



## Invention Disclosure Form

OFFICE USE ONLY

Tech Id:

Date:

### 1- Title of the Invention

### 2- Description of Invention (Non-Confidential Summary of Invention)

(Including materials and components used; operative and preferred ranges of process parameters and concentration of chemical compounds; and foreseeable uses of the invention. Please also describe the commercial opportunity that this technology addresses. Supplemental material, such as publications, protocol, presentations, or images.)

### Invention Disclosure Form

#### 3- Inventor Information

- 3-1 Rowan University Inventor(s) Information:**

Full Name	Position	Department	Contact Information
1-			
2-			
3-			
4-			
5-			

\*Please Identify Primary Inventor & Contact as First Named.

- 3-2 Non- Rowan University Inventor (s) Information:**

University  Company  Organization  \_\_\_\_\_

Full Name	Address	Phone	Email
1-			
2-			
3-			
4-			
5-			

#### 4- Participation Agreement/ To be use for calculation of potential future royalty

Inventor Name	Percent Contribution	Signature
1-		
2-		
3-		
4-		
5-		

\*Please use additional copies of this page for more than three names.



Invention Disclosure Form

5- Funding and Contractual Obligation

Federal Support- Check all that apply and provide details below. Yes [ ] No [ ]

NIH [ ] NSF [ ] DoD [ ] DoE [ ] Other [ ] None [ ]

Table with 8 columns: Name of Sponsor, Grant/Contract Name, Grant No., Agreement No., Award, Principle Investigator, Administering Dept., Center. Rows 1-3.

State Support [ ]

Table with 8 columns: Name of Sponsor, Grant/Contract Name, Grant No., Agreement No., Award, Principle Investigator, Administering Dept., Center. Rows 1-3.

Corporate [ ]

Table with 8 columns: Name of Sponsor, Grant/Contract Name, Grant No., Agreement No., Award, Principle Investigator, Administering Dept., Center. Rows 1-3.

Industry Support (Company Sponsor) [ ]

Table with 8 columns: Name of Sponsor, Grant/Contract Name, Grant No., Agreement No., Award, Principle Investigator, Administering Dept., Center. Rows 1-3.



Invention Disclosure Form

**Rowan University Support (University Funding)**

Name of Sponsor:	Grant/ Contract Name:	Grant No.:	Agreement No.:	Award:	Principle Investigator:	Administering Dept.:	Center:
1-							
2-							
3-							

**Commercial Funding Collaboration Institution (Company or other Research Support)**

Name of Sponsor:	Grant/ Contract Name:	Grant No.:	Agreement No.:	Award:	Principle Investigator:	Administering Dept.:	Center:
1-							
2-							
3-							

**Other (Explain) :**

**6- Publication, Public Disclosure & other Activities**

Poster Presentation: Yes  No  Date:

Submitted to a Journal: Yes  No  Date:

Published: Yes  No  Date:

Oral Disclosure: Yes  No  Date:

Thesis: Yes  No  Date:

Website: Yes  No  Date:

Media: Yes  No  Date:

Public or Commercial use/ Sale: Yes  No  Date:

Any Future Disclosure Planned : Yes  No  Date:

Other Disclosure: Yes  No  Date:

Commercial Interest: Company Name:  
Contact Person:  
Contact Information:

\*Please attach the Detail(s).

## Invention Disclosure Form

**7- Materials**

- **7-1 Were proprietary materials (biological, chemical or physical) obtained from others that were used in the making of the invention? Yes  No**

If yes, did a Material Transfer Agreement or other document accompany the transfer?

Yes  No

If yes, name the institution/company involved:

- **7-2 Public Use:**

1) Has a person outside of your laboratory or immediate work group in another academic institution used the invention in any way? Yes  No

2) Has any material related to this invention been transferred to a corporate entity?

Yes  No

If yes to either 1) or 2), was the material transferred under a Material Transfer Agreement?

Yes  No

\*Please Attached the Documents(s).

**8- Prior Art.**

- **8-1 How is Invention different from existing technologies:**

- **8-2 How is invention superior to existing technologies:**

- **8-3 Have any of the inventors or anyone who works for/with the inventors, searched a patent database to identify patents on closely-related technologies? If yes, please list the patent numbers for any patents that were identified:**

## Invention Disclosure Form

**9- Conception Details**

- **9-1 Fill the following dates (if known):**

Conception Date:

First experiment demonstrating the invention date:

- **9-2 Records Supporting Invention:**

Please identify records that establish dates of conception and reduction to practice, including the records' present location and the identity of the person who prepared them. Attach copies, if possible. Note additional supporting evidence. If the invention or a significant aspect of the invention is not supported by written records, briefly describe how the date of the invention can be established and identify the earliest written record.

- **9-3 Is the invention related to a prior invention reported to the Office of Technology Commercialization or elsewhere? If yes, please provide the information requested below.**

Yes  No

Ownership: (if not Rowan):

Internal Ref Number or Title:

Invention Disclosure Form

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**10- Commercial Potential**

- **10-1 What critical commercial problem does this invention solve?**

- **10-2 Specify the closest technologies or references known to you currently:**

- **10-3 How does the invention differ from the closest technologies or references described above?**

- **10-4 What advantages does the invention provide?**

- **10-5 Which companies or investors are most likely to be interested in this invention?**

If you can provide personal contacts at relevant companies, please list their name(s) and email(s) below:

## Invention Disclosure Form

11- Invention Description
<ul style="list-style-type: none"><li>• <b>11-1 General purpose of invention;</b> ***Please describe specifically what you consider to be the invention***</li></ul>
<ul style="list-style-type: none"><li>• <b>11-2 Technical description of invention;</b> ***If necessary, include drawings, diagrams, tables, etc. necessary to understand invention***</li></ul>
<ul style="list-style-type: none"><li>• <b>11-3 Advantages and improvements over existing methods, devices or materials;</b></li></ul>
<ul style="list-style-type: none"><li>• <b>11-4 Possible variations and modifications;</b></li></ul>
<ul style="list-style-type: none"><li>• <b>11-5 Features believed to be new;</b></li></ul>
<ul style="list-style-type: none"><li>• <b>11-6 Close or related references;</b> *** Please provide patents, scientific publications, product brochures, or other publicly available information***</li></ul>
<ul style="list-style-type: none"><li>• <b>11-7 Problem solved (if applicable);</b></li></ul>
<ul style="list-style-type: none"><li>• <b>11-8 Possible uses of invention ;</b></li></ul>
<ul style="list-style-type: none"><li>• <b>11-9 Disadvantages or limitations;</b></li></ul>
<ul style="list-style-type: none"><li>• <b>11-10 Further development in progress or scheduled; Yes <input type="checkbox"/> No <input type="checkbox"/></b> If Yes, please provide details and if dependent on industry or federal sponsorship</li></ul>

Invention Disclosure Form

**12- Stage of Development (Please check all that apply)**

• **12-1 Non-Medical Applications**

Conceptual

Initial data obtained

Reduced to Practice

Date:

Prototype made

Date:

Proof of Principle

Date:

• **12-2 Medical Application**

In vitro

In vivo

Clinical

Date:

• **12-3 What materials are available to substantiate dates and describe the invention and its developments?**

Laboratory Notebooks

Notes/Memos/Letters

Reports

Thesis

Presentations

Programs

Other (Please Explain):

## Invention Disclosure Form

**13- Assignment**

(We) assign all right, title and interest to this invention to Rowan University and agree to execute all documents as requested, assigning to Rowan University our right in any patent application filed on this invention, and to cooperate with the Rowan University Office of Technology Commercialization the protection of this invention. Rowan University will share any royalty income derived from the invention with the inventor(s) according to its standard policies. Failure to submit to the Office of Technology Commercialization update to this form to show changes to your address, phone number, and email address and/or employment/enrollment status may lead to the forfeiture of royalty income.

**1- Inventor Signature:**

Date:  
Inventor's Name (Print):  
Title:  
School and Department:  
Phone, Fax, Email:  
Home Address (Street, City, State, Zip code):  
Work Address (Street, City, State, Zip code):  
Office Phone:  
Country of Citizenship:

**2- Inventor Signature:**

Date:  
Inventor's Name (Print):  
Title:  
School and Department:  
Phone, Fax, Email:  
Home Address (Street, City, State, Zip code):  
Work Address (Street, City, State, Zip code):  
Office Phone:  
Country of Citizenship:

**3- Inventor Signature:**

Date:  
Inventor's Name (Print):  
Title:  
School and Department:  
Phone, Fax, Email:  
Home Address (Street, City, State, Zip code):  
Work Address (Street, City, State, Zip code):  
Office Phone:  
Country of Citizenship: