**The University of Akron**

 **Confidential Disclosure of Invention Form**

**Date of Submission:** Click or tap to enter a date.

 **UA Technology Id Number:**

 **(University’s OTT will provide)**

**This Invention Disclosure Form is a critical first step in the Office of Technology Transfer’s (OTT) assessment, evaluation, and protection of any intellectual property and potential licensing activities stemming from your significant research, discoveries, advancements, and innovative ideas. All information provided, including any additional supporting documentation, should be submitted as early as possible and preferably four (4) weeks prior to any public disclosure, presentation, or publication. Do not submit this form without signatures of the contributors.**

**For more information on UA’s Board rule 3359-2-05: Research, copyright, and patent policy please review the link:** [**https://www.uakron.edu/ogc/universityrules/pdf/02-05.pdf**](https://www.uakron.edu/ogc/universityrules/pdf/02-05.pdf)

**OTT is available to answer any questions you may have on how to complete this form. All documents can be submitted by email to** **iprecords@uakron.edu****.**

1. **Name and mailing address of individual submitting the Disclosure of Invention Form:**

Click or tap here to enter text.

1. **Official title or position of submitter:**

Click or tap here to enter text.

1. **Business telephone number of submitter:**

Click or tap here to enter text.

1. **Title of the Invention:** Click or tap here to enter text.
2. **Description of Invention:** Provide a detailed description of the invention, including enough detail for us to thoroughly understand your invention and supporting evidence that either shows reduction to practice and/or inclusively describes the discovery. Attach a Word document with sufficient detail to enable someone with skills in your particular field of expertise to understand ***and*** reproduce the invention. Include citations to other publications and patents that are useful in helping us understand your innovation; a description of the experimental work that has been performed, including schemes, drawings, data tables, and any other method or variation that can be reasonably envisioned to reduce the invention to practice. If you need assistance on collecting this information please contact OTT.
3. **Key Words Describing the Invention: In order to do a preliminary patent search, we ask that you provide up to five (5) key terms likely to appear in publications or patents related to the field of your invention. Include terms that may be found in publications that address the problem and solution you are proposing with your invention.**

Click or tap here to enter text.

1. **Prior Disclosures:** Prior disclosures may affect the possibility of obtaining patent rights. For clarity, a prior disclosure would include any *non-confidential communication* of an idea or invention.
2. First date of disclosure that included an enabling description of your invention (includes publications, abstracts, proposals, posters, speaking engagements, and/or meeting with industry) and to whom and/or where the disclosure was made. For clarity, an enabling description would include enough information that someone with skills in your particular field of expertise could make and use the invention.

Click or tap here to enter text.

1. Was there a Material Transfer Agreement (MTA), Confidential Disclosure Agreement (CDA), or any other agreementinvolved either in acquiring materials or information used in your research or completed prior to sharing materials or information from your research?

Yes [ ]  No[ ]

If yes, please explain what type of agreement was in place including name(s) of the company, individuals, and any relevant dates and materials that were exchanged.

Click or tap here to enter text.

1. Do you intend to publish or present any subject matter that you are disclosing today?

 Yes [ ]  No [ ]

 If Yes, please list the date, location, and what will be disclosed in its entirety.

Click or tap here to enter text.

1. Was the invention used, given, or advertised for sale or sold to anyone outside the university? Yes [ ]  No [ ]

If yes, please provide dates and details of use, sale, or offer for sale.

Click or tap here to enter text.

1. **Funding Sources:** List all funding sources including any UA, research contract, and/or federal funding awards.

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| --- | --- |
| UA (list what UA resources including financial support funded the invention; identify account number if applicable) | Click or tap here to enter text. |
| Government (include the agency and grant number) | Click or tap here to enter text. |
| Industrial Sources (include the Sponsor name and identify account number if applicable) | Click or tap here to enter text. |
| Other (this would include any funding resources not defined as UA, Government, or Industry) | Click or tap here to enter text. |

1. **Invention Timeline: Provide the dates and other information as asked of when the following occurred or will occur**

|  |  |
| --- | --- |
| **A.** Conception of Invention | Click or tap here to enter text. |
| **B.** First written description | Click or tap here to enter text. |
| **C.** Proof of concept established | Click or tap here to enter text. |
| **D.** Development of Invention i) Completion of prototype [ ]  or model [ ]  | Click or tap here to enter text. |

1. **Contributors:** List all UA inventors that contributed to this work. Please list all individuals who made a ***direct*** contribution to creation of the invention’s ***conception*** and who are/were employed by UA at the time of the invention or used UA's resources in the creation of the invention. If an undergraduate student, please indicate under the inventor’s signature line, “undergraduate”.

UA resources include “research or investigation conducted in any experiment station, bureau, laboratory, research facility, or other facility of any state college or university, or by employees of any state college or university acting within the scope of their employment or with funding, equipment, or infrastructure provided by or through any state college or university”. Please see: <https://codes.ohio.gov/ohio-revised-code/section-3345.14> for additional information.

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| Full Name (first, middle, last) | Click or tap here to enter text. |
| Home address | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Citizenship | Click or tap here to enter text. |
| Position at UA | Click or tap here to enter text. |
| College/Department | Click or tap here to enter text. |
| Inventors Signature | Click or tap here to enter text. |
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| College/Department | Click or tap here to enter text. |
| Inventors Signature | Click or tap here to enter text. |

If there are additional UA contributors, please attach a separate sheet to this form including all the information requested above for each additional individual.

**External to UA Contributors:** List all individuals who made a ***direct*** contribution to creation of the invention’s ***conception who were not employed by UA*** at the time of the invention and did not use UA's resources in the creation of the invention. UA resources include “research or investigation conducted in any experiment station, bureau, laboratory, research facility, or other facility of any state college or university, or by employees of any state college or university acting within the scope of their employment or with funding, equipment, or infrastructure provided by or through any state college or university”. Please see: <https://codes.ohio.gov/ohio-revised-code/section-3345.14> for additional information.

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| Employer | Click or tap here to enter text. |

1. List any individual who contributed to subsequent development and/or testing **and do not rise to the level of contributor under item 10.**

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| Employer | Click or tap here to enter text. |

1. **Commercialization Information:** Provide as much detail as possible for proper evaluation and assessment by OTT to identify additional key milestones.

1. Abstract: Provide a non-confidential summary in non-technical terms of the unmet need for this technology.

 Click or tap here to enter text.

1. Applications and Uses: What is the utility of this invention? Describe the most likely potential and applied commercial applications for this invention.

Click or tap here to enter text.

1. Stage of development: Prior to commercial application what will need to be done to develop the technology? Will you be seeking additional funding opportunities to advance the research? Describe a timeline, if applicable, of what scale-up might look like for the technology.

Click or tap here to enter text.

1. What are the advantages, disadvantages, and opportunities created by this new invention as it relates to current and potential alternatives (other competing commercial products, processes, methods, etc.)?

Click or tap here to enter text.

1. List any specific company and/or contacts that you think we should reach out to regarding your technology. Be as specific as possible and include names, job titles, phone numbers and email addresses if you have them available. If you have already reached out to any contacts, please note who you reached out to, when you made contact, and how they responded.

Click or tap here to enter text.

**Supplemental Questions which must be completed with the Disclosure of Invention Form. OTT and the University of Akron Research Foundation are committed to commercialization of UA technologies that stem from research on campus and we cannot do it without you. In the broadest sense, we are striving to connect faculty with industry partners for commercialization, vetting of technologies, and moving the technology from the University to market for the benefit of society.**

1. UA has an NSF I-Corps program which the University of Akron Research Foundation (UARF) runs for faculty, students, and our campus community members. Have you applied to or participated in the program? Yes [ ]  No [ ]

If “Yes” please note the dates of participation or application.

 Click or tap here to enter text.

If “No” would you be willing to learn more about the program and/or participate?

Why or why not?

Click or tap here to enter text.

G. Would you like to meet with UARF personnel and advisors to talk about your technology and commercialization efforts as a first step toward collaborating on potential industry engagement and licensing opportunities? Yes [ ]        No [ ]

If “No” please explain any limitations or barriers that would deter you from meeting with UARF personnel.

Click or tap here to enter text.