

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.)
- 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. Does the Invention need more work? ___ NO ___ YES Funds needed - \$ _____ Time needed- _____
- g. 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 In 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. 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:** _____

8. 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.

9. 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 218 (EXTENSION 7-0202)