

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 you feel would be helpful in assessing the technology. Contact the , Q W H O O H F W X D O 3 U R S H U W \ \$ G P L Q L V W U D W R U at (205) - or ZedGijZuRhWk@ questions.

Please email a copy of your completed form to: MZH GjZRUVZk@

Please mail the signed original form to: , Q W H O O H F W X D O 3 U R S H U W \ \$ G P L Q L V W U D W R U
8 : \$ 6 W D W L R Q
/ L Y L W J R Q , A L 3 5 4

1. Title of Invention : Please provide a non-confidential title

For Internal Office Use Only: Date Received by , 3 \$ G P L Q L V W U D W R U: , 3 , :

3. Invention Related Dates

	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 , 3 \$ G P L Q L V W U D W R U			
Conception of Invention			
Experimental Evidence of Invention / Proof of Concept Established			

4. Briefly Summarize the Invention : Please include all relevant information, and append complete descriptions as needed (e.g. data, publications, abstracts, graphs, presentations)

5. What are the Advantages of your Invention over the current technology??

6. What are the Practical and Commercial Applications of the Invention?

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

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-University persons and entities, sales of the invention, public use of the invention, and some distributions of research materials and prototypes.

Has the Invention been disclosed to any outside of the University of : H V W Alabama, either orally or in writing?

Yes No

If Yes, please specify (e.g. date, name, and circumstances)

Do you intend to publicly disclose the Invention in the future either orally or in writing ? (e.g. publication, thesis/dissertation, seminar, poster, meeting abstract, web page)

Yes No

If Yes, please specify the planned date of disclosure and any additional information.

11. Appointments , Consulting Agreements and Conflict of Interest (COI): Please indicate with an "X" all appointments / memberships you may have had at the time of invention. In the COI column, please list the names of any companies with whom you had a personal consulting relationship that may possibly be related to the invention as well as providing a copy of any IP ownership language in your consulting agreement(s).

	U :A Employee	Other (please specify)	COI *
Inventor 1			
Inventor 2			
Inventor 3			
Inventor 4			
Inventor 5			

* If you have a "significant financial interest" (as defined in the University's Policy on Conflict of Interest) in a business entity that is related to this invention in any way, then contact the Office of Research Compliance at (205) 348-8461.

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

Funding Source	Name of Department, Company, Agency, etc.	Grant or Contract Number
Unrestricted University or Departmental Funds		
Federal Agency or Other Government Agency		
Private / Public Foundation		
Commercial Entity		
Others (please specify)		

All inventors affiliated with The University of : H V W Alabama during the course of developing information/material disclosed in this document must sign below. By signing t his confidential disclosure form,id

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Space for Additional Inventors / Non-U :A Inventors

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

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

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

Inventor 9 Name:		Citizenship:
Institution or Company Affiliation / College and Department Info:		

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What to expect from the , 3 \$ G P L Q L V W U D W R U after submitting your Invention Disclosure Form?

Note: These general guidelines are intended to help you and your colleagues better understand W K H , 3 \$ G P L Q L V W U D W R U V processes. Please note that every case is unique and you are encouraged to directly contact W K H , 3 \$ G P L Q L V W U D W R U if you have any questions about what to expect for your specific invention.

1. Acknowledgement

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