Please complete this form to have your invention considered for patenting purposes. Please contact the Office of Technology Transfer at (937) 775-4245 or (937) 775-4277 if you have any questions.

Please email a copy of your completed form to: [techtransfer@wright.edu](mailto:techtransfer@wright.edu)

AND

Please be sure to send the signed original form to: Office of Technology Transfer

306 University Hall

**A. Title of Invention:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Description of Invention:** Please describe your invention in Appendix A and attach any documentation.

**C. Reduction to Practice:** Has this invention been reduced to practice (i.e. made operable)? Yes No

If yes, please give the date of first reduction to practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Public Disclosure:** (Note: Disclosures made under a nondisclosure agreement do not count as a public disclosure.)

1. Any past abstract or manuscript submission of the Invention?  Yes, Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ No
2. Any past poster or talk/presentation of the Invention? Yes, Date:\_\_\_\_\_\_\_\_\_\_ No
3. Any past journal publications (online and print) of the Invention? Yes, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No
4. Any other past public disclosures containing sufficient description to enable a person in this field to understand and to make or use the Invention? Yes, Date: \_\_\_\_\_\_\_\_\_\_\_\_ No
5. If unpublished and undisclosed, provide the anticipated publication or public oral disclosure date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. Potential Licensees:** Please list any commercial entities you believe may be interested in this invention. Please provide as much detail as possible.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**F. Support/Sponsor Information:** Please indicate ALL types of support, including material, software, equipment, money, or other.

Federal No.

Yes. Agency Name and Contract No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RSP No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Industry: Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RSP No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List type of support:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List other related project or collaboration with the same company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Collaborator: Name of Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List type of support:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any agreement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foundation: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University facility or resources

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None

**G. Wright State University Contributors/Inventors.** I/We hereby certify that all statements made herein are true and complete to the best of my/our knowledge. I/We hereby agree to assign all right, title, and interest to this invention to Wright State University and agree to execute all documents as requested, and to cooperate with the Office of Technology Transfer in the evaluation, protection, and commercialization of this invention. Wright State University will share any royalty income derived from this invention according to its policies and the contributor/inventor share will be shared in accordance with the percentage of contribution listed herein (if there is no agreement regarding % contribution, then the contributor/inventor share will be shared equally among all contributors/inventors.) Please attach additional pages as needed. **All Wright State University contributors/inventors must sign this form before it is submitted.**

|  |  |
| --- | --- |
| **WSU Contributor 1 *(Primary)*** | **WSU Contributor 2** |
| Signature: Date: | Signature: Date: |
| Print Name: | Print Name: |
| Title/Position: | Title/Position: |
| Affiliation(s): | Affiliation(s): |
| Home Address: | Home Address: |
| Email: | Email: |
| Phone: | Phone: |
| Citizenship: | Citizenship: |
| % Contribution: | % Contribution: |
| **WSU Contributor 3** | **WSU Contributor 4** |
| Signature: Date: | Signature: Date: |
| Print Name: | Print Name: |
| Title/Position: | Title/Position: |
| Affiliation(s): | Affiliation(s): |
| Home Address: | Home Address: |
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| **WSU Contributor 5** | **WSU Contributor 6** |
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| Print Name: | Print Name: |
| Title/Position: | Title/Position: |
| Affiliation(s): | Affiliation(s): |
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| Phone: | Phone: |
| Citizenship: | Citizenship: |
| % Contribution: | % Contribution: |

**H. Non-Wright State University Contributors/Inventors:** I/We hereby certify that all statements made herein are true and complete to the best of my/our knowledge.

|  |  |
| --- | --- |
| **Non-WSU Contributor 1** | **Non-WSU Contributor 2** |
| I hereby agree to assign to:  (company/institution) | I hereby agree to assign to:  (company/institution) |
| Signature: Date: | Signature: Date: |
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| Affiliation(s): | Affiliation(s): |
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| **Non-WSU Contributor 3** | **Non-WSU Contributor 4** |
| I hereby agree to assign to:  (company/institution) | I hereby agree to assign to:  (company/institution) |
| Signature: Date: | Signature: Date: |
| Print Name: | Print Name: |
| Affiliation(s): | Affiliation(s): |
| Home Address: | Home Address: |
| Email: | Email: |
| Phone: | Phone: |
| Citizenship: | Citizenship: |
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| Company/Institution Address: | Company/Institution Address: |
| Contact Person’s Email: | Contact Person’s Email: |
| Contact Person’s Phone: | Contact Person’s Phone: |

**APPENDIX A: *Description of Invention***

1. Describe the key concepts of the invention, including purpose, stage of development, and technical description of the invention (attach any relevant written documents, such as manuscripts or presentations)
2. Describe the novel features and advantages of the invention, including a description of why the invention is more advantageous than the current state of the art
3. Describe potential commercial applications of the invention