A blue and yellow logo

Description automatically generated

|  |  |
| --- | --- |
|  | **INVENTION DISCLOSURE FORM**  FOR ALL EMPLOYEES OF THE CURATORS OF THE UNIVERSITY OF MISSOURI  (THE UNIVERSITY OF MISSOURI SYSTEM) |

**This Invention Disclosure Form is an attorney-client privileged communication. The information entered into it is confidential and should not be disclosed to persons outside the University of Missouri System (the "System") or persons within the System who do not have a legitimate need to know such information.** For questions, please contact your [Technology Transfer Office (TTO)](#Contacts) for your constituent System university listed on the last page. **If this disclosure relates to a Technology Control Plan implemented by Research Security and Compliance (RSC), please contact RSC staff at your**[**constituent System university**](https://www.umsystem.edu/ums/ecas/research)**, prior to submitting this disclosure.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A. INVENTION INFORMATION** | | | | |
| **A.1. Invention Description** | | | | |
| **Non-Confidential Title of Invention** *(Use a brief title, omitting any confidential information, acronyms, and trademarks)* | | | | |
| **Summary of Invention** *(Provide as much detail as possible.)*  *a. General description of the invention:*  *b. Technical description and any advantages/improvements over existing methods/devices/materials:*  *c. The novel aspects of the invention:*  *d. The problem this invention solves:*  *e. How the invention is different from what others are doing in the field:*  *f. Disadvantages/limitations of the invention:*  *Please attach any published or unpublished abstracts, presentations, manuscripts, grant proposals, etc. (even if a preliminary draft).* | | | | |
| **Keywords Associated with this Invention** | | | | |
| **A.2. History of the Invention (Key Dates)** | | | | |
| *(To the extent possible, please provide accurate dates, comments, or notes to enhance the TTO understanding of critical events and indicate if you wish to discuss any entries with the TTO.)* | | | | |
| **Event** | | **Date (Best Estimate)** | | **Comments** |
| When was the invention/idea conceived? | |  | |  |
| When did you generate the first written description? (attach a copy if available) | |  | |  |
| When did you make a first public disclosure (oral, written, on-line, public use)? | |  | |  |
| When did you generate the first model or prototype? | |  | |  |
| When did you make a first offer to sell the invention? | |  | |  |
| Is this technology subject to an export control plan or considered controlled unclassified info (CUI)? | | Yes  No | |  |
| **A.3. Disclosures, Publications and Written/Oral Presentations (Past and Future)** | | | | |
| *List all actual (published) and potential (unpublished) public disclosures, including abstracts, posters, manuscripts, publications, website postings/blogs, thesis/dissertations, grant proposals, oral presentations/talks, meetings with industry, offers to sell the invention, etc., and the best estimate for past or future public disclosure date. If unpublished, please keep the technology transfer office updated on any future submissions or acceptance for publication. Make a note that you wish to discuss these issues with the TTO. (To add additional entries below, right click in a row and choose to Insert; insert row above or below.)* | | | | |
| **Description/Type** | **Public Disclosure Date (or Expected Date)** | | **Comments** | |
|  |  | |  | |
|  |  | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **B. EXTERNAL INVENTION SUPPORT** | | | | | | | |
| **B.1. Funding Information** | | | | | | | |
| **Funding Categories** *(Please select from the list below any potentially relevant grants or other funds from external sources utilized to support the invention.)* | | | | | | | |
| **Check Here** | | **Funding Type** | | **Or confirm there was no external funding support.**  I confirm that there was no external funding support for the invention. | | | |
|  | | Federal | |  | | | |
|  | | State | |  | | | |
|  | | Corporate/Industry | |  | | | |
|  | | Foundation | |  | | | |
|  | | Research Consortium | |  | | | |
|  | | SBIR/STTR | |  | | | |
|  | | Other | |  | | | |
| **Funding Details** *(To the best of your ability, please list the details of these external grants or other funds. The TTO needs this information to notify and determine any obligations to these third parties with respect to the invention. Of note, the TTO is required to report all inventions made with federal funding to the relevant agency. To add additional entries below, right click in a row and choose to Insert; insert row above or below.)* | | | | | | | |
| **Funding Source Name** | | | **Grant/Contract/Award Number** | | **MoCode** | | **Principal Investigator** |
|  | | |  | |  | |  |
|  | | |  | |  | |  |
| **B.2. Third Party Materials, Information, and Other Agreements** | | | | | | | |
| *Please identify any potentially relevant materials, information, or collaborations received or arranged with external sources to support the invention.* | | | | | | | |
| Were any materials, data, technology, or collaborations from/with a third party used in making the invention?  Yes  No  If so, were there signed agreements governing the transfers or collaborations?  Yes  No | | | | | | | |
| **Check Here** | **Agreement Type** | | | | | **Other party(ies) to agreement** | |
|  | NDA/Confidentiality agreement | | | | |  | |
|  | Collaboration agreement | | | | |  | |
|  | Research agreement | | | | |  | |
|  | Consortia agreement | | | | |  | |
|  | Inter-institutional agreement | | | | |  | |
|  | Consulting agreement | | | | |  | |
|  | Memorandum of Understanding (MOU) | | | | |  | |
|  | Other | | | | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C. POTENTIAL INVENTORS** | | | | |
| **C.1. Potential Inventor(s)** | | | | |
| **Potential Inventor(s)** *This Section C.1. should be completed by a System employee that qualifies as an "inventor" of the disclosed invention. An “inventor” of a patentable invention is one who conceives of a material contribution (provides inventive concepts) to the subject matter of at least one claim of a patent. A patent’s scope is not determined until it is examined and issued by the Patent Office, so a definitive determination of inventorship is not possible at this time. Thus, this form requests a list of those individuals (i.e., “Potential Inventors”) who contributed materially to the invention. A person is not a Potential Inventor if he/she merely carries out experiments directed by another person.*  *All potential Inventors must be identified, both from within the System and external inventors. Any non-System affiliations of any Potential Inventor must be stated (e.g., corporate, other university, or joint appointments). If a student is a Potential Inventor, but not an employee of the System, this must be noted.*  *Accordingly, the first person listed below is presumed to be the primary Potential Inventor, will serve as the primary contact for communications relating to the invention, and agrees to act as the conduit of information with the other Potential Inventors.* | | | | |
| **Inventor Name(s)** | **Employer, Division, Department (at the time of invention)** | **Current Employer, Division, Department (if different from the time of invention)** | **Email Address & Phone No.** | **Why do you believe this person qualifies as an inventor?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **D. COMMERCIAL POTENTIAL** | | |
| **D.1. Potential Competition** | | |
| **Closest Known Product(s)/Technology(ies)** *(Please list any external products on the market or technologies under development that of which you are aware.)* | | |
| **Prior Art:** *(Please cite any publications or patents you are aware of that describe something similar to this invention. Note that if you search on non-government sites (e.g., Google Patents), your search history may be tracked and made available to third parties by Google.)* | | |
| **D.2. Potential Licensees** | | | |
| *Please list any companies or entrepreneurs that you think or know would be interested in commercially developing the invention. To add additional entries below, right click in a row and choose to Insert (insert row above or below).* | | | |
| **Company Name** | **Contact Person Name (if known)** | **Contact Person Email (if known)** | |
|  |  |  | |
|  |  |  | |

|  |  |  |
| --- | --- | --- |
| **E. SUBMITTER'S SIGNATURE**  **I certify that the information contained in this Invention Disclosure Form is true, accurate and complete.** | | |
| Submitters Name | Date | Signature |
|  |  |  |

**Completed forms should be returned to:**

|  |  |
| --- | --- |
|  | Technology Advancement  University of Missouri  1400 Rock Quarry Road, Suite Q180  Columbia, MO 65211  [techadvancement@missouri.edu](mailto:techadvancement@missouri.edu)  P: 573-884-3136 |
| A blue and yellow logo  Description automatically generated | Office of Technology Commercialization  University of Missouri-Kansas City  801 E. 51st St.  Flarsheim Hall, Room 574  Kansas City, MO 64110  ericwa@umkc.edu |
| A green and white logo  Description automatically generated | Office of Technology Transfer and Economic Development  Missouri University of Science and Technology Technology Development Center 900 Innovation Dr, Ste 145 Rolla, MO 65401 [ecodevo@mst.edu](mailto:ecodevo@mst.edu) |
| A red text on a white background  Description automatically generated | Office of IP Management & Commercialization  University of Missouri-St. Louis 346 Woods Hall 1 University Blvd.  St. Louis, MO 63121-4400 [UMSLtechtransfer@umsl.edu](mailto:UMSLtechtransfer@umsl.edu) |