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**University of Arkansas at Little Rock Invention Disclosure Form**

# DIRECTIONS:

1. Read and fill out as completely as possible the stage of development of your technology, the Invention Disclosure Form, including information related to government or private funding of research leading to the invention.
2. Please make sure to conduct a thorough patent and publication research for your invention.
3. Please make sure to obtain the signatures of all co-inventors and that of your college dean and bring a paper copy of the invention to the UALR TechLaunch Office at ETAS105.
4. We highly recommend for you to notarize your invention. For a list of notary publics on campus please follow this link: ualr.edu/www/facultystaff/notaries/

# **Invention Information**

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. If you do not know the answer, indicate “No Knowledge.” Should you have any questions regarding this form, please call our offices at 501.569.8989

Nature of Invention: Machine [ ]  Process [ ]  Composition of Matter [ ]  Manufacture [ ]  Software [ ]

Biological organism (i.e. gene and/or other DNA and their uses or processes) [ ]  Business Method [ ]  University Works (i.e. copyright work, trademark work, other design work) [ ]

If your invention consists of software, have proper copyright markings been utilized? Yes[ ]  No[ ]

1. **TITLE OF INVENTION:** *The title of the invention should be brief but technically accurate, descriptive, and non-enabling (not confidential).*
2. **NON-CONFIDENTIAL ABSTRACT:** *Please provide a non-confidential description of the invention. This should include one or two paragraphs and 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 less expensive than competing technologies.* ***This will be used for marketing your technology; therefore it needs to be non-enabling.***
3. **KEYWORD LISTING:** *Please provide a list of keywords related to the invention to be used for patent searching and/or marketing.*
4. **DETAILED DESCRIPTION OF THE INVENTION: All the following information is confidential and is property owned by the University of Arkansas System**
	1. ***Technical Description:****. Give a technical description of the invention in enough detail so that it would teach somebody skilled in the art how to practice the invention. A common format of disclosure is shown below.* ***Use as much space as needed.***
		1. Purpose of Invention*:*
		2. Prior existing Technology: *(Describe the previous old methods, materials, or apparatuses used by others to perform the purpose of the invention and give their limitations/disadvantages)*
		3. Structure*: Describe the structure of the invention (Attach any visual material (sketches, graphs, photographs, diagrams, charts etc.) that will aid in understanding the invention)*
		4. Operation/Function/Use*: Describe how your invention operates, its function and use.*
		5. Alternatives:  *Indicate any alternative methods, materials, or apparatuses that can be used for your invention.*
		6. New Features:  *Identify the features of the invention that are new.\** ***(Please note that this is critical to evaluation of invention novelty)***
	2. ***Invention History:*** *To make an invention,* ***conception*** *needs to be combined with* ***reduction to practice****. Conception of the invention is the formulation of the idea in the mind of an inventor. It contains the complete methods of solving a problem in a way that a person of ordinary skill in the art could practice the invention without extensive research or experimentation. Reduction to practice is when the invention has been made, tested, and determined to work for its intended purpose. All these details are important in determining a timeline of your invention should a future conflict arise.*

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| --- | --- | --- |
| Description | Date | Details/Comments  |
| **Conception of the invention.**  Has this date been documented? If so, where? |  |  |
| **First written description.**  |  |  |
| **Completion of prototype if any.** |  |  |
| **First successful operational test.** |  |  |
| **Additional data gathered.** |  |  |
| **Current Development Status and the number of years in development** |  |  |

* 1. ***Additional Development:*** *Indicate what further development research or otherwise may be necessary to make the invention more market ready.*

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

**a. Prior and Upcoming Public Disclosures (including theses):** 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) |
|  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  | [ ]  Yes [ ]  No |

*(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 costs, 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. Include Contact information if any.*

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

Was the research and/or invention funded solely by the University? [ ]  Yes [ ]  No

**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 | Grant Title and Funding Dates |
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**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 |
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*(add pages as necessary)*

**8. RELATED PUBLICATIONS**: *Please list any published material, such as scientific papers, patents (with patent number), or commercial literature relating to your invention, please cite and/or supply them. Patent information can be obtained via a key word search from:* [*www.uspto.gov*](http://www.uspto.gov)*; freepatentsonline.com; and Google Patents.*

**CERTIFICATION**

By signing below, each inventor certifies that he or she is an inventor (see Appendix C for guidelines in determining inventorship), that the others named herein are inventors, and that there are no other inventors, to the best of his or her knowledge. Furthermore the signatories agree to the royalty split, of free will and made without coercion of any kind. Any income received as a result of licensing will be distributed according to the UALR patent policy. Division among the inventors will be as indicated below. If the royalty distribution is NOT completed, it will be assumed that all inventors consent to an equal royalty distribution. You must notify the CIC office of any change of address.

If you cannot be contacted, any patent applications may be abandoned and you will not receive any royalties. Please indicate with an asterisk the inventor who will serve as the principal contact with the Vice Provost. All correspondence with, and questions for the inventors will be addressed to the principal contact.

**Percentage of Inventive Contribution:** [Signature is required only for UALR inventors] ***Note that: If an inventor receives equity from a licensee related to the license of technology to that company, the Patent and Copyright Policy states that the inventor may be required to waive his/her share of revenues received by the University in connection with that license.***

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| Full Name | Affiliation | Royalty Percentage | Signature | Date |
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**I (we) hereby agree, upon request of the University, to assign all rights, titles, and interest in the invention to the Board of Trustees of the University of Arkansas acting for and on behalf of the University of Arkansas at Little Rock and execute all necessary papers and otherwise provide appropriate assistance to enable the University to obtain, enforce, and protect its rights in the invention.**

**Inventor 1**

|  |  |
| --- | --- |
| Full Name |  |
| Position |  |
| Address |  |
| Email |  |
| Website |  |
| Department |  |
| University |  |
| Citizenship |  |
| Date |  |
| Signature |  |
| Describe Contribution/ Inventive Step: |  |

**Inventor 2**

|  |  |
| --- | --- |
| Full Name |  |
| Position |  |
| Address |  |
| Email |  |
| Website |  |
| Department |  |
| University |  |
| Citizenship |  |
| Date |  |
| Signature |  |
| Describe Contribution/ Inventive Step: |  |

**Inventor 3**

|  |  |
| --- | --- |
| Full Name |  |
| Position |  |
| Address |  |
| Email |  |
| Website |  |
| Department |  |
| University |  |
| Citizenship |  |
| Date |  |
| Signature |  |
| Describe Contribution/ Inventive Step: |  |

**Inventor 4**

|  |  |
| --- | --- |
| Full Name |  |
| Position |  |
| Address |  |
| Email |  |
| Website |  |
| Department |  |
| University |  |
| Citizenship |  |
| Date |  |
| Signature |  |
| Describe Contribution/ Inventive Step: |  |

Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public Certification: