# Confidential Information

**Office Use Only**

**Inventor(s)**

VCU Invention No.

Date Received

## Virginia Commonwealth University

## Invention Disclosure

**ALL INFORMATION REQUESTED MUST BE COMPLETED BEFORE SUBMISSION OF THE INVENTION DISCLOSURE. FAILURE TO FOLLOW INSTRUCTIONS WILL RESULT IN REJECTION OF THE DISCLOSURE.**

**Please submit completed invention disclosure to** **techtransfer@vcu.edu**

**For assistance or questions regarding this application please contact** **techtransfer@vcu.edu**

|  |
| --- |
| **INVENTION TITLE**Please provide a descriptive title that enables others to understand the field of the invention |
|  |

|  |
| --- |
| **INVENTION FUNDING & RESOURCES**Please provide all sources of support (such as federal, corporate and foundations) that contributed to this invention |
| Was the invention developed using Federal Funds: YES NO |
| If Yes – Please provide grant information exactly as it appears on the “Notice of Award”Funding Agency: Grant Number:  |
| Was the invention developed using any other funds: YES NO |
| If Yes-Sponsor Name: Grant Number: |
| **U.S. DEPARTMENT OF VETERAN AFFAIRS AFFILIATON** |
| Are any of the inventors affiliated with Veteran Affairs: YES NO |
| If Yes – Please provide a list of inventors below: |

|  |
| --- |
| **PUBLIC DISCLOSURES**Do you plan to publish within the next 6 months? Please provide approximate date and any abstract, manuscript etc. available. |
|  |
| Has the invention been described in a “publication” (journal articles, abstracts, new stories, and talks?) Please provide details including dates, location of publication and copies of written material.  |
|  |

|  |
| --- |
| **VCU CONTRIBUTOR(S) FOR REVENUE DISTRIBUTION**Complete as many as needed, and please copy the table to add additional inventors. The inventorship on a patent application may differ from the list of the contributors and will be determined according to the US patent law. Revenues generated from the commercialization of this invention will be distributed to the contributors as indicated and signed below. In absence of an agreement between the contributors, revenues will be distributed equally between all listed contributors. Please contact VCU Innovation Gateway if your contact information changes. This will ensure that you receive all revenues. |
| Name:Title:Department:Bo #:Office Phone:  | E-mail Address: Home Address: Home Phone: % Contribution: |
| **Signature:** | **Date:** |
| Name:Title:Department:Bo #:Office Phone:  | E-mail Address: Home Address: Home Phone: % Contribution:  |
| **Signature:** | **Date:** |
| Name:Title:Department:Bo #:Office Phone:  |  E-mail Address: Home Address: Home Phone: % Contribution: |
| **Signature:** | **Date:** |

|  |
| --- |
| **NON-VCU CONTRIBUTOR(S)**Please indicate below the name, association, and the nature of contribution, if any, by any individual that is not a VCU member. |
|  |

|  |
| --- |
| **VCU ADMINISTRATIVE CETIFICATE**To be completed by Department Chairman, Program Director, or other Supervisor before submitting document to VCU Innovation Gateway |
| I have reviewed the information provided above, with particular reference to the source(s) of funds contributing to the invention. To the best of my knowledge, I believe the above statement to be accurate.Name:Title:Department: |
| **Signature:** | **Date:** |

*Inventions may lead to new products and processes, and may bring research support, as well as royalty payments, to the inventor and the University. This VCU Invention Disclosure Form is intended to describe succinctly, but completely the Invention, its use, and the inventor’s ideas for its commercialization.*

*Each invention report will be reviewed to determine VCU’s plan of action. The inventor will probably be contacted for more information. This process will take from one to six months, depending on the complexity of the situation.*

*Please use this form both for an initial disclosure and for any supplementary or changed information to a previously filed disclosure. For a supplement/change, please complete only the affected questions. All VCU inventors should sign each disclosure form submitted. Use supplementary sheets when needed.*

### The Invention

1. Give a concise description of the invention, which should be sufficiently detailed to enable one skilled in the art to understand and reproduce the invention, and should include construction, principles involved details of operation and alternative methods of construction or operation. **Attach sequences, drawings, photos, manuscripts, flowcharts, and sketches that help describe the invention.**
2. What is novel or unusual about this invention? How does it differ from present technology? What are its advantages? Is it a new process, composition of matter, a device or a new product(s)? Is it an improvement to, or a new use of an existing product or process?
3. *What are the potential uses for the invention, both now and those you foresee in the future?*
4. *What is the closest technology currently available, upon which this invention improves?*
5. *What disadvantages does this invention have? How can they be overcome?*
6. *Has any commercial interest been shown in the invention? Please give company and individual’s names, and addresses if available.*
7. *What other companies or industry groups might be interested in this invention, and why?*
8. Please prepare a brief summary (~ 2 sentences) of the invention that can be publicly disclosed. This summary should describe the invention and its advantages without giving specific details of the invention.
9. *Please prepare a list of Key Words* *for the invention and its field(s) of use, similar to what you find in scientific and academic literature.*
10. Is the invention related to any prior works in the literature or in the patent database (US Patent Office at <http://www.uspto.gov/patft/index.html> and Patent Cooperation Treaty (PCT) Office at <http://www.wipo.org/> )? If so, please attach the results of your searches.
11. *Dates of record, demonstrable from lab notebooks, correspondence etc.:*
* *Earliest conception*:
* *First disclosure date*:
* *First disclosure to whom*:
* *First reduction to practice*:
1. Use of Proprietary Materials. Please indicate below whether any aspect of the invention is predicated on or was made possible by use of, proprietary materials obtained from an outside company, institution, or individual. Please attach any relevant Material Transfer Agreements (MTA).

**Please submit invention disclosure to** **techtransfer@vcu.edu**

**For assistance or questions regarding this application please contact** **techtransfer@vcu.edu**