

# Disclosure Form

Florida State University – Office of Commercialization

FOR INTERNAL USE ONLY - Version 2017

Date Submitted (Received)

Certify Completion

TechID No.

**INSTRUCTIONS:** Fill in every blank field with the requested information or enter 'Not Applicable' or 'N/A' as appropriate. **If the space provided is insufficient, enter "see attached sheet" and attach plain pages as needed to expand answers.** When this form is completely executed, it becomes a critical legal document for intellectual property protection.

When complete, hand-deliver or mail this form to: **95 Chieftan Way, Dittmer Building, Suite 312, Tallahassee, FL, 32306** via U.S. Mail, or via FSU Campus Mail to **Mail Code 4391**. All disclosure forms should be sent to the attention of **Beverlyn Samuels**.

## SECTION I: DISCLOSURE TYPE

- |  |  |  |                                    |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Biological Materials  | <input type="checkbox"/> Chemicals/Synthesis | <input type="checkbox"/> Educational Materials | <input type="checkbox"/> Materials |
| <input type="checkbox"/> Mechanical Inventions | <input type="checkbox"/> Software            |  |                                    |

## SECTION II: DESCRIPTION OF INVENTION, WORK, MATERIAL, OR DESIGN

Attaching sketches, drawings, photos, reports and manuscripts is helpful.

**2a. DESCRIPTIVE TITLE.**

**2b. DESCRIPTION/ABSTRACT.** Describe the invention, work, material, design or software. What is the purpose and operation? What are the features believed to be new?

**2c. PRIOR EXISTING TECHNOLOGY.** Describe the previous method, material or apparatus used by others to perform the purpose of this invention (if applicable), and give their limitations/disadvantages.

**2d. ADVANTAGES.** State the advantages of this technology over the Prior Existing Technology described in paragraph 2c. Why is the invention more advantageous than present technology? What problems does it solve? What are its novel and unusual features?

**2e. COMMERCIAL INTEREST/INDUSTRY PARTNERS.** Who would be the customer/end user? What companies would be potential

**SECTION III: PUBLIC DISCLOSURE AND PUBLICATIONS**

**3a. PUBLIC DISCLOSURE.** Has a written paper, presentation, work, or other description of the technology been offered to a publisher or journal, published, or made available to the public in any capacity?      Yes      No

If yes:

- Short Title:
- To whom:
- When:
- Where:

If not, do you plan on publishing or publicly presenting the technology within the next six months?      Yes      No

If yes:

- To whom:
- When:
- Where:

**3b. PRIOR AGREEMENTS.** During the last five years have any of the inventors signed any documentation or agreements of any type during a visit to an outside entity such as a commercial or government research lab concerning this , or been employed by another entity claiming ownership of intellectual property of its employees?      Yes      No

If yes:

- To whom:
- Date:
- Where:

**SECTION IV: GRANTS, SPONSORSHIP, AND SUPPORT**

**4a. CONTRACTS AND GRANTS.** Provide the following information for each grant or contract which supported; the work, material, software, or conception and enablement of the invention.      **If you do not have federal funding, check here.**

PI Name:  
Grant or Contract Number:  
Grant or Contract Title:  
Funding Institution:

PI Name:  
Grant or Contract Number:  
Grant or Contract Title:  
Funding Institution:

**4b. PERMISSIONS.** Did you or any of the authors use material from others (such as software, manuscripts, or other works) to produce the Work?      Yes      No

If yes, what is the permission source?

**4c. SUPPORT.** Fill out this section if your disclosure is a "Work" that was commissioned by the university (utilizing internal university funds). Please list all FSU facilities and materials budgeted for the development of the technology. Please include any release time, student salaries, special services, and subcontracts that were budgeted.

Facility/Material/Personnel	Dates	Approximate Total Hours	Approximate Cost

**SECTION V: INVENTOR INFORMATION**

**5a. INVENTORS.** Please complete the information below for all inventors, **including collaborators from other institutions.** All fields are required. Copy this page for additional inventors if needed. **All inventors must initial and date this form by hand in the space provided.**

First Name:	Work Address 1:
Middle Initial:	Work Address 2:
Last Name:	City:
Title:	State:
University:	Zip/Postal Code:
College:	Country:
Division:	Citizenship:
Department:	Work Email Address:
Work Telephone:	Mobile Telephone:

Signature:	Date:	<b>Lead Inventor?</b>	Contribution/Royalty Percentage:	%
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First Name:	Work Address 1:
Middle Initial:	Work Address 2:
Last Name:	City:
Title:	State:
University:	Zip/Postal Code:
College:	Country:
Division:	Citizenship:
Department:	Work Email Address:
Work Telephone:	Mobile Telephone:

Signature:	Date:	<b>Lead Inventor?</b>	Contribution/Royalty Percentage:	%
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First Name:	Work Address 1:
Middle Initial:	Work Address 2:
Last Name:	City:
Title:	State:
University:	Zip/Postal Code:
College:	Country:
Division:	Citizenship:
Department:	Work Email Address:
Work Telephone:	Mobile Telephone:

Signature:	Date:	<b>Lead Inventor?</b>	Contribution/Royalty Percentage:	%
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First Name:	Work Address 1:
Middle Initial:	Work Address 2:
Last Name:	City:
Title:	State:
University:	Zip/Postal Code:
College:	Country:
Division:	Citizenship:
Department:	Work Email Address:
Work Telephone:	Mobile Telephone:

Signature:	Date:	<b>Lead Inventor?</b>	Contribution/Royalty Percentage:	%
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First Name:	Work Address 1:
Middle Initial:	Work Address 2:
Last Name:	City:
Title:	State:
University:	Zip/Postal Code:
College:	Country:
Division:	Citizenship:
Department:	Work Email Address:
Work Telephone:	Mobile Telephone:

Signature:	Date:	<b>Lead Inventor?</b>	Contribution/Royalty Percentage:	%
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**SECTION VI: DEPARTMENT INFORMATION**

**6a. SIGNATURES.** Every inventor's department chair and dean should sign to confirm the university's contribution, as well as contract and grant support. Copy this page for additional signatures if needed.

DEPARTMENT CHAIRS

Department: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Department: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

DEANS

Department: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Department: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**SECTION VII: FREQUENTLY ASKED QUESTIONS**

- 1. What are the requirements for an invention to be considered patentable?**  
 An invention disclosure should be made when something new and useful has been conceived or developed, or, when unusual, unexpected, or unobvious research results have been achieved and can be utilized.
- 2. What is an invention?**  
 Inventions include any discovery, new and useful process, composition of matter, article of manufacture, design, model, technological development, biological material, strain, variety, culture of any organism, or portion modification, translation, or extension of these items, and any mark used in connection with these items.
- 3. What is considered a public disclosure?**  
 Public disclosures can include (but are not limited to) abstracts and presentations at an open meetings (including poster sessions), public seminars, posting to a website, shelving of theses, publications in scientific journals, peer-reviewed articles, disclosure to others outside of FSU who have not signed a confidentiality agreement, and the use, sale, or offer of sale of the invention.
- 4. I am not sure whether I have an invention or not. Who should I call?**  
 The Office of Commercialization would be happy to assist you with meeting with you to learn more about your research results to help determine whether it makes sense to submit a formal invention disclosure form or not. Please call **645-7217** for more information.

**The University asserts or waives its interest in the invention/creative work as disclosed:**

Asserts \_\_\_\_\_ Waives \_\_\_\_\_