

Invention Disclosure Form
University of Chicago
Office of Technology and Intellectual Property, UChicagoTech
<http://tech.uchicago.edu/>

Please read this section prior to completing this form:

An "inventor" is one who makes a material contribution to the subject matter of at least one claim of a patent. Since the scope of the patent claims is not determined until a patent is allowed, a definitive determination of inventorship is not possible at this time. Thus, this form requests a list of those individuals (i.e., "Contributors") who contributed materially to the invention. The final determination of who to list as inventors, both on any patent application which is filed based on this invention disclosure and on any patent that ultimately issues, will be made by a patent attorney applying the legal standards of inventorship under U.S. patent law. For further information please go to <http://tech.uchicago.edu/inventors/>. (This form has been developed over many years and in consultation with other universities and contains the minimum information needed for us effectively evaluate your disclosure. However, feedback regarding the usability of this form is welcome. Please send comments to rjones@tech.uchicago.edu.)

If you plan to publish or publicly presenting any aspect of the invention within the next 15 days, please check here .

1. TITLE OF INVENTION/SOFTWARE/CREATION

(Is this invention related to any inventions you have previously disclosed? Yes No)

Title

2. CONTRIBUTORS TO THE INVENTION

Please provide the following information:

- A brief description of the contributions made by each contributor, along with citations to written documentation (e.g., lab notebooks) corroborating the date or approximate date those contributions were made.
- If possible, attach copies of all such written documentation to this form. If there are more than four contributors please continue on page 4.
- **One Contributor must sign this form.** By signing you are attesting to your contribution to the invention and you are hereby acknowledging that you may or may not be an inventor.

Contributor 1

Name:

HHMI affiliation Y/N(Select One) Yes No

Email address:

Place of Employment:

Wk number:

Fax:

Wk address:

Home address:

Title:

Citizenship:

Department:

Division:

Lab:

Mail Code:

Home Phone:

Nature of the contribution to the invention:

Signature _____

Contributor 2

Name:

HHMI affiliation Y/N(Select One) Yes No

Email address:

Place of Employment:

Title:

Citizenship:

Department:

Division:

Wk number:

Fax:

Lab:

Wk address:

Mail Code:

Home address:

Home Phone:

Nature of the contribution to the invention:

Signature _____

Contributor 3

Name:

Title:

HHMI affiliation Y/N(Select One) Yes No

Citizenship:

Email address:

Department:

Place of Employment:

Division:

Wk number: Fax:

Lab:

Wk address:

Mail Code:

Home address:

Home Phone:

Nature of the contribution to the invention:

Signature _____

Contributor 4

Name:

Title:

HHMI affiliation Y/N(Select One) Yes No

Citizenship:

Email address:

Department:

Place of Employment:

Division:

Wk number: Fax:

Lab:

Wk address:

Mail Code:

Home address:

Home Phone:

Nature of the contribution to the invention:

Signature _____

Citations of written documentation, records, dated photographs, prototypes, drawings or sketches:

- 1.
- 2.
- 3.
- 4.
- 5.

3. DETAILED DESCRIPTION OF INVENTION

(Please provide a detailed description of the invention below and attach any additional information or background documentation. In your description address the following questions: What does the invention do? What is the significance of the invention? How is it an improvement over the existing state-of-the-art? If additional space is needed please continue on page 6)

4. DISCLOSURE RECORD

	DATE	REFERENCES AND COMMENTS
Please record the date that invention was first conceived		

For inventions which, to date, have not been published or publicly presented:

A. First planned oral presentation of invention at seminars, meetings, conferences, etc.		
B. First planned publication (electronic or paper), e.g., masters or doctoral theses, posters, articles, abstracts, seminars		
C. First planned demonstration, if any		

For inventions which have already been published or publicly presented:

A. Oral presentation of invention at seminars, meetings, conferences, etc.		
B. Publication (electronic or paper), e.g., masters or doctoral theses, posters, articles, abstracts, seminars		
C. Date of successful demonstration, if any		

5. MATERIALS

Please indicate below whether any aspect of the invention was made possible by the use of materials obtained from an outside individual and/or institution and/or company. List all materials.

Description of Material	Source of Material	Description of your use of Material	Material Transfer Agreement
1.			Date
2.			Date
3.			Date

6. BACKGROUND RESEARCH AND PRIOR ART

related to the invention (Novelty and non-obviousness of patent claims are judged against everything publicly known before the invention, as shown in earlier patents and other published material. This body of public knowledge is called "prior art.")

- To the best of my knowledge, no relevant prior art exists
- I have attached a description and publications of what I believe to be relevant prior art
- I have attached publications and references that describe background research

7. SUPPORT

Was the invention/discovery conceived or first reduced to practice in the performance of work under any sponsorship (sponsorship can be in the form of a grant or contract from a government agency such as NIH, NCS, etc., corporation, or not-for-profit private foundation). Obligations to such sponsors do exist. Please provide the following information for each sponsor:

Sponsor name	Contract/Grant No.	PI	Period of funding
Sponsor name	Contract/Grant No.	PI	Period of funding
Sponsor name	Contract/Grant No.	PI	Period of funding
Sponsor name	Contract/Grant No.	PI	Period of funding

- No sponsorship grant was used in the creation of this invention/discovery
- Please contact my Grants Administrator, _____, for specifics.

8. POTENTIAL LICENSEES

List any companies which you believe may be interested in your invention.

	Company	Contact Person	e-mail address	Telephone
1.				
2.				
3.				
4.				
5.				

Submitted by:

Name _____

Signature _____

Date _____

We would like to gather information about the ways in which inventions are disclosed. Please select the statement that most closely describes how you decided to disclose this invention.

- I regularly disclose new inventions to UChicagoTech.
- I found out about disclosing inventions from the UChicagoTech website.
- I was advised to disclose by someone at UChicagoTech
- A colleague suggested I contact UChicagoTech
(Name/Dept of Colleague _____).

- I heard about UChicagoTech from a presentation on campus.
- Other reason

***Upon completion of this form, print form, collect all required signatures, and send original Invention Disclosure form with all supporting documents attached, to 5555 S. Woodlawn Suite 300, Alumni Building: Attn: Rose Jones, Office Coordinator**

ADDITIONAL CONTRIBUTORS (if needed)

<u>Contributor 5</u>	
Name:	Title:
HHMI affiliation Y/N(Select One) Yes <input type="checkbox"/> No <input type="checkbox"/>	Citizenship:
Email address:	Department:
Place of Employment:	Division:
Wk number: Fax:	Lab:
Wk address:	Mail Code:
Home address:	Home Phone:
Nature of the contribution to the invention	
Signature _____	
<u>Contributor 6</u>	
Name:	Title:
HHMI affiliation Y/N(Select One) Yes <input type="checkbox"/> No <input type="checkbox"/>	Citizenship:
Email address:	Department:
Place of Employment:	Division:
Wk number: Fax:	Lab:
Wk address:	Mail Code:
Home address:	Home Phone:
Nature of the contribution to the invention	
Signature _____	
<u>Contributor 7</u>	
Name:	Title:
HHMI affiliation Y/N(Select One) Yes <input type="checkbox"/> No <input type="checkbox"/>	Citizenship:
Email address:	Department:
Place of Employment:	Division:
Wk number: Fax:	Lab:
Wk address:	Mail Code:
Home address:	Home Phone:
Nature of the contribution to the invention	
Signature _____	
<u>Contributor 8</u>	
Name:	Title:
HHMI affiliation Y/N(Select One) Yes <input type="checkbox"/> No <input type="checkbox"/>	Citizenship:
Email address:	Department:
Place of Employment:	Division:
Wk number: Fax:	Lab::
Wk address:	Mail Code:
Home address:	Home Phone:

Nature of the contribution to the invention

Signature _____

ADDITIONAL SPACE FOR DESCRIPTION OF THE INVENTION: