**The University of Akron**

**DISCLOSURE OF INVENTION FORM**

Date:       Disclosure No.:

 (University to provide)

1. Name and mailing address of individual submitting Disclosure:

2. Official title or position of submitter:

3. Business telephone number of submitter:

4. Title or brief description of the invention:

5. Grant Award or Contract Number under which the work was done leading to the invention:

6. Specify if the invention resulted from:

(a) [ ]  University-supported effort

(b) [ ]  Federal/state funding

(c) [ ]  Industry funding

(d) [ ]  Other/independent effort – please specify

7. Name and address of the facility within the University at which the invention was made.

8. If 6(b) and/or 6(c) above were checked, state the name and address of the facility at which the invention was made.

9. If 6(c) above was checked, provide pertinent *Outside Activity Report* form.

10. If 6(c) above was checked, provide a copy of the Consulting Agreement applicable to such invention as disclosed.

11. Contributions

(a) Full name (including full middle name), home address, and citizenship of those who contributed to the initial concept.

**Name**       Citizen of

Address

**Name**       Citizen of

Address

**Name**       Citizen of

Address

(b) Full name (including full middle name), home address, and citizenship of those who contributed to subsequent development and testing.

**Name**       Citizen of

Address

**Name**       Citizen of

Address

**Name**       Citizen of

Address

12. Conception of Discovery or Invention

(a) What was the problem and how did you attack it?

(b) First oral disclosure

Date       To whom

(c) First drawings.

Date       Dwg. numbers.

\* *attach a copy of the drawings to this form*

 (d) First written description:

 Date       Shown to or read by whom

 \* *attach a copy of the written description to this form*

13. Development of invention

(a) Date work on development begun

(b) Date completed

(c) By whom made?

(d) Experimental model [ ]  Prototype [ ]

14. First successful test or operation

(a) Date of first successful test or operation

(b) By whom was the test conducted?

(c) Where are the records of the test?

(d) Who witnessed the records of the test?

15. First disclosure OUTSIDE the University

(a) Was the discovery disclosed to anyone outside the University or published in anymanner?

Yes [ ]  No [ ]

(b) Dates

(c) To whom made?

(d) Where was the disclosure made? (provide details)

16. First Commercial Use or Sale

(a) Was the invention used, given, or advertised for sale or sold to anyone outside the University?

Yes [ ]  No [ ]

(b) Dates

(c) Please give details of the use, sale or offer for sale.

17. Description of Discovery

It is essential to include:

1. background information on the purpose of the discovery (*i.e.*, the problem to be solved); and
2. a detailed description of the discovery or invention (*i.e.*, the solution to the problem) with drawings where possible; and
3. a discussion of the advantages of the discovery or invention over what was done before.

Be certain to describe the best way of practicing the discovery or invention, and the alternatives to the best way without losing the advantages of the discovery or invention. Attach additional pages if necessary.

18. Most Closely Related Prior Publications, Prior Patents, and Prior Products or Uses

19. Signature of Contributor(s):

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The foregoing Invention Disclosure consisting of       pages (attached) plus attachments was read and understood by me on the date opposite my name.

Witness(es): Include Dean and/or Chair.

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. How do you think your invention could be made into a marketable process or product?

22. Which companies or industry sectors might be interested in licensing your technology?

23. List any specific company contacts that you think we should reach out to regarding your technology. Be as specific as possible and include names, phone numbers and email addresses if you have them. If you have already reached out to any contacts, please note who you reached out to and how they responded.

24. Do not submit this form unless it bears the **original** signatures of all contributors and witnesses.

25. After obtaining all required signatures, send the original *Disclosure of Invention*, with all attachments, to the Office of Technology Transfer, GDYR 312, +2103.

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