

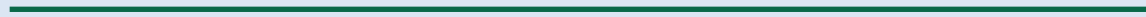
Case # _____
(OTT office use)

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This interactive form enables the UVM OTT staff to assess the potential of your invention for patenting and commercialization. Please complete it as fully as possible using Adobe Acrobat Reader 8 (or later).

The formal tech transfer process begins when you and all co-inventors sign and submit a completed disclosure form. We must have digital signatures from all inventors before the technology transfer process can begin.

If you have questions, please email Todd.Keiller@uvm.edu or call the OTT office at 656-8780.



Invention Title _____

Name of Inventor Preparing Form _____

Name of PI in Your Lab _____

Department/College _____

Phone _____ Email _____

Invention Description

Brief Summary

What does the invention do? What makes it different from existing technologies? (Please attach complete description or draft manuscript.)

Current Status

Describe further development needed (if any) before OTT can market the invention to potential licensees.

Advantages

What advancement does it make? What problems does it solve for the end-user?

Commercialization

What are the invention's current or future commercial uses? How would it be sold to end-users?

Invention Description

Prospective Licensees

What companies, organizations, and individuals might be interested in commercializing this invention?

Limitations

What are the invention's current limitations or disadvantages? How can they be overcome?

History

Concept Development

When did work on this invention begin?

Have you documented this? YES NO

Physical Example

When (if ever) did you develop a prototype, composition, working model, or experiment?

Please describe the prototype, composition, working model, or experiment.

Patent and Literature Search

Status

Have you or a co-inventor conducted a patent and literature search for prior inventions? YES NO

NOTE: If a patent and literature search has not yet been conducted, please stop here, save this form on your computer, and conduct a search using the online tools below. Then complete the remaining sections of this form.

For U.S. patent searches: www.uspto.gov/patft/index.html

For international patent searches: www.wipo.int/pctdb/en/

Google can also be used as patent search tool. Note that the USPTO and WIPO websites include search help, and you can also contact OTT at 656-8780 for assistance.

Results

Please list any relevant patents and publications you found in your patent and literature search.

History

Publication, Disclosure, or Commercialization

NOTE: Publication, which may include oral presentations, is a bar to patent protection in the US if the publication occurs more than one year before the filing of the US Patent Application, and a bar to foreign protection if it occurs at any time before the filing of the US Application. Graduate student theses and dissertations are publications once they are catalogued and shelved in the libraries, and the oral defense may be considered a publication if it is open to the public and/or if written materials are handed out. Please be aware that electronic publication of abstracts often precedes any printed publication and may be sufficient to constitute a patent bar.

If you HAVE published, disclosed, described, or commercialized the invention outside of UVM, please provide dates and details.

If you HAVE NOT published, disclosed, described, or commercialized the invention outside of UVM, please provide your current schedule for disclosure/ commercialization.

Funding

List organizations that provided funding for your research.

Sponsor	Name	Type of support	Grant #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Material Transfer Agreements

In developing this invention, did you use any materials, equipment, or other resources transferred from an other entity? If so, please the entities and describe the materials, equipment, or other resources provided.

Entity	Description of Resource
_____	_____
_____	_____
_____	_____

Attachments

Supporting Documentation

Please list below and attach all relevant documents.

Item(s)	Quantity	Type of Document
Invention Description(s)		_____
MTA(s)		_____
Notebook Pages		_____
Publication(s)		_____
Drawing(s)		_____
Other		_____
Other		_____

Reviewers

Please list 3 reviewers qualified to conduct a confidential review of the scientific and commercial aspects of the invention.

Name	Work Phone	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Investigators

Please list all investigators – other than the investigator preparing this form – who have participated in the conceptualization or development of the invention. Contact OTT if you are unsure whether a specific individual should be considered an investigator. (To add more investigators, please attach a list with contact information.)

Unless otherwise indicated, OTT will assume equal shares of revenues among all investigators. To indicate an unequal distribution, please note below each additional investigator’s share as a percentage. Make sure that investigators’ total shares, including your own, equal 100 percent.

Name	Work Phone	Email	Share
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Information and Signatures From All Inventors

Each investigator who has contributed to the conceptualization and development of the invention must complete a section below and add their digital signature. In signing the form, you confirm the completeness and accuracy of the information presented in the disclosure, and you indicate your willingness to cooperate fully with UVM OTT during any evaluation, patenting, assignment of rights, and commercialization of the invention. (Instructions for adding a digital signature are available at www.uvm.edu/~techtran/forminstr.html)

Name _____ Position _____
 Department _____ Email _____
 Work Phone _____ Cell Phone/Pager _____
 Social Security # _____ Citizenship _____
 Work Address _____
 Home Address _____
 Date _____ Signature _____

Name _____ Position _____
 Department _____ Email _____
 Work Phone _____ Cell Phone/Pager _____
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 Work Address _____
 Home Address _____
 Date _____ Signature _____

Name _____ Position _____
 Department _____ Email _____
 Work Phone _____ Cell Phone/Pager _____
 Social Security # _____ Citizenship _____
 Work Address _____
 Home Address _____
 Date _____ Signature _____

If you are NOT the last inventor signing this form, please click this button to FORWARD to next inventor.

If you are the LAST INVENTOR signing this form, please click this button to SUBMIT form to OTT.