# **THE UNIVERSITY OF NORTH CAROLINA**

# **AT PEMBROKE**



# **INVENTION DISCLOSURE FORM**

The University of North Carolina at Pembroke, as a constituent institution of the University of North Carolina system, embraces its combined mission of Teaching, Research and Service. Making an invention and putting it to use for the benefit of the public is one of many valid ways of contributing to the University’s overall objectives. Accordingly, The University of North Carolina at Pembroke encourages the inventive process and assists in bringing inventions to the point of public use. As a university employee, you are obligated to promptly disclosure your inventions to the University.

PLEASE SUBMIT THE COMPLETED DISCLOSURE FORM TO: The Office of Sponsored Research and Programs, University of North Carolina at Pembroke, One University Drive, Pembroke NC 28372. You may send your completed Disclosure via e-mail (osrp@unbcp.edu ) or fax (910 521-6751). Any documentation that cannot be transmitted electronically should be mailed. If you have questions, please call the Office of Sponsored Research and Programs (OSRP) at (910) 521-4548.

Someone from the Office will contact you shortly to discuss your invention and possible courses of action.

**PLEASE NOTE: ALL INVESTIGATORS must complete and sign a hard copy of the INVESTIGATOR’S SIGNATURE PAGE, which may be mailed or delivered to the OSRP after electronic submittal of an Invention Disclosure Form.**

# **THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE**

# **INVENTION DISCLOSURE FORM**

**Disclosure No.** \_\_\_\_\_\_\_\_\_\_

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| **(1) Submitting Investigator’s**  **Full Name** | Department | **Office Phone** | **University Address** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. **TITLE OF THE INVENTION:**
2. **BRIEF DESCRIPTION OF THE INVENTION (A complete Technical Description is requested in Section 6):** State concisely what has been invented, i.e., what is to be offered to a company? This may be a product to be sold, an improvement to an already available product, or a process to be used in making a product or providing a service. An attachment should not be used to answer this question.
3. **ALTERNATE TECHNOLOGY**: How is the problem that this invention addresses currently solved?
4. **NOVEL FEATURES:** Novelty makes an invention commercially attractive and is an absolute requirement for patent protection. Please describe the unique aspects of your invention, and how it is different and/or better than the existing technologies described in item 4 above.
5. **TECHNICAL** **DESCRIPTION OF THE INVENTION**: To assist in the evaluation of the invention, please provide a technical description below. Please attach any relevant sketches, diagrams, drawings, photographs, or other illustrative material. Description may reference a separate document such as a publication, meeting abstract, manuscript(s) in preparation, preprint, or report. *(Please insert information here or attach extra sheets.)*
6. **STAGE OF DEVELOPMENT:**  Please check which of the following most closely describes the current stage of your invention.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \_\_\_\_\_ Concept  Only | \_\_\_\_\_ Preliminary  Data | \_\_\_\_\_ Intermediate  Data | \_\_\_\_\_ Complete  Proof of  Concept | \_\_\_\_\_ Prototype  Available  (If applicable) |

1. **PREVIOUS PUBLIC DISCLOSURES:** Disclosure of the invention to the public can negatively impact the ability to obtain patent protection. Publicly available information includes theses, reports, preprints, abstracts, conference presentations, poster presentations, seminars open to the public, funded grants, homepages, websites, electronic journals, news releases, University publications, etc. Please indicate if any of the following disclosures have been made.

**Type Venue, e.g. journal name, Date**

**meeting, etc.**

\_\_\_\_\_ Oral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Written \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Internet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Sample Distribution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

1. **ANTICIPATED PUBLIC DISCLOSURES:** Please indicate if you plan to make any of the following public disclosures in the foreseeable future.

**Type Venue, e.g. journal name, Date**

**meeting, etc.**

\_\_\_\_\_ Oral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Written \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Internet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Sample Distribution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

1. **RELATED PUBLICATIONS BY OTHERS (PRIOR ART):** Please list 3 – 10 publications and/or patents and/or patent applications describing closely related technology. (Do not include those of general background.) (Patents and patent applications can be searched at <http://www.uspto.gov/patft/index.html> (US Patents) and <http://ipdl.wipo.int/> (Foreign Patents) and SciFinder.)
2. **FINANCIAL SUPPORT:** Check the funding source(s) for the work that led to this invention. We often need to report inventions to sponsors.

**Type Agency/Company Grant/Contract No.**

\_\_\_\_\_\_ Federal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Industrial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **RESEARCH AND DEVELOPMENT PLANS**:
2. What additional research is needed to complete development and testing of the invention?
3. Are you actively pursuing this needed work?
4. About how long will this work take?
5. What additional research support, if any, is needed for these efforts?
6. **DOCUMENTATION:** Please estimate the following dates:
   1. The date the invention was first conceived (i.e., when was a definite idea of the complete and working invention conceived in the mind of the inventor(s)):

b. The date the first written description of the invention was made:

c. The date the invention was first actually made (reduced to practice):

1. **THIRD PARTY MATERIALS**: Materials owned by an entity other than UNCP that were used to generate your invention or that are incorporated into your invention may imply a legal, financial, or other obligation to the third party. Please describe any materials obtained from third parties (such as research collaborators or companies, with or without a Material Transfer Agreement) that were used in the development of the invention.
2. **POTENTIAL PARTNERS:** As the person most intimately involved with your invention and its applications you may already have some ideas about companies that might be suitable partners. Please list as many specific companies as possible that you feel the University should contact to gauge the level of corporate interest in your invention

**INVESTIGATOR’S SIGNATURE PAGE**

**Submitting Investigator’s Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disclosure No. \_\_\_\_\_\_\_\_\_\_\_\_**

**TITLE OF INVENTION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **INVESTIGATOR(S) SIGNATURE(S):** By signing, the investigator(s) confirm: (1) the completeness and accuracy of the information in this disclosure; (2) the willingness of the UNCP investigator(s) to cooperate fully with the University during the evaluation, patenting (if appropriate), assignment of rights to the University of North Carolina at Pembroke, and commercial development of this invention; and (3) their percent contribution to the conception and development of the invention which will be used to determine each investigator’s revenue share, regardless of inventorship status. (Inventorship per se is a legal determination based on an individual’s intellectual contribution to the claims in a patent. Its determination must wait until a patent application is filed and will be made with the aid of a patent attorney.) If the percent contribution of each investigator is not indicated, it will be assumed that each contributed equally. Further, by signing, the investigator(s) agree to keep the University informed of any changes in his/her home address. If the University does not have the current address, the signatories agree that any payments otherwise due shall be retained by the University of North Carolina at Pembroke.

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| --- | --- | --- | --- | --- | --- |
|  |  | **Percent Contribution** | **Department / Campus** | **Date Signed** | |
| **1.** | **Sign** |  |  |  | |
| **Print Name:**  **Home Address:** | | **State Employee Identification Number:** | | |
| **2.** | **Sign** |  |  |  | |
| **Print Name:**  **Home Address:** | | **State Employee Identification Number:** | | |
| **3.** | **Sign** |  |  |  | |
| **Print Name:**  **Home Address:** | | **State Employee Identification Number:** | | |
| **4.** | **Sign** |  |  |  | |
| **Print Name:**  **Home Address:** | | **State Employee Identification Number:** | | |
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|  | Non-UNCP Investigator(s) Signature(s) |  | **Affiliation** | **Date Signed** | |
| **1.** | **Sign** |  |  |  | |
| **Print or Type Name:** | | | | |
| **2.** | **Sign** |  |  |  | |
| **Print or Type Name:** | | | | |
| **3.** | **Sign** |  |  |  | |
| **Print or Type Name:** | | | | |

List any UNCP investigators with joint appointments external to UNCP and their affiliation(s):

*(Please insert information here.)*

List any graduate students who made intellectual contributions to the described invention:

*(Please insert information here.)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Submitting Investigator Date**

**[*Disclosures must be submitted with original signatures. Photocopies will not be accepted.]***

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| ***For Use by OSRP Staff*** | |
| ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Read and Understood by*** | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Date*** |

K://OSRP/Patent IP/UNCPInventionDisclosureForm 11-15 update