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|  **Confidential Invention Disclosure Form**This form is an important legal document. Please accurately complete all items that apply to your invention and attach any additional documents that you feel would be helpful in assessing the technology. Contact the Office of Technology Transfer at techtransfer@wright.edu**Please email a copy of your completed form to:** techtransfer@wright.edu **Please mail the signed original form to:** Office of the Vice President for Research, 386 University Hall |
| 1. Title of Invention: Please provide a non-confidential title. |
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| 2. Inventor Information: Please list all individuals who made a significant intellectual contribution to the invention |
|  | **Full Legal Name** | **Department or Non-WSU Entity** | **Veterans Affairs (VA) Affiliation** | **Email/Phone Number**  | **% Share** |
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| 3. Invention Related Dates

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| --- | --- | --- | --- |
|  | **Date** (mm/dd/year) | **Does a written record of this date exist? (Yes/No)** | **If Yes: location of written records****If No: List of names with whom you had discussions** |
| First Disclosure to OTT |  |  |  |
| Conception of Invention |  |  |  |
| Experimental Evidence of Invention/Proof of Concept Established |  |  |  |

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| 4. Briefly Summarize the Invention: Please include all relevant information and append complete descriptions as needed (e.g. data, publications, abstracts, graphs, presentations) |
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| 5. What are the Advantages of your Invention over the Current Technology? |
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| 6. What are the Practical and Commercial Applications of the Invention? |
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| 7. Please Indicate the Stage of Development of your Invention: (e.g. concept, early stage, bench prototype, product, etc.) |
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# 8. Does the Invention Possess Disadvantages or Limitations? How Might they be Overcome?

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# 9. Please List any Companies You Find Are/Might be Interested in Your Invention: (specific contacts are most helpful)

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# 10. Past, Current, and Anticipated Communications

Communications relevant to this invention may include grant submissions, book chapters, journal articles, proceedings, theses, posters, proceeding abstracts, online pre-prints, online abstracts or descriptions, oral presentations and handouts of oral presentations that are open to the public, private correspondence to non-WSU persons and entities, sales of the invention, public use of the invention, and some distributions of research materials and prototypes.

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# 11. Funding Sources: Please list all funding sources for materials, equipment and/or salaries of all personnel involved in conception and development of the invention.

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| **Funding Source** | **Name of Department, Company, Agency, etc.** | **Award Date****(NOT Award Period)** | **Grant or Contract Number** |
| Unrestricted University or Departmental Funds |  |  |  |
| Federal Agency or Other Government Agency |  |  |  |
| Private/Public Foundation |  |  |  |
| Commercial Entity |  |  |  |
| Others (please specify) |  |  |  |

I/We hereby certify that all statements made herein are true and complete to the best of my/our knowledge. Wright State University Contributors/Inventors: 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.) Non-Wright State University Contributors/Inventors: I hereby agree to assign to the company/institution that is listed in this disclosure.

**For each Inventor, please TYPE in all fields, then sign and date.**

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| **\* Primary Contact\***  |
| Inventor 1 Name:  | Citizenship:  |
| Home Address: |
| Work Address: |
| Signature:  | Date: |

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| Inventor 2 Name:  | Citizenship:  |
| Home Address: |
| Work Address: |
| Signature:  | Date: |

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| Inventor 3 Name:  | Citizenship:  |
| Home Address: |
| Work Address: |
| Signature:  | Date: |

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| Inventor 4 Name:  | Citizenship:  |
| Home Address: |
| Work Address: |
| Signature:  | Date: |

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| Inventor 5 Name:  | Citizenship:  |
| Home Address: |
| Work Address: |
| Signature:  | Date: |

**Non-WSU Inventors**

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| --- | --- |
| Inventor 6 Name:  | Citizenship:  |
| Institution or Company Affiliation/College and Department Info: |
| Home Address: |
| Work Address: |
| Phone: | Email: | Fax: |
| Signature:  | Date: |

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| --- | --- |
| Inventor 7 Name:  | Citizenship:  |
| Institution or Company Affiliation/College and Department Info: |
| Home Address: |
| Work Address: |
| Phone: | Email: | Fax: |
| Signature:  | Date: |

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| --- | --- |
| Inventor 8 Name:  | Citizenship:  |
| Institution or Company Affiliation/College and Department Info: |
| Home Address: |
| Work Address: |
| Phone: | Email: | Fax: |
| Signature:  | Date: |

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| --- | --- |
| Inventor 9 Name:  | Citizenship:  |
| Institution or Company Affiliation/College and Department Info: |
| Home Address: |
| Work Address: |
| Phone: | Email: | Fax: |
| Signature:  | Date: |

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| --- | --- |
| Inventor 10 Name:  | Citizenship:  |
| Institution or Company Affiliation/College and Department Info: |
| Home Address: |
| Work Address: |
| Phone: | Email: | Fax: |
| Signature:  | Date: |

**What to expect from OTT after submitting your Invention Disclosure Form?**

**Note: These general guidelines are intended to help you and your colleagues better understand OTT’s processes. Please note that every case is unique and you are encouraged to directly contact OTT if you have any questions about what to expect for your specific invention.**

1. **Acknowledgement**
* Within 3 business days of submitting your Invention Disclosure Form to OTT, you will receive an acknowledgement email.
* This message will notify you of the disclosure’s unique identification number.
1. **Initial Review**
* OTT will perform an initial review of the invention, which may involve a preliminary literature search to survey the competitive business and intellectual property landscape relative to the invention.
* Inventors are encouraged to forward any potentially relevant references to OTT.
1. **Inventor Interview**
* After the initial review, OTT staff will request a meeting to discuss the invention and potential commercialization opportunities and strategies.
* Your meeting request will be initiated as soon as possible after submitting your Invention Disclosure Form to OTT. Should there be a need to expedite the review process due to an upcoming publication or conference presentation, please inform OTT.
* Inventors are encouraged to contact the OTT directly since any “public disclosures” may impact the ability for the university to obtain broad intellectual property protection.
1. **Third Party Assessment**
* After the completion of the Inventor Interview, the Invention Disclosure Form along with any supplemental information will be used by a third party to provide a commercial assessment of the technology.
* This assessment will be shared with the inventor and typically take 6 weeks to complete.
1. **Decision**
* Internal WSU members from legal counsel, research, and technology transfer will meet to discuss the technology and assessment.
* The decision on how to proceed with the technology will be shared with the inventor after the meeting.