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**Invention Disclosure Form (IDF)**

Please submit completed IDFs to:

**Office of Research Compliance and Technology Transfer**

**Division of Research and Economic Development**

**North Carolina central University**

**1801 Fayetteville Street**

**Hubbard-Totton Building Suite 309**

**Durham, NC 27707**

**(919) 530-5140 Office**

**(919) 530-6894 Fax**

**1. Technology Title** [Title should not reveal unique details]:

**2. Persons Submitting Disclosure:** All correspondence will be sent to the first person listed below. This person will be responsible for communicating correspondence with other submitters. Otherwise, the order in which you list names has no significance. People submitting this disclosure should discuss the following:

a. Contributions made by each individual;

b. Indication of how revenue should be divided; and,

c. How proceeds should be split.

All of the individuals listed here **may not** be included in specific patents based on this disclosure. Please note that “Inventor” is a specific legal term arising from patent law, and the inclusion of an individual who is not legally an inventor on a patent, will **invalidate** the patent.

**Pursuant to the Intellectual Property Policy of North Carolina Central University (NCCU), I/we hereby disclose details about the invention to be described:**

**2.1.** *Person coordinating submitters’ activities/responses with NCCU Office of Research Compliance*

First Name: Initial: Last Name:

Is/was this person a NCCU employee? YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

Department:

Work Phone: Fax: Email address:

**Contribution to invention** [specificity is important]:

% Royalty Share: \_\_\_\_\_\_\_ Was the work done at NCCU? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_

If yes, please specify which lab:

If no, please note address below:

**2.2.**

First Name: Initial: Last Name:

Is/was this person a NCCU employee? YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

Department:

Work Phone: Fax: Email address:

**Contribution to invention** [specificity is important]:

% Royalty Share: \_\_\_\_\_\_\_ Was the work done at NCCU? YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

If yes, please specify which lab:

If no, please note address below:

***If more than two (2) persons are submitting the disclosure, please add information as described above.***

**3. Ownership Category:** Check more than one category if applicable.

\_\_\_\_ A. Resulting from research or other work conducted by the inventor(s) wholly on their own time without use of University funds or facilities

\_\_\_\_ B. Resulting from research or other work conducted by the inventor(s) wholly on their own time but involving some but not significant use of University funds or facilities

\_\_\_\_ C. Resulting from research or other work conducted by the inventor(s) in whole or in part on University time or with significant use of University funds or facilities

\_\_\_\_ D. Arising from research financed by federal and/or state agencies

\_\_\_\_ E. Resulting from research or other work sponsored by nongovernmental entities and controlled by the terms of the research agreement, if applicable

\_\_\_\_ F. Other [*Please describe]*

**4. Source of Funds:** Please list all sources of funding related to this invention. *[Federal/ State Government, Corporate Sponsor, HHMI, Private Foundations/Other]* ***A copy of all non-federal government agreements must be included so that it can determined whether this invention is subject to any commitments or restrictions arising from the terms of sponsorship.***

**4.1 Sponsor:**

Federal Grant #:

NCCU Contracts & Grants #:

Short Title:

Research Period - Beginning Date: Ending Date:

**4.2 Sponsor**:

Federal Grant #:

NCCU Contracts & Grants #:

Short Title:

Research Period - Beginning Date: Ending Date:

***If more than two (2) sponsors are supporting the intellectual property described in the disclosure, please add information as described above.***

**5. Source of Materials:** Did you use materials received from any other source?

YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_

If Yes, please list the materials, source, date received, and any materials transfer agreements (MTA) in place for used of said materials. *Please include copies of agreements already in place.*

**6. Other Obligations:**

Do other organizations or individuals have any rights to the technology, and do you or NCCU have any obligations to others with respect to this technology? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_

Do you consult with any companies that may claim rights to this technology? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_

If so, did you sign a Confidential Disclosure Agreement (CDA) with the company before discussing the invention? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_

*Please include copies of any relevant agreements that are in place.*

**7. Technology/Invention Description:** Please provide information that will help us decide if this technology is an invention in the legal sense. Your answers will enable us to determine if your intellectual property can be protected by a patent. NCCU may decide to commercialize the technology in other ways.

**7.1 Date of conception of the invention**: Legally, “Conception” means the formation, in the mind of the inventor(s), of a definite and permanent idea of the complete and operative invention as claimed, as it is thereafter to be applied in practice.

**7.2 How was the first written record of the invention documented?** (i.e. lab notebook, computer disk, photograph, chart)

**7.3 Detailed Invention Description:** Your description should distinguish the invention from prior art such as publications and patents. Include the following in your description:

**7.3.1** Most effective way to carry out the invention (e.g. optimum materials, proportions,

conditions, parameters, etc.).

**7.3.2** Diagrams, drawings, etc., as required and be as specific as possible- relevant manuscripts,

or related documents.

**7.3.3** Novel features and advantages that differentiate this technology from other available

technologies.

**7.3.4** Comment on possible uses for the invention including how this technology could be used

to resolve/improve an existing issue and other uses for the technology that might be

realized in the future.

**7.3.5** Describe any disadvantages or limitations of the invention. Can they be overcome? How?

**7.3.6** Are there any prior patent applications or patents by the inventor(s) related to this

invention? If Yes, list the serial number(s) and filing date(s).

**7.4**. Has the invention been reduced to practice (i.e. experiments, prototypes, pre-clinical data demonstrating principles)? If Yes, when? How?

**8. Disclosure (Including Publications):** Any public, non-confidential disclosure of the details of the invention (orally, in writing, by actual use, demonstration or posters) constitutes disclosure and in turn may bar patent protection. In the US, a publication triggers a one-year period within which a patent application must be filed in order to maintain US rights. Publications or disclosures prior to the US patent application will eliminate patent rights in most foreign countries.

Written publications and abstracts are NOT the only forms of disclosure. A copy of written publications or any other written disclosure MUST be included with this form.

Has this technology been publicly disclosed in any form?

YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_

**8.1** If Yes, please indicate how the technology or any part thereof has been disclosed.

**8.1.1 Written publications as of date of this invention** [Provide full title, reference and date of release]:

**8.1.2** Other forms of disclosure [Give venue, form of presentation, date, person disclosing]:

**8.1.3** Have there been any changes in the invention since the disclosure(s)? If so, describe.

**8.2** If No, please indicate how you anticipate disclosing this technology. *Sample Answer: We will initially present the research studies at national and international meetings of research societies*.

**8.2.1** For presentations [Give venue, form of presentation, date, person disclosing]:

**8.2.2** For publications [Give anticipated submission date; or, if already submitted, anticipated publication date. If you have a copy of a manuscript or written version of other disclosures, submit with this form]:

**9. Prospects for Commercialization:**

**9.1** Indicate any apparent commercial interest. Please name companies and specific persons if possible.

**9.2** Are there known inventions or products that would compete with this one? Please describe, including information on relevant patents and publications, if available.

**9.3** List names of other qualified firms that make comparable equipment or products, with your comments, if any.

**10. Conflict of Interest (COI) Information:** Please refer to NCCU Conflict of Interest and Commitment Policy and/or the Office of Research Compliance if you or any disclosing party has questions regarding COI information.

**10.1** Do any of the disclosing parties serve as either a director, officer, or board member of the company or companies named in section 9? If Yes, please list in what capacity each person serves.

**10.2** Do any of the disclosing parties consult for any of these companies? If Yes, please list the company(ies) for which each consults.

**10.3** Do any of the disclosing parties hold a financial interest in any of the companies? If Yes, please list the company(ies) in which financial interest is held.

**11**. **Non-Confidential Disclosure**. Prepare a brief (one page) NON-CONFIDENTIAL description of your technology. Include succinct background and how this technology could be used to solve an existing problem. **Do not include a detailed description of your invention such that someone in the field would be able to discern your technology**.

**SIGNATURES OF ALL SUBMITTERS AND CHAIR(S)/DIRECTOR(S) MUST BE OBTAINED BEFORE AN INVENTION DISCLOSURE FORM CAN BE SUBMITTED AND PROCESSED.**

This Disclosure Is Submitted By The Following Person(s):

**Submitter(s) signature(s):**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

***If more than two (2) persons are submitting the disclosure, please add signature lines as appropriate.***

**Witness** *[This person should be a non-discloser with the technical expertise to understand the invention.]:*

The undersigned have read and understood the technology disclosed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

Typed Name

Department

**Signature of Department Chairperson(s)/Director(s) Impacted by the Disclosure\*:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

Typed Name

Department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

Typed Name

Department

\*By signing in the appropriate space, the Department Chairperson(s)/Director(s) indicates he/she has seen and reviewed this IDF.

***For Internal Use Only***

**Office of Research Compliance**

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(signature)

Date IDF received \_\_\_\_\_\_\_\_\_\_\_\_\_

Typed name

Title