UNIVERSITY OF IDAHO

## **CONFIDENTIAL INVENTION DISCLOSURE FORM**

In addition to their academic and scientific value, many discoveries and inventions developed by researchers at the University of Idaho (“University”) also may have significant commercial value. University policy requires that compensated or non-compensated employees of the University, non-employees who use University research facilities, and those who receive grant or contract funds through the University must disclose all potentially patentable discoveries and inventions to the University. See Faculty Staff Handbook Sections (FSH) 5300 and 5400.

This Confidential Invention Disclosure Form has been designed to permit inventors to provide timely and effective notification of their inventions to the University through the Office of Technology Transfer (“OTT”). Each section has text fields that will expand to accommodate your input and check boxes to indicate your choices. Please tab through the document and fill out each of the sections and attachments as completely as possible. Call 885-4550 for assistance or email: [ott@uidaho.edu](mailto:ott@uidaho.edu).

This disclosure should be considered **confidential and proprietary**. Please note that premature publication, dissemination, or public use of this discovery or invention may adversely affect the legal protection of your technology.

*NOTE: You must sign the form in Section II and obtain Department Head and Dean/Director signatures in Section* *III for the OTT to begin to administer your discovery or invention, which includes determining ownership status, seeking legal protection, or exploring licensing and other commercialization opportunities.*

#### Section I. Title of Invention and Primary Contact

1. Title of work:

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1. Name of contact inventor (who will be speaking and acting on behalf of the inventors listed on page 2):

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#### SECTION II. Declaration of Ownership, Inventors, Royalty-sharing, and Assignment

For details on University Patent and Copyright Policy, disclosures, royalty sharing, and the process of technology commercialization, please review the applicable policy, FSH 5300: <http://www.webs.uidaho.edu/fsh/5300.html>.

1. Please check below to indicate how the discovery or invention was developed:
2. Discovery or invention was the result of research or scholarship undertaken using equipment, facilities or funds provided by the University of Idaho or by an outside entity (such as state or federal agency or a for profit company) , or was conceived of or developed in the course of the inventor’s duties at the University of Idaho.
3. Discovery or invention was the result of personal or private research performed independently of any contractual obligations to the University of Idaho and without using equipment, facilities or funds provided by the University of Idaho or an outside agency, or the result of permissible consulting activities.
4. Please list below all inventors of the invention. If there are more than two co-inventors, please list any additional inventors in Attachment 1. Note that failure to list every inventor who contributed to the conception of the invention may invalidate any patent for this invention. However, the question of inventorship is a matter of law, and each person listed below will not necessarily be named as an inventor on any patent that may ultimately be issued for the invention. Under University policy co-inventors share in any income from an invention.

As indicated by their signatures below — and subject to final determination of ownership of the invention under the University’s policy on intellectual property — the following individuals do hereby:

1. Assign their individual rights, title, interest and ownership in this discovery or invention to the University so that the University may, in its sole discretion, administer, protect, license, or otherwise use or exploit this invention for the benefit of the University and the individual inventors; and
2. In accordance with FSH Section 5300, paragraph B-4 (Royalties and Income), the inventor/s agree that their portion of the inventors’ share of net income resulting from any licensing, sale, or other commercialization of the invention is to be divided among themselves according to the percentages shown below; and
3. Acknowledge that the abstract provided with this form in Attachment 2 represents anon-enablingdescription of the technology and may be released, published, or disseminated by the OTT in order to attract potential licensing candidates or to assess the potential financial return from this discovery, and agree to work with OTT as requested to refine the abstract; and
4. Agree that the individual whose name appears on the first page of this form will be the contact point with the OTT on behalf of all those listed below (this contact inventor may or may not be the first inventor involved in this discovery; however, the contact point should be one of the inventors, and should be listed below as such), and
5. Certify that all information provided in this disclosure is true and accurate to the best of their knowledge.

The following individuals also understand that if Box “B” in Question 1 of this Section is checked, this disclosure will be immediately submitted to the Intellectual Property Committee for determination of ownership status in accordance withFSH Section 5300, paragraph C-4 (Ownership Questions), and that if it is determined that the invention was developed independently of the inventors’ University duties, the University will relinquish all rights in this discovery or invention to the inventors.

Please **print** or **type** *(if filling out by hand)*:

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| --- | --- | --- | --- |
| 1. Name: |  | Vandal number: |  |
| Title/Position: |  | Citizenship: |  |
| Dept/College: |  | Office Phone: |  |
| Office Address: |  | Office Fax: |  |
| Permanent Address: |  | Email: |  |
| City/State/Zip: |  | Royalty Share: |  |
| Signature: |  | | |
| Date: |  | | |

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| --- | --- | --- | --- |
| 2. Name: |  | Vandal number: |  |
| Title/Position: |  | Citizenship: |  |
| Dept/College: |  | Office Phone: |  |
| Office Address: |  | Office Fax: |  |
| Permanent Address: |  | Email: |  |
| City/State/Zip: |  | Royalty Share: |  |
| Signature: |  | | |
| Date: |  | | |

*Note: If there are more than 2 inventors, please use Attachment 1.*

#### SECTION III. Notifications

The following individuals **must** sign this Invention Disclosure Form before the OTT can formally begin to administer this invention.

**Department Chair**

To best of my knowledge, the information on how the invention was developed presented in this disclosure, and the “Declaration of Ownership” in Question 1 of Section II above are accurate, subject to the comment below.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Name: |  | | |
| Department: |  | | |

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| --- | --- |
| Comment: |  |

**Dean/Director**

I have received and acknowledge this invention disclosure.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Name: |  | | |
| College/Institute: |  | | |

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| --- | --- |
| Comment: |  |

Please return this completed form to: Office of Technology Transfer

University of Idaho

875 Perimeter Drive

MS 3003

Moscow, ID 83844-3003

If you have any questions, please call (208) 885-4550 or email: [ott@uidaho.edu](mailto:ott@uidaho.edu).

### Attachment 1 — Additional Inventors

|  |  |  |  |
| --- | --- | --- | --- |
| 3. Name: |  | Vandal number: |  |
| Title/Position: |  | Citizenship: |  |
| Dept/College: |  | Office Phone: |  |
| Office Address: |  | Office Fax: |  |
| Permanent Address: |  | Email: |  |
| City/State/Zip: |  | Royalty Share: |  |
| Signature: |  | | |
| Date: |  | | |

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| --- | --- | --- | --- |
| 4. Name: |  | Vandal number: |  |
| Title/Position: |  | Citizenship: |  |
| Dept/College: |  | Office Phone: |  |
| Office Address: |  | Office Fax: |  |
| Permanent Address: |  | Email: |  |
| City/State/Zip: |  | Royalty Share: |  |
| Signature: |  | | |
| Date: |  | | |

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| --- | --- | --- | --- |
| 5. Name: |  | Vandal number: |  |
| Title/Position: |  | Citizenship: |  |
| Dept/College: |  | Office Phone: |  |
| Office Address: |  | Office Fax: |  |
| Permanent Address: |  | Email: |  |
| City/State/Zip: |  | Royalty Share: |  |
| Signature: |  | | |
| Date: |  | | |

*Copy this page and attach as needed for additional inventors.*

### Attachment 2 — Description of Invention

1. Please provide a complete description of the invention/discovery. Attach manuscript, publication, abstract if necessary.

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1. Provide the date the invention was first conceived

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| --- | --- | --- | --- |
| Date: |  | Place: |  |

1. Stage of the invention

Concept  Prototype  Design  Complete Product

Modification  Software  Mobile application

1. Did you find any publication or patents or prior art relevant to this invention?

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1. Is a laboratory notebook or other documentation available?  Yes  No

(If no, what other proofs of inventorship can you provide?)

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1. Describe why the invention is better or more effective than present state-of-the-art technology. What benefits does it provide? What problems does it solve?

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1. List up to ten (10) key words that help describe or that relate to the work.

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1. List any company that may be interested in licensing this invention. Please provide contact details if any.

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### Attachment 3 — Public Disclosures

1. Has the invention been described or discussed in any journal, abstract, paper, oral presentation, news story, thesis, dissertation or other medium?  Yes  No

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| --- | --- | --- | --- |
| If yes, date: |  | Medium (journal, conference, etc.): |  |
| Name of journal, conference, etc.: | |  | |

*Attach copy of abstract, presentation, thesis/ dissertation, etc.*

1. Has there been any past public use, sale, or offer for sale of the invention?  Yes  No

|  |  |
| --- | --- |
| If yes, date: |  |
| Describe circumstances, including contact person(s), etc.: |  |

1. Is a publication or other disclosure planned?  Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| If yes, date: |  | Medium (journal, conference, etc.): |  |
| Name of journal, conference, etc.: | |  | |

*Attach copy of abstract, presentation, thesis/ dissertation, etc.*

1. Has the invention been disclosed or discussed with industry representatives?  Yes  No

|  |  |
| --- | --- |
| If yes, date: |  |
| Describe circumstances, including contact person(s), etc.: |  |

1. Have there been any other disclosures of the invention? If so, please explain:

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### Attachment 4 — Research Funding, Sponsorship, and Support Information

List ***all*** of the funding agencies, companies, organizations and sponsors of the research that led to this discovery or invention, *including those who supplied materials under a formal Material Transfer Agreement (MTA) prior to invention or reduction to practice*. If none, please enter “none.” If more space is required, copy this page or attach additional pages as needed.

|  |  |
| --- | --- |
| Name of sponsor (agency/foundation/company/etc.): |  |
| Sponsor’s grant/project number: |  |
| OSP number: |  |
| Principal investigator: |  |
| Grant/contract/project title: |  |
| Funding period: |  |

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| --- | --- |
| Name of sponsor (agency/foundation/company/etc.): |  |
| Sponsor’s grant/project number: |  |
| OSP number: |  |
| Principal investigator: |  |
| Grant/contract/project title: |  |
| Funding period: |  |

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| --- | --- |
| Name of sponsor (agency/foundation/company/etc.): |  |
| Sponsor’s grant/project number: |  |
| OSP number: |  |
| Principal investigator: |  |
| Grant/contract/project title: |  |
| Funding period: |  |

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| --- | --- |
| Name of materials provider, if any: |  |
| University MTA Number: |  |
| Related OSP number, if any: |  |
| Related grant/contract/project title, if any: |  |

What University support has this discovery or invention received?

|  |  |
| --- | --- |
| Facilities: |  |
| Funding: |  |
| Services: |  |
| Other support (e.g., release time, paid technical assistance, etc): |  |

Are/were there any other sources of support for this discovery or invention? If so, please explain:

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