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UD Reference Number:

University of Delaware Invention Disclosure Form

INSTRUCTIONS:

Please fill out this form completely. University of Delaware faculty, staff, and students seeking to protect their inventions and pursue potential application of their technology with the University are requested to complete this form electronically when a new invention has been made and the invention is considered to have possible commercial value. *If necessary at any point, attach additional materials.* Please send the electronic copy of this form to Denise Bierlein at deniseb@udel.edu. The original signed hard copy with all inventors signatures should be sent to Denise Bierlein via campus mail at Delaware Technology Park, 1 Innovation Way, Suite 500.

Submitted by: Date:

INVENTION OVERVIEW:

Title of Invention, Technology, or Copyrightable Material:

Stage of Development (check all that apply):

| | <u>EARLY</u> | <u>MID</u> | <u>LATE</u> |
|-------------------------|---------------------------------------------|------------------------------------------------|----------------------------------------------|
| Research/Concept | <input type="checkbox"/> Concept/idea state | <input type="checkbox"/> Organizing research | <input type="checkbox"/> Conducting research |
| Prototype/Test | <input type="checkbox"/> Prototype design | <input type="checkbox"/> Prototype development | <input type="checkbox"/> Prototype testing |
| Results Stage | <input type="checkbox"/> Redesign/testing | <input type="checkbox"/> Results reproducible | <input type="checkbox"/> Ready for market |

- Type of Invention:**
- Process/Method (such as a process of combining x with y or a method of treating cancer by administering a drug)
 - Machine (such as a flat screen hi-def television or an x-ray machine)
 - Article of Manufacture (such as a silicon computer chip or a specially molded piece of plastic for an automobile bumper)
 - Composition of Matter (such as a new pharmaceutical drug or plastic composite for use in kitchen counters)
 - Improvement on an Existing Type of Invention Relating to Any of the Above
 - Algorithm/Software
 - Other

Brief Description of Invention: Please summarize in a few sentences your invention and its purpose. Be sure to describe the key inventive concept here. Use additional pages, if necessary, to complete your description.

In addition to the brief description above (not in place of), please attach any draft manuscripts, publications, or any other materials that will help describe the technical details related to your invention.

Prior Art/Similar Inventions: Please provide references or copies of articles or patent documents, which describe concepts or inventions similar to your invention.

Patent Databases to Search:

- USPTO Database
- Google Patents
- FreePatents Online

If you have any questions about searching, please contact Thomas Melvin, Librarian at (302)831-6230 or via email at tmel@udel.edu. If you would like to search the United States Patent and Trademark Office, please visit www.uspto.gov.

Key Words and Phrases: Please provide a list of scientific and commercial key words or phrases that our office can use when it researches your invention.

Based on your assessment of the prior art:

1. Does the prior art appear crowded?
2. How broad are the claims likely to be granted?
3. How easy is it to detect infringement?

Funding: List all sources of funding used in the development of this invention. If no external funding was involved, please check 'No.' Please be sure to list the grant number in the proper format. For NSF grants, please indicate if EPSCoR funds were used. For NIH grants, please indicate if INBRE funds were used.

| Federal Funding? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Funding? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------|----------------------------------------------------------|-------------------------|----------------------------------------------------------|
| Agency Name: | | Institution/Individual: | |
| Grant Number(s): | | Funding Information: | |
| | | | |
| Agency Name: | | Institution/Individual: | |
| Grant Number(s): | | Funding Information: | |
| | | | |

COMMERCIAL POTENTIAL: Please provide any information on potential commercial uses of this technology, including any contacts you may already have in key industries. This will help us to market your invention and to maximize the potential for revenues from your invention. Remember, as an inventor, you are entitled to a percentage of any net revenue earned through the licensing of your invention, so helping identify commercial applications can directly benefit you.

Benefits Over Prior Art: How does your invention differ from existing technology?

1. What problems does it solve?
2. What makes it unique and/or superior?

Commercial Applications: What are the potential commercial applications for your invention?

Interested Parties: Please list companies or agencies that have expressed interest or should be interested in this invention. Include contacts and contact information where available.

How much development (in years) is required before the technology is commercially viable? Are you continuing development?

Are there regulatory or legislative hurdles?

Yes No

If 'Yes,' please explain:

Are there any public perception hurdles?

Yes No

If 'Yes,' please explain:

Are there any hurdles or other impediments whatsoever to the adoption of this technology?

Yes No

If 'Yes,' please explain:

Start-Up Information*:

Have you considered a start-up?

Yes No

* OEIP has counseling resources available to faculty and students who may be interested in pursuing a start up.

CRITICAL EVENTS: Certain events in the life of an invention can affect your ability to patent that invention. For example, if the invention has been publicly disclosed or in public use, this may affect the ability to obtain a patent for the invention, or, at the very least, may impose some deadlines on the patenting process. The following questions are provided to determine if any of these events have happened, or are planned for the near future.

Public Disclosures* (Past and Planned): Has this invention (or components of the invention) been previously publicly disclosed or described in a publication, presentation, or through discussions with anyone outside of the research group? Are there any planned (future) public disclosures of this invention? Please check all that apply and provide details in the space provided.

Yes, a disclosure has been made.

Yes, a disclosure is planned.

No

If 'Yes,' please explain the nature of the public disclosure (past or planned) below, including the date of the events. Please attach copies of any pertinent documents (copies of articles, papers, presentations, etc.)

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Critical Timing: Please fill out the following table to provide us with information on the critical milestones for your invention. If the event has already occurred, please put the date when it occurred.

| EVENT | DATE | Notes/References |
|---------------------------------------------------------------------------------------------|-------------|----------------------------------------------|
| Conception of Idea: | | Circumstances of conception: |
| First Reduction to Practice (first prototype/sample): | | Describe prototype or sample: |
| Manuscript Submitted for Publication: | | Journal/Publisher: |
| Manuscript Published or Accepted for Publication (list planned or actual publication date): | | Journal/Publisher (if different from above): |
| Abstract Published: | | Where was abstract published? Online? |

Please provide a copy of all manuscripts or documents related to the critical events listed above. Please notify the Technology Transfer Center if you have one or more invention notebooks available.

MATERIAL TRANSFER: Occasionally, materials must be shared or exchanged with an external party during the development of an invention. The following questions are provided to determine if any material exchanged have occurred, or if they are planned.

Material Transfer: Has any material related to this invention been transferred to a corporate entity, an academic institution, or any other entity or individual?

Yes No

If yes, provide name(s) and contact information:

| | |
|--------------------|--|
| Organization Name: | |
| Contact Name: | |
| Email Address: | |
| Physical Address: | |
| Telephone: | |

If yes, was the material transferred under an Agreement? Yes No

Material Use: Did you use any third party materials to make this invention that were obtained via an Agreement?

Yes No If yes, please attach a copy of the agreement.

ASSIGNMENT/ACKNOWLEDGEMENT/ORIGINAL SIGNATURES: The information provided in this invention disclosure form is true, accurate, and complete to the best of my knowledge. I understand that anything less than a full disclosure of the invention described herein may adversely affect my rights as an inventor and may have legal ramifications if it is later determined that I intentionally withheld information from this invention disclosure.

ALL POTENTIAL INVENTORS AFFILIATED WITH THE UNIVERSITY OF DELAWARE WHO MAY HAVE CONTRIBUTED TO THE CONCEPTION OF THIS INVENTION IN WHOLE OR PART MUST SIGN BELOW.

I hereby agree to assign and do hereby assign all of my rights in this invention to the University of Delaware ("UD"), in accordance with UD policies, for good and valuable consideration, the receipt of which is hereby acknowledged. I acknowledge and agree that all of my laboratory materials, notebooks, and reports generated while I am an employee of UD are owned by UD. I agree that financial consideration, if any, will be distributed amongst all inventors pursuant to UD policy. The UD Technology Transfer Center ("TTC") will conduct an assessment on the legal and commercial aspects of my invention. In doing so, the TTC interacts with the Delaware Small Business & Technology Development Center ("SBTDC") which is a resource partner of the Small Business Administration ("SBA"). The SBA has certain requirements for anyone engaging its services; namely: I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I understand that any information disclosed will be held in strict confidence (SBA will not provide your personal information to commercial entities). I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its resource partners and host organizations, arising from this assistance.

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| | | |
| Inventor's 1 Signature | Printed Name | Date |

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| | | |
| Inventor's 2 Signature | Printed Name | Date |

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| | | |
| Inventor's 3 Signature | Printed Name | Date |

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| | | |
| Inventor's 4 Signature | Printed Name | Date |

INVENTOR INFORMATION: (please list for all potential inventors, regardless of affiliation)**

Inventor 1

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|--------------------------|--|
| Full Name: | |
| Title: | |
| Institution: | |
| Department: | |
| Inventor's Contribution: | |
| Work Address: | |
| Work Phone: | |
| Work Email: | |
| Home Address: | |
| Home Phone: | |
| Home Email: | |
| Citizenship:*** | |

Inventor 2

| | |
|--------------------------|--|
| Full Name: | |
| Title: | |
| Institution: | |
| Department: | |
| Inventor's Contribution: | |
| Work Address: | |
| Work Phone: | |
| Work Email: | |
| Home Address: | |
| Home Phone: | |
| Home Email: | |
| Citizenship:*** | |

Inventor 3

| | |
|--------------------------|--|
| Full Name: | |
| Title: | |
| Institution: | |
| Department: | |
| Inventor's Contribution: | |
| Work Address: | |
| Work Phone: | |
| Work Email: | |
| Home Address: | |
| Home Phone: | |
| Home Email: | |
| Citizenship:*** | |

Inventor 4

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|--------------------------|--|
| Full Name: | |
| Title: | |
| Institution: | |
| Department: | |
| Inventor's Contribution: | |
| Work Address: | |
| Work Phone: | |
| Work Email: | |
| Home Address: | |
| Home Phone: | |
| Home Email: | |
| Citizenship:*** | |

**If the inventors wish to assign relative percentages based upon each inventor's contribution which OEIP will use for purposes of royalty distribution it is the responsibility for the inventors to execute an agreement and provide a copy to OEIP. In the absence of such an agreement inventors are treated equally for royalty distribution purposes.

*** Applications to the USPTO require a statement of citizenship