

For Internal Office Use Only:

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

Disclosure No. \_\_\_\_\_

## University of Missouri Invention Disclosure Form

*The purpose of this form is to permit evaluation of your discovery in order to determine whether commercial development is feasible and whether patent protection can be, and should be, sought. Please provide sufficient amounts of information that will assist in understanding the technical merits of the work and the commercial usefulness and practical applications.*

*This form is an important legal document, so care should be taken in preparing it. Please complete the form in its entirety. If any question is not applicable, indicate N/A.*

**1. NON-CONFIDENTIAL TITLE OF THE INVENTION:**

**2. NON-CONFIDENTIAL ABSTRACT:** Please provide a non-confidential description of the invention. These one or two paragraphs should focus on the invention’s commercial application and benefits without disclosing inventive methods or other confidential details. Include an explanation of how your invention is better, faster, or cheaper than competing technologies. This abstract will be posted on websites and used for marketing purposes. If you have any objections to posting on websites, please explain.

**3. KEYWORD LISTING:** Please provide a list of keywords related to the invention to be used for patent searching and/or marketing of the invention.


*(add pages as necessary)*

**4. DETAILS OF THE INVENTION:**

**a. Technical Description.** Give a technical description of the invention in enough detail that would teach somebody skilled in the art how to practice the invention. Provide data or other evidence of the feasibility or operability of the invention. Include essential elements, features, concepts or new results of the invention, whichever is most applicable, and identify the elements that are considered novel. Attach any visual material (sketches, graphs, photographs, etc.) that will aid in understanding the invention.

**b. Invention History.** Conception and reduction to practice combine to make an invention. Conception of the invention is the formulation in the mind of an inventor of the complete means of solving a problem in such a way that a person of ordinary skill in the art could practice the invention without unduly extensive research or experimentation. Reduction to practice is when the invention has been made, tested, and determined to work for its intended purpose. Reduction to practice may be an actual reduction or a constructive reduction to practice.

Description	Date	Details/Comments
<b>Conception of the invention.</b> Has this date been documented? If so, where?	/ /	

<b>First written description.</b> Attach a copy if possible	/ /	
<b>Completion of prototype.</b>	/ /	
<b>First successful operational test.</b>	/ /	
<b>Additional data gathered.</b>	/ /	

(add pages as necessary)

**c. Additional Development.** Indicate what further development may be necessary to make the invention more attractive to potential licensees.

**5. PUBLICATION/PRESENTATION AND OTHER FORMS OF PUBLIC DISCLOSURE:**

**a. Prior Public Disclosures:** Identify all public disclosures of the invention to individuals outside of the University (i.e. journals, website postings, presentations, external discussions, etc.) and provide copies of any written materials associated with the disclosures.

Date of Disclosure	Location of Disclosure	To Whom	Type of Disclosure	Non-Disclosure Agreement in Place? (Y/N)
/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No

(add pages as necessary)

**b. Upcoming Public Disclosures:** Identify any upcoming public disclosures of the invention that would teach the invention and provide any written materials associated with the anticipated disclosures.

Date	Location of Disclosure	To Whom	Type of Disclosure
/ /			
/ /			
/ /			

(add pages as necessary)

**6. MARKET POTENTIAL:**

**a. Commercial Applications.** Describe the most likely products, services, commercial processes or other applications that could result from this invention. What is the market for the invention?

**b. Competitive Advantages:** Describe what problem(s) the invention solves and how this invention will provide superior advantages in the marketplace (e.g., how could it help a potential customer: lower expenses, increase productivity, efficiency or accuracy, minimize risk, simplify a process, overcome a defect, increase revenue, obtain a competitive advantage, etc.).

**c. Disadvantages or Limitations.** Describe any disadvantages or limitations of the invention and explain how they might be overcome.

**d. Potential Licensees/Commercial Partners.** Identify any companies that you believe may have an interest in licensing the invention.

Company	Contact Person	Contact Information

(add pages as necessary)

**7. FINANCIAL SUPPORT / CONTRACT IDENTIFICATION:**

**a. Sponsorship.** Identify any third parties that may have rights to the invention, such as research sponsors (governmental agencies, industrial sponsors, foundations, private agencies, etc.).

Agency or Sponsor	Grant/Contract Number	University Account Code

(add pages as necessary)

**b. Materials.** Identify any third parties that provided biological materials, data, equipment, etc. that was utilized in the development of the invention. Provide copies of any associated agreements.

Organization Name	Type of Agreement	Date
		/ /
		/ /
		/ /

(add pages as necessary)

**c. Other.** Identify any third parties that may have rights to the invention as a result of a Collaboration Agreement, Non-Disclosure Agreement, etc. and provide copies of any such agreements.

Organization Name	Type of Agreement	Date
		/ /
		/ /
		/ /

(add pages as necessary)

**8. CONFLICT OF INTEREST:** Identify any financial, consulting, stock ownership, board membership or other relationship (whether pending or otherwise) with any party you have identified in Section 6d or 7 of this form, or that you believe has any relevance to the development or marketing of this invention.

Organization	Nature of the Relationship	Conflict of Interest Form Filed? (Y/N)		Date Began
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	/ /
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	/ /
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	/ /

(add pages as necessary)

**9. OTHER COMMENTS:** Include any additional information you feel may be helpful in assessing this invention.

**10. INVENTORSHIP AND INCOME SHARING:** Inventorship has a strict legal meaning under the U.S. patent law. Not all authors of a manuscript describing the invention qualify as inventors. Supervisors and individuals who worked to reduce the invention to practice do not necessarily qualify as inventors either. Only those who have made

essential, independent, conceptual or reduction to practice contributions to the ultimate working invention are legal inventors. A person is not an inventor if he/ she merely carries out experiments planned wholly by another person or does not contribute to the inventive concepts. Although preliminary determinations of inventorship are made during the invention disclosure process, legal inventorship cannot be officially determined until after the patent application is prepared and the scope of the invention (defined in the patent claims) is determined. Inventorship can change even during the evolution of the patent application process, as the scope of the claimed invention changes.

Income received by the University as a result of commercializing the invention, will be shared among those University employees who, at the time the income is received by the University, are considered to be the legal inventors. The sharing of income among the University inventors will be according to the University's Collected Rules & Regulations and the percent of inventive contribution that you provide below. If the University inventors cannot agree on the inventive contribution percentages, the income will be distributed equally until such time as agreement is reached among the University inventors and provided to the University in writing signed by the University inventors. If the inventive contribution percentage information requested below is incomplete, inconsistent or inaccurate, distribution of the income may be delayed until such time as the correct information is provided in writing to the University.

By providing your signature in this Section 10, you hereby affirm that, to the best of your knowledge, those listed below are the true inventors and that you know of no other inventor(s). Failure to list a co-inventor may invalidate any patent that issues on this invention and/or result in the delay or non-payment of licensing revenues. **In addition, by providing your signature, you affirm that the inventive contribution percentages have been reviewed by you and that you agree with those percentages.**

**Percentage of Inventive Contribution:** [Signature is required only for University of Missouri inventors]

Full Name	Affiliation	Contribution Percentage	Signature	Date
		%		/ /
		%		/ /
		%		/ /
		%		/ /
		%		/ /

*(add pages as necessary)*

**11. SUBMITTER DECLARATION AND SIGNATURE:**

The above statements are true to the best of my (our) knowledge and belief.

I (We) hereby agree to assign all right, title and interest to this invention to The Curators of the University of Missouri and agree to execute all documents as requested, assigning to The Curators of the University of Missouri my (our) rights in any patent application(s) filed on this invention, and to cooperate with the University of Missouri in the protection of this invention.

**Submitter 1**

Full Name	
Address	
Email	
Department	
Citizenship	
Date	
Signature	

**Submitter 2**

Full Name	
Address	
Email	
Department	
Citizenship	
Date	
Signature	

**Submitter 3**

Full Name	
Address	
Email	
Department	
Citizenship	
Date	
Signature	

**Submitter 4**

Full Name	
Address	
Email	
Department	
Citizenship	
Date	
Signature	

**Submitter 5**

Full Name	
Address	
Email	
Department	
Citizenship	
Date	
Signature	

*(add pages as necessary)*

**12. SUBMISSION OF THIS FORM:** Please return the completed form to your campus technology transfer office at the address below. If the submitters are from different campuses, submit the form to the campus office of the lead PI or of the inventor with the largest inventive contribution percentage.

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**If you have any questions about this form, please contact your campus technology transfer office.**