Need more space to include additional inventors? Please provide their information as an attachment.*

* 1. Based on this disclosure, are any of the inventors eligible to make the patent application special (i.e. expedited examination by the U.S. Patent and Trademark Office) based on at least one of the following criteria:
* Age: one named inventor must be 65 years of age or more; or
* Health: the state of health of any of the inventors is such that he or she might not be available to assist in the prosecution of the application if it were to run its normal course.

Yes  No  If yes, please explain:

1. **Abstract of the Invention (non-enabling):**

*This will be used in our campaign to promote the invention, and should, therefore, be no longer than a typewritten page.* ***Unlike the invention’s concise description, entered below, the abstract should not include any confidential or proprietary information. Please start with “This invention is…”***

1. **Financial Support / Contract Identification (VERY IMPORTANT – FAILURE TO INCLUDE THE APPROPRIATE**

**FINANCIAL SUPPORT ASSOCIATED WITH YOUR WORK COULD RESULT IN A LOSS OF PATENT RIGHTS):**

*Identify the specific grant, UCF project number, and the external sponsors (governmental agencies, industrial sponsors, private agencies, or others) which provided support for the conception and/or functional/prototype development of this invention (actual reduction to practice). This information is needed to determine whether this invention is subject to any sponsorship rights or obligations.*

***External Funding****: (List all sources of external funding administered by the University that supported this work, including federal, corporate/industry, foundations, fellowship/salary support, etc.).  If any sponsoring entity will be acknowledged in a publication, or another type of public disclosure to the scientific community, related to this invention, then please be sure to list such sponsoring entity below.*

|  |  |  |
| --- | --- | --- |
| ***Sponsor*** | ***UCF Project Number*** | ***Sponsor Grant or Award Number*** |
|  |  |  |
|  |  |  |

***No External Funding Declaration:***

***I attest and verify that no sources of external funding were used in the creation, conception, and/or reduction to practice of this discovery.***

***Signature of Faculty Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of Faculty Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Internal Funding****: (List all funding sources administered by the University that directly or indirectly supported the work described in the report, including departmental discretionary, startup, indirect costs, etc.)*

|  |
| --- |
| ***Description*** |
|  |
|  |

1. **Other Contracts/Agreements That Relate to the Invention.** Please list all agreements that apply and enter detailed information in the table. (Examples of related agreements include Consulting Agreements, Collaboration Agreements, Data Use Agreements, Material Transfer Agreements, Confidentiality/Non-Disclosure Agreements (CDA/NDA), Service Agreements, and Existing Licenses)

*If any entity will be acknowledged in a publication, or another type of public disclosure to the scientific community, for any reason related to this invention, then please also list such entity below, including the reason for the acknowledgement (for example, a material sample provider).*

|  |  |
| --- | --- |
| ***Agreement Type*** | ***Party/Contact Person*** |
|  |  |
|  |  |
|  |  |
|  |  |

***Was the invention developed using any research tools, biological substances, or other proprietary materials, data, or software obtained from a third party? If so, was there a Material Transfer agreement?***

|  |  |  |
| --- | --- | --- |
| ***Material*** | ***Provider*** | ***MTA (Yes or No)*** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Public Disclosure / Publication / Past Occurrences and Future Plans:**

*Public disclosure involves abstracts, and presentations at scientific meetings (including poster sessions), public seminars, shelving of thesis, publications, disclosure to others outside the University who have not signed a confidentiality agreement, and use, sale, or offer of sale of the invention.*

*Please note that any public or non-confidential disclosure of the invention (orally, in writing, by actual use, demonstration, or posters) may bar patent protection. In the United States, a publication by the inventors triggers a one-year period within which a patent application must be filed in order to maintain U.S. rights, but such publications or disclosures prior to filing a patent application eliminate patent rights in most foreign countries.*

*If the answer to any of the following questions is YES, please provide detailed information and attach the relevant file.*

*Please keep your Licensing Associate informed of any future submission or acceptance of publications or other public disclosures. Please provide a link or copy of any published materials to UCF’s Office of Technology Transfer.*

a. Has the invention been described or otherwise publicly disclosed through any publication(s), abstract(s), appearances online, conferences, conference abstracts, poster sessions, presentations, lectures, or other?   
Yes  No

If “Yes” is selected, please complete the table. If “No” is selected, please proceed to question 6b.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Public Disclosure Type** | **Where** | **Status (e.g., submitted, pending)** | **Submission Date** | **Expected Public Availability Date** |
| Journal Article |  |  |  |  |
| Conference Abstract |  |  |  |  |
| Oral Presentation |  |  |  |  |
| Poster Presentation |  |  |  |  |
| Grant Proposal |  |  |  |  |
| Thesis/Dissertation |  | *Is the thesis embargoed?*  *Yes  No  Not sure* |  |  |
| Disclosure to a Company |  | *Was a confidentiality agreement in place?*  ***​​*** *Yes  No  Not sure* |  |  |
| Other (email/website posting/blogs, etc.) |  |  |  |  |

b. Was the invention or any product based on the invention sold, offered for sale, or used in public? Yes  No

If yes, please note the date(s) and provide the details of the use of the invention:

c. Were any materials (biological or otherwise), documents, information or software related to the invention provided or disclosed to any third party (including academia, industry or government)? Yes  No

If yes, please note the date and circumstances of the disclosure:

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

If yes, please provide the details of any potential disclosures in the near future:

1. **Concise Description of the Invention:**

*Your disclosure should enable someone having knowledge of the field to understand the invention. Include all essential elements (features, concepts, or new results of the invention, whichever is most applicable), their relationship to one another, and their mode of operation. Identify the elements which are considered novel. Also, if the invention is an apparatus or system, attach drawings or a sketch, and indicate if it has ever been built or tested. Use additional pages if necessary; attaching drawings, manuscripts, papers, or other supporting material to facilitate understanding of the invention. If the invention is a method for making or using, please describe the steps involved.*

1. **Date and Place Where Discovery was Made:**
2. **Invention’s Background:**

*In order for patent counsel to determine the patentability of this invention, it will be necessary to compare it to existing technology (referred to as ‘’prior art’’). This section should provide information to aid in this evaluation.*

* 1. List any third party published materials or your own published materials DIRECTLY related to this invention (e.g. patents, commercial literature or scientific articles) relating to the invention:
  2. List the closest/competing technologies and/or companies providing comparable technologies:
  3. Identify the advantages or benefits of the invention over currently available technologies, such as efficiency, cost benefit, simplicity or overcoming a defeat:
  4. Identify any possible uses/market applications for this invention:
  5. List the deficiencies in the prior art which your invention improves upon, or the limitation which it extends:

1. **Commercialization of the Invention:** 
   1. What commercial problem does this invention solve or address? How is this problem currently addressed?
2. What do you see as the commercial use of the invention? How could a potential licensee utilize the invention? For example, what do you believe will be the likely commercial product or service and who do you believe will be the likely end users?
3. In addition to immediate uses, please also indicate any applications that may be realized in the future:
4. What is the most likely commercialization path?
5. Potential licensees (What firms/companies do you think may be, or are, interested in the invention and why?):
6. Please also include 1) any industry contacts that you have made who may be interested in the invention and 2) any companies that have already expressed an interest in this invention or your other related inventions:

|  |  |  |
| --- | --- | --- |
| ***Company*** | ***Contact*** | ***Email/Phone Number*** |
|  |  |  |
|  |  |  |
|  |  |  |

g. Are you interested in starting a company based on this technology? Yes  No

h. Commercial / manufacturing parameters /scalability (e.g. quantities and sales price range), if available:

i. Limitations of the invention that could affect commercialization (can they be overcome?):

j. Greatest impediments to the adoption of your invention:

k. List technology keywords/categories that can be used to identify and market the invention:

1. **Prototype information:**

What is the stage of development of the invention (e.g. conceptual, basic research, proof of principle, prototype, bench-scale) and what additional work is required to make the invention ready to attract commercialization partnerships?

* 1. Is there a working prototype, a sample or data showing that the technology works as intended?

Yes  No

* 1. Is further development work needed? Yes  No

If yes, is there funding in placed for this work?

* 1. Is development now in progress? Yes  No  Scheduled? Yes  No
  2. If yes, describe the worked planned over the next year and any expected milestones:
  3. Is development dependent on commercial or federal sponsorship? Yes  No

**UCF INVENTOR CERTIFICATIONS\*:**

**I, the undersigned, have read and agree with the contents of this disclosure. To the best of my knowledge, all statements and information provided in this disclosure form are true and complete.**

**Although as a condition of my employment** **with UCF or as University Personnel (as defined in UCF Regulations), I may have already executed an assignment to the University for title to any inventions I make in the field or discipline in which I am employed by the University or with the use of university support (as defined in UCF Regulations), I hereby reconfirm my assignment as to the specific invention disclosed herein, expressly assigning any right, title and interest including, without limitation, the right to sue for and retain damages relating to past, present and future infringement thereof and the right to priority to the University of Central Florida Board of Trustees or its designee, University of Central Florida Research Foundation, Inc. (UCFRF).**

**I understand and agree that all rights, obligations and financial interests pertaining to or derived from the technology are as determined under the applicable Collective Bargaining Agreement (**[**https://www.collectivebargaining.ucf.edu/completecba.asp**](https://www.collectivebargaining.ucf.edu/completecba.asp)**), UCF Policies (**[**https://policies.ucf.edu/**](https://policies.ucf.edu/)**), UCF Regulations** **(**[**https://regulations.ucf.edu**](https://regulations.ucf.edu)**), including UCF-2.029 and UCF-2.033, and the UCFRF Royalty Distribution Guideline (**[**https://www.research.ucf.edu/researchfoundation/FoundationTools.html**](https://www.research.ucf.edu/researchfoundation/FoundationTools.html)**). I also understand that the CBA, UCF Policies, and UCF Regulations change from time to time, and that it is my responsibility to be aware of the most up-to-date documents.**

**I understand and agree that in accordance with the UCFRF Royalty Distribution Guideline, revenue will be distributed equally among the inventors.**

**I, the undersigned, certify that I am an inventor and that I have not knowingly omitted the inclusion of any other inventor(s).**

**I agree to assist the University in reporting the invention to a research sponsor, if applicable, and in the evaluation, possible patenting and commercialization of any technology described in this form, and/or potentially registering copyright, if applicable. I further agree to execute all documents as requested to assign my rights to the University or its designee in and to any patent application or other statutory form of intellectual property protection filed in connection with this disclosure, and to cooperate with the University in commercializing the disclosed invention.**

**Signatures of all listed inventors (minors require counter signature by parent or legal guardian):**

**\*SIGNATURES OF UCF INVENTOR(S):**

**\_  \_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature Printed Name**

**\_  \_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature Printed Name**

**\_  \_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature Printed Name**

**\_  \_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature Printed Name**

**SIGNATURES OF NON-UCF INVENTOR(S):**

**To the best of my knowledge all statements and information provided in this disclosure form are true and complete.**

**\_  \_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature Printed Name**

**\_  \_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature Printed Name**

**\_  \_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature Printed Name**

**\_  \_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature Printed Name**

