**Please return a signed original hard copy to**

**Research Translation, LAMR.E Rm. 2.104**

**University of Texas Rio Grande Valley (UTRGV)**

**Office of Research Translation (ORT)**

**Invention Disclosure Form for Engineering, Science, and Physics**

**Please read this section before completing this form, and contact us with any questions.**

1. **The information provided using this form should be as complete as possible.** Please complete each section of the document. If certain questions or statements do not apply, please state “N/A” or “None.” Each section of the form expands and you should provide as much detail as possible including supporting documents, draft manuscripts, research reports, presentations, etc. **\*Please note\***: our office cannot review incomplete/unsigned IDFs, or materials submitted without this form (e.g., just a copy of a manuscript). We will return such IDFs to you for completion and resubmission.
2. **Public disclosures** (such as publication of a paper, oral or poster presentation at a conference, invited talk, student thesis defense, discussions with non-UTRGV affiliated parties without a non-disclosure agreement in place, etc.) have a negative impact on one’s ability to secure intellectual property (IP) rights. In some cases, IP rights might irretrievably lost due to a prior public disclosure. \***Important\***: ideally, the IDF should be submitted to the ORT before any public disclosures of the technology are made. An example of good timing would be submitting your IDF simultaneously with submitting a manuscript for review, rather than submitting the IDF after the paper is published online. If you are planning to publish or present your technology, please make sure to inform our office well in advance of any upcoming deadlines. It is very difficult to accommodate last-minute requests.
3. **Submission of a completed, signed IDF** is a first step in disclosing your invention to UTRGV. Our office will stay in touch and guide you through the entire process. You can also obtain some additional information at our website. **\*Please note\***: Submission of an IDF does not mean your technology is protected and has a patent pending status! It is protected/has patent pending status only if and when an actual patent application is filed.
4. **One original hard copy of the IDF signed in ALL necessary places by ALL contributors** must be delivered to ORT, at LAMR.E 2.104, Edinburg campus, either in person or by campus mail. (We are required to have an original signed hard copy in our files.) In addition, an electronic version of your IDF and all supplementary materials should be emailed to ort@utrgv.edu.
5. You can reach us by phone or email, or schedule an appointment in person:

Office of Research Translation

LAMR.E 2.104

Email: ort@utrgv.edu

Checklist for submission:

* All sections of the form filled out. Include supporting documents and expand section to be as complete and detailed as possible.
* Form signed (in all places needed) by ALL contributors to the project.
* Inventors’ page completed for each inventor
* Assignment of Rights page signed by UTRGV inventors only.
* Electronic copy of IDF and all supporting information emailed to ORT.

UTRGV IDF #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(To be completed by ORT)

**Title of Invention (please limit to approximately 100 characters, including spaces):**

**Section 1 Description of the Invention**

**Intellectual Property Description**

1.1 Please categorize the potential uses of your invention below by circling all anticipated uses (check one or more):

 \_\_\_\_\_\_\_ Service \_\_\_\_\_\_\_\_ Process

 \_\_\_\_\_\_\_ Material \_\_\_\_\_\_\_\_ Composition of Matter

 \_\_\_\_\_\_\_ Method \_\_\_\_\_\_\_\_ Other

1.2a. a. Describe the general nature and purpose of your technology. (expand space as needed)

1.2b. Please provide a detailed description of your technology and how it works, technical enough for a person with a good science background who is not an expert.

1.3 What is the main application for your technology, and what problems does it solve?

1.4 What other technologies currently solve the same problems, and how does your technology solve or overcome these problems?

1.5. Are there any other approaches to solve the same problems described above, and how is your solution better than these other approaches?

1.6. Is it easy or hard for someone to find an alternative to your solution (if they do not want to use your technology), and why is that?

1.7 Does the invention possess disadvantages or have limitations? Can they be overcome? How do you plan to do this, and how long do you think it might take?

1.8 If not indicated previously, are there other uses that might be realized in the future?

**Section 2 Reporting**

**Materials from Another Source**

2.1 If a material from a secondary source is incorporated or was used in the research that lead to the development of the invention, was this material obtained from some source other than your laboratory? (Check one) \_\_\_\_Yes \_\_\_\_No (If no, please skip to 2.2 - Software).

|  |  |
| --- | --- |
| If any material or equipment was provided by a secondary source, please provide details:  |  |
| Was a material transfer agreement signed? | \_\_\_ Yes \_\_\_No |
| Describe the material and the place from which the material was obtained (name of company/University of Texas laboratory/other laboratory/institute/other): |  |

**Software**

2.2 Is software incorporated into your invention? (Check one) \_\_\_\_Yes \_\_\_\_No

 (If no, please skip to Commercial Information - 2.10).

|  |  |
| --- | --- |
| If you checked “Yes” above, please check the appropriate description:  | \_\_\_The software used in the invention is an original work.\_\_\_ The software used in the invention was obtained from a third-party source.  |
| If the software incorporated in the invention was obtained from a third-party source please describe the source:  |  |

**Export Control**

|  |  |
| --- | --- |
| Is the invention likely to have any export control sensitivity?\*  | \_\_\_ Yes \_\_ No |
| \*Please check “yes” if you believe the invention may be subject to controlled disclosure under the United States Munitions List (defense and weaponry, explosives, spade, national security, and/or biological materials to either protect against or cause biological/chemical warfare) or the Commerce Control List (Categories: 0=Nuclear materials, facilities and equipment; 1=Materials, chemicals, microorganisms and toxins; 2=Material processing; 3=Electronics; 4=Computers; 5=Telecommunications and information security; 6=Sensors and lasers; 7=Navigation and avionics; 8=Marine; 9=Propulsion systems, space vehicles and related equipment). Visit the SVPRIED Export Controls page for more information, and call us if you require further assistance in making this determination.  |

**Section 3 Status**

**3.1** Which of the choices below best describes the developmental stage of your technology? Please choose **one**, then provide full information in the comments section below.

\_\_\_\_\_Basic conceptual development: working on the concept of what the technology does and the theoretical principles, have identified basic design inputs

\_\_\_\_\_Proof of concept: research that validates basic idea and supports feasibility, with organized result data; have planned prototype development

\_\_\_\_\_Prototype development: basic prototype designed and built

\_\_\_\_\_Prototype testing: prototype proven to work under expected conditions in laboratory, device design has been adjusted and updated accordingly; manufacturability and production requirements have been defined (such as *in vitro* studies for a medical-related technology

\_\_\_\_\_Prototype demonstration in a relevant environment: the prototype has been tested in a relevant environment (such as *in vivo* studies, or a simulated operational environment or high fidelity laboratory environment

\_\_\_\_\_Prototype demonstration in an operational environment: prototype is near operational/commercial grade system and has been tested in an operational environment (similar to clinical trials)

\_\_\_\_\_Commercialization ready: technology is completed and fully tested; the product/service is ready for manufacturing and/or commercial launch

Comments: [type text here]

**3.2 Commercialization Information**

|  |  |
| --- | --- |
| Please list potential licensees that would be interested in commercializing the invention: |  |
| Have you been approached by, or worked with, any companies regarding the invention? | \_\_\_\_ Yes \_\_\_\_ No |
| If “Yes” above, please list and describe the contact, with names and contact information. If you have a current or past relationship with the company, please describe it:  |  |

**3.3 Prior Art**

Two good sites to search for publications or patents similar to this invention are Google Patents and Espacenet.

|  |  |
| --- | --- |
| Prior art you have found via search:  |  |
| Have you performed a patent search?  | \_\_\_ Yes \_\_\_No  |
| If you checked Yes above, please explain how your invention is different from prior art.  |  |

**Section 4 - Disclosures and Background Information**

**Disclosures**

4.1 Have you disclosed your technology publicly in any of the following ways, or do you have any plans to do so? If so, please describe provide information on the disclosure, with date(s) and details. Any public disclosures can affect the potential patentability of your technology.

|  |  |
| --- | --- |
| Public Disclosure | Details and date or projected date |
| * Manuscript in preparation
 |  |
| * Submitted for publication
 |  |
| * Accepted for publication
 |  |
| * Published
 |  |
| * Grant proposal
 |  |
| * Submission of abstract for conference
 |  |
| * Student thesis/dissertation defense
 |  |
| * Presentation (oral, PowerPoint, etc.)
 |  |
| * Conversation(s) with third party (not UTRGV)
 |  |
| Other public disclosure(s) (explain) |  |

**Background Information**

4.2 Was the work disclosed on this form done while you have been an employee of UTRGV, or of UTB or UTPA prior to UTRGV? If elsewhere, please supply details.

4.3 Please be as accurate as possible in completing the following. If you cannot remember an exact date, please provide a month and year. For the “Record” column, indicate either the nature of the written record (lab notebook, email, etc.) or if oral discussion indicate to whom the disclosure was made.

|  |  |  |
| --- | --- | --- |
| Event | Date | Record  |
| Initial conception of data |  |  |
| First description (written or oral) of invention |  |  |
| First sketch or drawing |  |  |
| First successful demonstration (reduction to practice) |  |  |

4.4 Give reference numbers and physical location of laboratory records and/or data, but do not enclose documentation.

4.5 Please list all related patents, or any relevant articles, journals, or abstracts from other authors.

4.6 What key words/word combinations have you used, or would you suggest using, in order to search for relevant existing technologies?

4.7 Are there colleagues on campus who are already knowledgeable about the work and its potential impact? Please list.

**Section 5 - Financial Resources Used/Obligations**

**5.1 Funding Information**

|  |
| --- |
| If you received full or partial support during any stage of your research resulting in the invention, or if you have acknowledged or plan to acknowledge a funding source in a publication or grant progress report in which you describe the invention, please indicate all sources of your funding by checking the appropriate category or categories below. If you were not funded, please check None.  \_\_\_ Federal \_\_\_\_ Foundation \_\_\_\_ Industry \_\_\_\_ State \_\_\_\_ Other \_\_\_\_ None |
| If you checked any category other than None above, please identify below each funding source’s name and each corresponding grant, contract, or award number/ID in the corresponding column. (Please do not list UTRGV account numbers as Grant/Contract/Award numbers.) |
| Source name (list primary funding source first | Grant/Contract/Award Number/ID | Principal investigator |
|  |  |  |
|  |  |  |
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|  |  |  |

5.2 Do you intend to continue development of this technology?

 (check one) \_\_\_\_Yes \_\_\_\_No

 a) If yes, are resources available through the resources listed above or through

 other resources? (check one) \_\_\_\_Yes \_\_\_\_No

 b Is this invention the subject of a pending grant or contract proposal?

 (check one) \_\_\_\_Yes \_\_\_\_No

If yes, please specify potential funding source and date funding may be received.

 Funding Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency/Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 6 Percent Contribution Allocation**

|  |  |
| --- | --- |
| Please list the name of the corresponding inventor here (i.e., the inventor who is to have primary contact with ORT):  |  |
| List ALL inventors (including non-UTRGV inventors) and the percentage of their contribution below. Use percentage of contribution at the time of this disclosure. Contribution should reflect each inventor’s contribution to the concepts of the invention and be agreed to by all inventors. (If inventors cannot agree on percentages, UTRGV will assume equal distribution.) Inventorship has a specific meaning under patent law, and will be finally determined by UTRGV’s legal counsel in accordance with applicable patent laws if UTRGV proceeds with patent filing. UTRGV understands that contributions may fluctuate as the technology is developed. (Add additional rows below if necessary.) |
| **Inventor (name)** | **% contribution** | **Inventor’s institution (if not UTRGV)**  |
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**Section 7 Assignment of Rights**

**Please enter invention title here:**

***To be signed by UTRGV inventors only.***

I (we) hereby certify that all of the information set forth in this disclosure is true and complete to the best of my (our) knowledge. I (we) have also specifically reviewed and agree with the percent allocations as set forth in Part III above.

In consideration of employment by the University of Texas Rio Grande Valley (UTRGV) and receipt of ta share of licensing revenues from the commercialization of inventions by UTRGV, I (we) agree to assign and hereby do assign, sell, and transfer to UTRGV, or in the event of a prior assignment agreement, I (we) hereby confirm the prior assignment of all of my (our) right, title, and interest to this intellectual property to UTRGV and agree to execute any additional documents as requested to effect or support assignment to UTRGV of all my (our) rights to any patent application or copyright filed on this intellectual property pursuant to the policies of the Board of Regents of the University of Texas System and the UTRGV policies on intellectual property.

I (we) agree to cooperate with UTRGV and the Office of Research Translation in the protection and commercialization of this intellectual property. UTRGV will share any royalty income derived from this intellectual property with the inventor(s) according to the policies of the Board of Regents of the University of Texas System, UTRGV, and the Office of Research Translation.

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| --- | --- |
| Inventor signature and date | Inventor name printed  |
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Signature of UTRGV representative:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jacquelyn Michel, MT, MSM

Assistant Vice President for Research Translation

**Section 8 - Inventor(s) Information**

Feel free to make physical copies of a blank page if needed if more than six inventors contributed to the conception or reduction to practice of the invention.

|  |
| --- |
| **Inventor #1** (a separate page must be filled out by each UTRGV inventor) |
| Invention Title:  |
| Inventor Name: |
| Position: | Employee number:  |
| Citizenship/Visa status:  | UTRGV online username |
| Primary phone number:  | Home address\*: |
| UTRGV email: | Alternate email\*:  |
| Describe the nature of your contribution |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment\_\_\_\_\_ Dually appointed\_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please choose “yes” or “no” for the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ NoIf you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

|  |
| --- |
| **Inventor #2** (a separate page must be filled out by each UTRGV inventor) |
| Invention Title:  |
| Inventor Name: |
| Position: | Employee number:  |
| Citizenship/Visa status:  | UTRGV online username |
| Primary phone number:  | Home address\*: |
| UTRGV email: | Alternate email\*:  |
| Describe the nature of your contribution |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment\_\_\_\_\_ Dually appointed\_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please check the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ NoIf you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

|  |
| --- |
| **Inventor #3** (a separate page must be filled out by each UTRGV inventor) |
| Invention Title:  |
| Inventor Name: |
| Position: | Employee number:  |
| Citizenship/Visa status:  | UTRGV online username |
| Primary phone number:  | Home address\*: |
| UTRGV email: | Alternate email\*:  |
| Describe the nature of your contribution |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment\_\_\_\_\_ Dually appointed\_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please check the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ NoIf you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

|  |
| --- |
| **Inventor #4** (a separate page must be filled out by each UTRGV inventor) |
| Invention Title:  |
| Inventor Name: |
| Position: | Employee number: |
| Citizenship/Visa status:  | UTRGV online username |
| Primary phone number:  | Home address\*: |
| UTRGV email: | Alternate email\*:  |
| Describe the nature of your contribution |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment\_\_\_\_\_ Dually appointed\_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please check the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ NoIf you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

|  |
| --- |
| **Inventor #5** (a separate page must be filled out by each UTRGV inventor) |
| Invention Title:  |
| Inventor Name: |
| Position: | Employee number:  |
| Citizenship/Visa status:  | UTRGV online username |
| Primary phone number:  | Home address\*: |
| UTRGV email: | Alternate email\*:  |
| Describe the nature of your contribution |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment\_\_\_\_\_ Dually appointed\_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please check the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ NoIf you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

|  |
| --- |
| **Inventor #6** (a separate page must be filled out by each UTRGV inventor) |
| Invention Title:  |
| Inventor Name: |
| Position: | Employee number:  |
| Citizenship/Visa status:  | UTRGV online username |
| Primary phone number:  | Home address\*: |
| UTRGV email: | Alternate email\*:  |
| Describe the nature of your contribution |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment\_\_\_\_\_ Dually appointed\_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please check the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ NoIf you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

Non-Proprietary Description

Title:

Non-confidential Description:

Advantages/Special Characteristics

Applications:

Suggested Key Words: