

OFFICE OF RESEARCH AND TECHNOLOGY TRANSFER
ARKANSAS STATE UNIVERSITY

INVENTION DISCLOSURE FORM

I. DESCRIPTION

PLEASE PROVIDE A TITLE FOR YOUR INVENTION AND A BRIEF DESCRIPTION. USE ADDITIONAL SHEETS AND ATTACH DESCRIPTIVE MATERIALS TO EXPAND ANSWERS TO QUESTIONS. (SKETCHES, DRAWINGS, PHOTOS, REPORTS AND MANUSCRIPTS ARE HELPFUL.)

A. Invention Title

B. Description

C. What are the immediate and/or future applications of the invention?

D. Why is the invention better, more advantageous than present technology? What are its novel and unusual features? What problems does it solve?

E. Is work on the invention continuing? Are there limitations to be overcome or other tasks to be done prior to practical application? Are there any test data?

F. Have products, apparatus or compositions, etc. actually been made and tested?

II. PUBLICATIONS, PUBLIC USE AND SALE

NOTE: VALID PATENT PROTECTION DEPENDS ON ACCURATE ANSWERS TO THE FOLLOWING ITEMS.

A. Has invention been disclosed in an abstract, paper, talk, news story or a thesis?

Yes (Enclose a copy.)

No

Type of disclosure:

Disclosure Date:

B. Is a publication or other disclosure planned in the next six months?

Yes (Enclose drafts, abstracts, etc.)

No

Type of disclosure:

Disclosure Date:

C. Has there been any public use or sale of products embodying the invention?

D. Are you aware of related developments by others?

III. SPONSORSHIP

IF THE RESEARCH THAT LED TO THE INVENTION WAS SPONSORED, PLEASE FILL IN THE DETAILS AND ATTACH A COPY OF THE CONTRACT OR AGREEMENT IF POSSIBLE.

A. Government agency name:

Contract/grant no:

B. Name of industry, university, foundation or other sponsor:

C. Has the invention been disclosed to industry representatives?

Yes (Please provide details, including the names of companies and their representatives.)

No

IV. ECONOMIC/MARKET INFORMATION

A. Please briefly describe the technical impact this invention is likely to have on the field of endeavor (i.e., marginal improvement, significant change, revolutionary upheaval, creates new field, etc.) and why.

B. Please briefly describe the degree of technical development of the technology (i.e., theoretical design, prototype, complete product/process, ready for commercial testing/marketing, etc.) and give an estimate of the nature and amount of work which still remains to be done before a commercial venture/product is obtained.

C. Please give your best guess as to the economic potential of this invention if successfully commercialized, in terms of annual revenues:

less than \$10,000 \$10,000-\$100,000 \$100,000 - \$1 million over \$1 million

D. If the invention is of a type for which a patent(s) may be pursued, do you consider it worthwhile to spend up to \$10,000 to obtain a U.S. Patent?

Yes No

Please indicate the reason(s) for either response.

E. Please list individuals (both on and/or off campus) with technical or economic knowledge of the field of the invention who could be asked (under confidentiality undertakings) to review, assess or evaluate the technical and commercial potential of this invention.

Name

Address

Phone (include area code)

F. Please give any other pertinent comments not covered elsewhere that may provide guidance to the decision-making process and optimal utilization of the technology.

V. FOR OUR RECORDS

PLEASE LIST THE NAMES AND TITLES OF ALL INVENTORS (PRINT AND SIGN WHERE INDICATED). NOTE: THIS IS FOR INFORMATIONAL PURPOSES ONLY. FINAL NAMING OF INVENTORS WILL BE A LEGAL DETERMINATION.

Name: _____ Signature: _____

Date: _____

Business Address: _____ Business Phone: _____

Business Fax: _____ Email: _____

Home Address: _____

Phone: _____ SSN: _____

Citizenship: _____

PERCENT SHARE OF INVENTORY ROYALTIES

(OFFICE USE ONLY)

Name: _____ Signature: _____

Date: _____

Business Address: _____ Business Phone: _____

Business Fax: _____ Email: _____

Home Address: _____

Phone: _____ SSN: _____

Citizenship: _____

PERCENT SHARE OF INVENTORY ROYALTIES

(OFFICE USE ONLY)

Name: _____ Signature: _____

Date: _____

Business Address: _____ Business Phone: _____

Business Fax: _____ Email: _____

Home Address: _____

Phone: _____ SSN: _____

Citizenship: _____

PERCENT SHARE OF INVENTORY ROYALTIES

(OFFICE USE ONLY)

Name: _____ Signature: _____

Date: _____

Business Address: _____ Business Phone: _____

Business Fax: _____ Email: _____

Home Address: _____

Phone: _____ SSN: _____

Citizenship: _____

PERCENT SHARE OF INVENTORY ROYALTIES

(OFFICE USE ONLY)

Name: _____ Signature: _____

Date: _____

Business Address: _____ Business Phone: _____

Business Fax: _____ Email: _____

Home Address: _____

Phone: _____ SSN: _____

Citizenship: _____

PERCENT SHARE OF INVENTORY ROYALTIES

(OFFICE USE ONLY)

VI. ADDITIONAL INFORMATION

PLEASE PROVIDE ADDITIONAL INFORMATION IN THE SPACE PROVIDED BELOW OR ON AN ADDITIONAL SHEET.

MAIL OR HAND-DELIVER THIS FORM TO:

ARKANSAS STATE UNIVERSITY
OFFICE OF RESEARCH AND TECHNOLOGY TRANSFER
ARKANSAS BIOSCIENCE INSTITUTE BLDG, ROOM 115
P.O. BOX 2760
STATE UNIVERSITY, AR 72467
PHONE: 870-972-2694