

INVENTION DISCLOSURE FORM

NAME (IF MULTIPLE INVENTORS, IDENTIFY PRIMARY CONTACT HERE AND ON PAGE 4 AND SEE PAGE 5 FOR CO-INVENTOR INFORMATION)

SIGNATURE

DATE

CONTACT INFORMATION

PHONE: _____

EMAIL: _____

DEPARTMENT

INVENTION DISCLOSURE FORM

OFFICE OF COMMERCIALIZATION ▪ FLORIDA STATE UNIVERSITY

INVENTION DISCLOSURE FORM

THIS CONFIDENTIAL FORM IS USED TO DISCLOSE A UNIVERSITY-SUPPORTED INVENTION, GENERALLY, PATENTABLE MATERIALS, AS REQUIRED UNDER FLORIDA STATE UNIVERSITY (FSU) POLICIES (EXPLAINED IN [POLICY ON PATENTS AND UNIVERSITY-SPONSORED EDUCATIONAL MATERIALS](#). WORK(S), GENERALLY, COPYRIGHTABLE MATERIALS, SHOULD BE DISCLOSED ON THE FORM ENTITLED [WORK DISCLOSURE FORM](#). ALL QUESTIONS ARE IMPORTANT SO PLEASE RESPOND TO EACH EVEN IF THE ANSWER IS "NONE" OR "NOT APPLICABLE". FOR A LIST OF FREQUENTLY ASKED QUESTIONS PLEASE [CLICK HERE](#). FOR OTHER QUESTIONS REGARDING THIS FORM, PLEASE CALL THE OFFICE AT (850) 645-7217.

I. PRELIMINARY DESCRIPTION

USE ADDITIONAL SHEETS AND ATTACH DESCRIPTIVE MATERIALS TO EXPAND ANSWERS TO QUESTIONS. (SKETCHES, DRAWINGS, PHOTOS, REPORTS AND MANUSCRIPTS ARE HELPFUL.)

<p>A. Describe your technology. Be sure to provide a title and include the essential elements (features, concepts, or new results of the invention, whichever is most applicable), their relationship to each other, and their mode of operation.</p>
<p>B. Is there a written paper, presentation, or other description of the technology?</p> <p>Yes <input type="checkbox"/> Title of Paper _____</p> <p>No <input type="checkbox"/> - please skip to D</p>
<p>C. Has the written paper, presentation or other description of the technology been made public?</p> <p>Yes <input type="checkbox"/> To Whom? _____</p> <p>When? _____</p> <p>Where? _____</p> <p>No <input type="checkbox"/></p>
<p>D. Do you plan on publishing or publically presenting the technology within the next six months?</p> <p>Yes <input type="checkbox"/> To Whom? _____</p> <p>When? _____</p> <p>Where? _____</p> <p>No <input type="checkbox"/></p>

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<p>E. Name of industry, university, government, or other sponsor, if any.</p> <p>Contract Number:</p>						
<p>F. What present technology exists that solves the same or similar problems? Why is the Invention better, more advantageous than present technology? What problems does it solve? What are its novel and unusual features?</p>						
<p>G. Are you the sole inventor?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/> - Please list the names and departments of the co-inventors</p> <table><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table>	_____	_____	_____	_____	_____	_____
_____	_____					
_____	_____					
_____	_____					
<p>H. For any of the inventors listed. During the last five years have you or any of your co-inventors signed any documentation or agreements of any type during a visit to an outside entity such as a commercial or government research lab, or been employed by another entity claiming ownership of intellectual property of its employees? Use more paper if needed.</p> <p>Yes <input type="checkbox"/> To Whom? _____</p> <p>When? _____</p> <p>Where? _____</p> <p>No <input type="checkbox"/></p>						

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II. FOR FIRST NAMED INVENTOR

PLEASE LIST THE NAMES AND TITLES OF ALL INVENTORS (PRINT; SIGN WHERE INDICATED) ALL FIELDS ARE REQUIRED. FOR AN EXPLANATION OF INVENTORS AND CO-INVENTORS PLEASE [CLICK HERE](#).. USE LAST PAGE FOR ADDITIONAL INVENTORS. PLEASE NOTE THAT THE FIRST LISTED INVENTOR WILL CONSIDERED BE THE PRIMARY CONTACT BY THIS OFFICE.

Primary Inventor

Name _____	Signature _____	Date _____
Department _____	College _____	
Business Address _____	Business Phone _____	
Business Fax _____	e-mail _____	
Home Address _____	Home Phone _____	
Citizenship _____	PERCENT SHARE OF INVENTOR ROYALTIES _____	

III. DEPARTMENT INFORMATION

THE DEPARTMENT CHAIRPERSON AND DEAN (OR THEIR EQUIVALENTS) OF EACH INVENTOR SHOULD SIGN BELOW TO CONFIRM THE UNIVERSITY CONTRIBUTION, AND CONTRACT AND GRANT SUPPORT, TO THE INVENTION. COPY THIS PAGE IF ADDITIONAL CHAIR SIGNATURES ARE NEEDED.

A. Signature of Department Chairperson(s)		
	Chair 1	Chair 2
Department		
Name		
Signature		
Date		
B. Signature of Dean(s)		
	Dean 1	Dean 2
College:		
Name:		
Signed:		
Date:		

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IV. FOR OTHER CO-INVENTORS

PLEASE THE INFORMATION BELOW FOR ALL CO-INVENTORS (PRINT AND SIGN WHERE INDICATED) ALL FIELDS ARE REQUIRED. FOR AN EXPLANATION OF INVENTORS AND CO-INVENTORS PLEASE [CLICK HERE](#). USE ADDITIONAL PAGES IF NECESSARY

Co-Inventor

Name _____ Signature _____ Date _____
Department _____ College _____
Business Address _____ Business Phone _____
Business Fax _____ e-mail _____
Home Address _____ Home Phone _____
Citizenship _____ PERCENT SHARE OF INVENTOR ROYALTIES _____

Co-Inventor

Name _____ Signature _____ Date _____
Department _____ College _____
Business Address _____ Business Phone _____
Business Fax _____ e-mail _____
Home Address _____ Home Phone _____
Citizenship _____ PERCENT SHARE OF INVENTOR ROYALTIES _____

Mail or Hand-deliver this form to:

The Florida State University
Office of Commercialization,
95 Chieftan Way, 312 Dittmer Building
(Across from the Dirac Science Library)
Tallahassee, FL 32306-4391
Phone: (850) 645-7217

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FREQUENTLY ASKED QUESTIONS

1. What are the requirements for an invention to be considered patentable?

An invention disclosure should be made when something new and useful has been conceived or developed, or when unusual, unexpected, or unobvious research results have been achieved and can be utilized.

2. What is an Invention?

Inventions include any discovery, new and useful process, composition of matter, article of manufacture, design, model, technological development, biological material, strain, variety, culture of any organism, or portion modification, translation, or extension of these items, and any mark used in connection with these items.

3. What should I include in the description of the invention?

A description should include a title and the essential elements (features, concepts, or new results of the invention, whichever is most applicable), their relationship to each other, and their mode of operation

4. What is considered a public disclosure?

Public disclosures can include (but are not limited to) abstracts and presentations at an open scientific meetings (including poster sessions), public seminars, posting to a website, shelving of theses, publications in scientific journals, peer review articles, disclosure to others outside of FSU who have not signed a confidentiality agreement, and the use, sale, or offer of sale of the invention.

5. I am not sure whether I have an invention or not. Who should I call?

The Office of Commercialization would be happy to assist you with meeting with you to learn more about your research results to help determine whether it makes sense to submit a formal invention disclosure form or not. Please call or email Eric McNair at 644-3328 or emcnair@fsu.edu.

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Co-Inventor

Name _____ Signature _____ Date _____

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PERCENT SHARE OF INVENTOR ROYALTIES _____
