

**UNIVERSITY OF ROCHESTER  
INVENTION DISCLOSURE FORM**

1. Please list the names of all potential contributors to this invention. The question of inventorship will be determined by a qualified attorney should the need arise. If there are more than four contributors, please attach additional sheets.

Name \_\_\_\_\_ Position \_\_\_\_\_  
Department \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_ Citizenship \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_  
Department \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_ Citizenship \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_  
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Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_ Citizenship \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_  
Department \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_ Citizenship \_\_\_\_\_

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**2. Invention Title:**

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**3. Description of Invention:** Attach description of invention, photographs, drawings, sketches, patent applications or any other descriptive material. Description should include the construction, the principles involved, the details of operation, and alternative methods of construction or operation. (Sketches, drawings, photos, reports and manuscripts will be helpful).

**4. Applications of Invention:** What are the immediate and/or future applications of this invention?

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**5. Novelty and Usefulness:** Why is this invention better than existing technologies? What are its novel and unusual features? What problems does it solve? What is your approach to the solution? What are current solutions to the problem? What are the advantages that your invention has over current solutions? (Attach additional sheets, as necessary).

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**6. Reduction to Practice:** Is work on the invention continuing? Are there limitations to be overcome or other tasks to be done prior to practical application? Is there any test data? Have products, apparatus or compositions, etc. actually been made and tested?

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**7. Further Research:** What further research and development is necessary or desirable before showing the invention to a potential industrial licensee?

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**8. Commercial Partners:**

a. Names and addresses (if known) of potential commercial partners:

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b. Companies presently offering comparable technology (if known):

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c. Has the invention been disclosed to industry representatives? If "yes", please provide details, including the names of companies and their representatives:

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**NOTE: Valid intellectual property protection depends on accurate answers to the following items:**

**9. Previous Disclosure:** Has the invention been disclosed in an abstract, paper, talk, news story or a thesis?

Type of disclosure: \_\_\_\_\_ Disclosure Date: \_\_\_\_\_  
(Please enclose a copy)

**10. Future Disclosure:** Is a publication or other disclosure planned in the next four (4) months?

Type of disclosure: \_\_\_\_\_ Disclosure Date: \_\_\_\_\_  
(Enclose drafts, abstracts, pre-prints)

**11. Public Use or Sale:** Has there been any public use or sale of products embodying the invention?

If "Yes," describe, giving dates: \_\_\_\_\_

**12. Related Developments:** Are you aware of related developments by others? If "yes", please give citations. Copies of any relevant patents or publications would be appreciated.

\_\_\_\_\_

**13. Sponsorship:** If the research that led to the invention was supported by extramural funding, such as a grant from the National Institutes of Health, or involves the use of tangible research material provided by another university or company, please provide the information below.

*Sponsor* Name: \_\_\_\_\_ **Grant/Agreement Number** or Date: \_\_\_\_\_

*Sponsor* Name: \_\_\_\_\_ **Grant/Agreement Number** or Date: \_\_\_\_\_

*Sponsor* Name: \_\_\_\_\_ **Grant/Agreement Number** or Date: \_\_\_\_\_

*Provider* Name: \_\_\_\_\_ **MTA/Agreement Number** or Date: \_\_\_\_\_

*Provider* Name: \_\_\_\_\_ **MTA/Agreement Number** or Date: \_\_\_\_\_

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14. Signature of all potential contributors

*I (We), the undersigned, hereby agree to assign all right, title, and interest to this invention to the University of Rochester, and agree to execute all documents as requested, assigning to the University of Rochester my (our) rights in any patent application filed on this invention. I (We) also agree to cooperate with the University of Rochester Office of Technology Transfer in the protection of this invention. The University of Rochester will share any royalty income derived from this invention with the inventor(s) according to its standard policies, as may be updated periodically.*

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

**Signature of Witness:**

A University of Rochester employee (other than a potential contributor) has reviewed and understands the information contained in this invention disclosure form.

\_\_\_\_\_  
Signature Date

If this invention was made in your capacity as an employee of The College (Arts and Sciences and Engineering), the Laboratory for Laser Energetics, the Eastman School of Music, or any other College, School, or Department traditionally associated with the River Campus, please hand deliver or mail the completed and signed disclosure form to:

University of Rochester  
Office of Technology Transfer  
611 Hylan Building  
Box 270142  
Rochester, NY 14627-0142

Telephone: 585.275.3998  
Facsimile: 585.473.6717

If this invention was made in your capacity as an employee of the Medical Center, School of Nursing, School of Medicine and Dentistry, or any other College, School, or Department traditionally associated with the Medical Center, please mail the completed and signed disclosure form to:

University of Rochester Medical Center  
Office of Technology Transfer  
601 Elmwood Avenue  
Box OTT  
Rochester, NY 14642

Or hand deliver to:

30 Corporate Woods  
Suite 310  
Rochester, NY 14623

Telephone: 585.784.8850  
Facsimile: 585.785.8829