**UCF Office of Technology Transfer**

IP#

Internal use

**Invention Disclosure Form**

Please submit the completed WORD DOCUMENT to your college’s respective technology manager using the contact information found on [tt.research.ucf.edu/find-ip-team](http://tt.research.ucf.edu/find-ip-team/)

*With the exception of the signature pages, please do not submit this document as a PDF. Only submit Word documents.*

1. **Title of Invention** (brief, but comprehensive, technically accurate and descriptive):

1. **Inventor Information**

Note: Please complete all creator fields in their entirety.

**IMPORTANT: Department designation is used for credit reporting and future royalty revenue distributions. Please list departments responsible for your salary and percentages if more than one department shares costs. If you are a graduate student, please list the department(s) conferring your degree and the department providing your financial support.**

* 1. **UCF Lead Inventor:**

Full name (*Last, First*):

Department:

Title:  **Faculty  Student  Post Doc**

Country of Citizenship:

Work Address:

Home Address:

Phone Number:

Email:

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

Full name (*Last, First*):

Department:

Title:  **Faculty  Student  Post Doc**

Country of Citizenship:

Work Address:

Home Address:

Phone Number:

Email:

Full name (*Last, First*):

Department:

Title:  **Faculty  Student  Post Doc**

Country of Citizenship:

Work Address:

Home Address:

Phone Number:

Email:

Full name (*Last, First*):

Department:

Title:  **Faculty  Student  Post Doc**

Country of Citizenship:

Work Address:

Home Address:

Phone Number:

Email:

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

Full name (*Last, First*):

Company Name:

Title:

Country of Citizenship:

Work Address:

Home Address:

Phone Number:

Email:

Full name (*Last, First*):

Company Name:

Title:

Country of Citizenship:

Work Address:

Home Address:

Phone Number:

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, the abstract should not include any confidential or proprietary information.***

1. **Financial support / contract identification (VERY IMPORTANT – FAILURE TO INCLUDE THE APPROPRIATE**

**FINANCIAL SUPPORT ASSOCIATED WITH YOUR WORK COULD INVALIDATE YOUR PATENT IF ISSUED):**

*Identify the specific grant, UCF project number, and the external sponsors (governmental agencies, industrial sponsors, private agencies, or others) which provided support used to defray the costs related to the research from which the invention resulted. This information is needed to determine whether this invention is subject to the terms of sponsorship. (E.g. UCF Project #XXXXXXXX; NIH Award #R01XX055555).*

1. **List any and all existing agreements regarding this technology:**

*E.g.: research agreements, confidential disclosure agreements, consulting agreements, material transfer agreements, visiting scientist’s agreements or other agreements which are in place.*

1. **Public disclosure / publication past occurrences and future plans (please provide copies and upcoming dates):**

*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. Identify dates and circumstances of any such disclosures. Also, indicate your future disclosure or publication plans, and notify the Office of Technology Transfer if the invention becomes publicly disclosed or published (whether by plan or inadvertently).*

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.*

1. **Date and place where discovery was made:**
2. **Names and addresses of persons familiar with your work on this invention:**

1. **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 published materials (e.g. patents, commercial literature or scientific articles) relating to the invention.
  2. Identify the advantages or benefits of the invention over currently available technology, such as efficiency, cost benefit, simplicity or overcoming a defeat.
  3. Identify any possible uses for this invention.
  4. 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 do you see as the commercial use of the invention? How could a potential licensee utilize the invention?:
   2. Potential licensees (What firms/companies do you think may be, or are, interested in the invention and why?):
   3. Commercial / manufacturing parameters (e.g. quantities and sales price range), if available:
2. Greatest impediments to the adoption of your invention:
3. **Prototype information:**
   1. Is there a prototype? Yes  No  (If not, how much will it cost to build one?)
   2. Is further development work needed? Yes  No
   3. Is development now in progress? Yes  No  Scheduled? Yes  No
   4. Dependent on commercial or federal sponsorship?

**CERTIFICATIONS:**

I (we), undersigned hereby disclose to the Patent Committee of the University of Central Florida and invention, which I (we) believe to be patentable and of which I (we) certify that I am (we are) the sole inventors.

I (we) request that the Patent Committee determine whether the University of Central Florida wishes to join in the development and exploitation of this invention.

I (we) authorize the Patent Committee to consult the opinion of professional research agencies, patent attorneys, and/or experts in the area with which this invention is concerned in order to determine its feasibility and patentability.

I (we) further certify that this disclosure is made in good faith and of my (our) free will, and all statements made herein are true and correct to the best of my (our) knowledge and belief.

Signatures of all parties claiming inventorship of and/or rights to this invention (minors require counter signature by parent or legal guardian):

**SIGNATURES OF INVENTOR(S):**

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

**Date Signature Printed Name**

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**WITNESSES:**

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**Date Signature Printed Name**

**SUPPORTING SIGNATURES:**

**Supervisor(s) of Inventor(s)**

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

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**Date Signature Printed Name**

**Chair of Intellectual Property Committee**

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

**Date Signature Printed Name**

**Associate Vice President for Research and Commercialization**

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

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