**FAU Case Number**\_\_\_\_\_\_\_\_\_\_



**Invention Disclosure Form**

# Instructions

The purpose of disclosing an invention to the Office of Technology Development is to record the description of, and circumstances in which, the invention was created, and to provide a basis for decisions regarding legal protection and commercialization. “Inventions” include patentable subject matter such as processes, machines, articles of manufacture and compositions of matter. This form is a legally significant document that should be prepared carefully, and all sections must be completed. **Please sign the last page and e-mail the completed form to** [**techdevelop@fau.edu.**](mailto:techdevelop@fau.edu)

# Title of Invention

1. Provide a brief title for the invention, omitting any confidential information, acronyms, or trademarks.

# Description

1. Provide a detailed description of the invention, including the problem it solves and what makes it new and improved compared to existing products or services.
2. What keywords would you use to describe the invention?
3. What are the target markets or applications for the invention?
4. Who would be the potential customers or end users of the invention?
5. What next steps are planned for development of the invention?
6. Provide any supplemental manuscripts, publications, presentations, posters, etc. related to the invention.

# Support

Florida Atlantic University is required to report certain inventions made with federal funds to the relevant funding agency, so it is imperative that you provide details on all federally-funded inventions, in particular the agency and the grant number. Please provide all other potentially relevant grants, funds, collaborations, or materials received from other sources so that the university can report them appropriately and determine if there are any third party rights to the invention.

1. Was the invention supported with federal funding?

Yes  No

If yes, please provide the agency name(s), grant number(s), and funding date(s). Please also indicate if the

award was a sub-award.

1. Agency Name:
2. Grant Number:
3. Funding Date:
4. Was the invention supported with state funding?

Yes  No

If yes, please provide the agency name(s), grant number(s), and funding date(s).

1. Agency Name:
2. Grant Number:
3. Funding Date:
4. Was the invention supported with corporate funding (research agreements, consulting agreements, etc.)?

Yes  No

If yes, please provide the corporate entity name(s), contract number(s) and funding date(s).

1. Entity Name:
2. Contract Number:
3. Funding Date:
4. Was the invention supported with materials and/or data from a third party?

Yes  No

If yes, please provide the party name(s) and provided material(s).

1. Party Name:
2. Provided Material:
3. Was the invention supported with any other source of funding?

Yes  No

If yes, please provide the funding source(s).

1. Funding Source:

# Disclosures

Please list any public disclosures of the invention, including planned future disclosures, and provide any related papers, posters, abstracts, presentations, etc. Public disclosures are those that are made to individuals not affiliated with Florida Atlantic University. Such disclosures may affect the availability of certain types of intellectual property protection.

1. Have you publicly disclosed, or intend to publicly disclose, the invention?

Yes  No

If yes, please provide the type of disclosure(s) and date(s) that the disclosure was or will be made.

1. Disclosure:
2. Date:

# Inventors

Please list all inventors. An inventor is defined as one who makes an intellectual contribution (either independently or jointly) to the conception of the invention. The first individual listed will be the Office of Technology Development's primary contact and agrees to act as conduit of information with the other inventors.

Fill in the "Contribution %" to provide your assessment of each individual's contribution to the invention. Net income, if any, will be distributed according to the Florida Atlantic University Intellectual Property Policy.

If an inventor is not affiliated with FAU, please provide the name of that inventor's employer in the Employer/Department field.

If a FAU inventor is affiliated with more than one department, please list the names of each relevant department, and provide a breakdown of the "Contribution %" of that inventor applicable to each department. If this breakdown is not provided, then each department will be weighed equally.

1. Inventor 1 Name (Primary Contact):
2. Title:
3. Employer/Department:
4. Contribution %:
5. Address:
6. Citizenship:
7. Phone:
8. E-mail:
9. Inventor 2 Name:
10. ­­Title:
11. Employer/Department:
12. Contribution %:
13. Address:
14. Citizenship:
15. Phone:
16. E-mail:
17. Inventor 3 Name:
18. ­­Title:
19. Employer/Department:
20. Contribution %:
21. Address:
22. Citizenship:
23. Phone:
24. E-mail:
25. Inventor 4 Name:
26. ­­Title:
27. Employer/Department:
28. Contribution %:
29. Address:
30. Citizenship:
31. Phone:
32. E-mail:
33. Inventor 5 Name:
34. ­­Title:
35. Employer/Department:
36. Contribution %:
37. Address:
38. Citizenship:
39. Phone:
40. E-mail:

# Signatures

I hereby disclose this invention to Florida Atlantic University. I have reviewed and understand the Florida Atlantic University Intellectual Property Policy and confirm that I will abide by the same. I hereby assign and agree to assign my rights in this invention, and all resulting intellectual property rights, to the Florida Atlantic University Board of Trustees.

Inventor 1 Date

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Inventor 2 Date

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Inventor 3 Date

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Inventor 4 Date

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Inventor 5 Date

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