

*For Internal Use Only:*

Docket #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DREXEL UNIVERSITY/DREXEL UNIVERSITY COLLEGE OF MEDICINE**

**INVENTION DISCLOSURE FORM**

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| **INSTRUCTIONS:** The purpose of this Technology Disclosure Form is for Drexel Applied Innovation (“DAI”) to evaluate and record what was invented and the circumstances under which the invention was made. For detailed instructions of each section below, please go to DAI’s website at www.drexel.edu/applied-innovation. If at all possible, this form should be submitted in advance of any public disclosures of an invention. If you have any questions or need assistance with this form, please contact DAI at 215-895-0306. Please email this form to [techdisclosure@drexel.edu](mailto:techdisclosure@drexel.edu) in addition to sending a fully signed original via interoffice mail to:  **ATTN:** IP & Agreements Lead ~ Drexel Applied Innovation ~ 3020 Market Street Suite 520 ~ Philadelphia, PA 19104 ~ Tel: 215-895-0306 ~ Fax: 215-571-4164 |

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| **1. Date Submitted**: |
| **2.**  **Title of Invention**: |
| **3.**  **Summary of Invention -** Briefly summarize/describe your invention and the current stage of development. Please attach any documents which describe the invention in detail (e.g. manuscripts, slide presentations, posters, grant applications, etc.). |
| **4. Is this invention related to a prior invention disclosed to DAI?** No  Yes  a) If yes, prior docket number:  b) Title of prior docket: |
| **5. What are the advantages and impact of your invention over current methods?** |
| **6. Briefly describe your planned research for this invention over the next year.** |
| **7. Is this a joint invention with another University or Entity**? No  Yes  If yes, please list name of other organization:  **7a. If this is a joint invention, where was the work performed?** |
| **8. SOFTWARE - If any aspect of your invention includes a software component please complete the following section. If not, please proceed to Section 9:**  **8a.** Does the software derive from or include any code (freeware, open source, commercial code etc.) that is now publicly available. This includes code developed by you or any other entity. If so, please describe and list associated license information (GPL, MIT etc.).    **8b.** List preferred and alternate ways that your software can be deployed (e.g. as a desktop application, web application, SaaS, embedded etc.)?    **8c.** Do you intend to release the software under an open source license? If yes, provide rationale and form of license.    **8d.** For inventions that include both software and non-software components please specify whether each person’s contributed to only the software or non-software aspects of the invention, or both:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Contributor** | **Print Name** | **Only Software** | **Only Non-Software** | **Both** | | Contributor1 |  |  |  |  | | Contributor2 |  |  |  |  | | Contributor3 |  |  |  |  | | Contributor4 |  |  |  |  | | Contributor5 |  |  |  |  | | Contributor6 |  |  |  |  | | Contributor7 |  |  |  |  | | Contributor8 |  |  |  |  | |

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| **9. FUNDING/SPONSORS**. Was the project developed with the use of any funding or research dollars?   **a)** Federal Funding: YES  NO  - Agency and Award Number:  Award Date/Title:        Fund/Budget No.:  PI:  **b)** Sponsored Research: YES  NO  - Sponsor Name and Contract Number:  PI:  **c)** Other: YES  NO  -  PI:  **d)** Was this project/research funded or sponsored by any of the following programs?   |  |  | | --- | --- | | Check Here | Program | |  | Ben Franklin NTI | |  | ECI- Energy Commercialization Institute | |  | Coulter – Wallace Coulter Foundation | |  | QED |   **e)** Does this project/research relate to any other Agreement(s), if so, please identify below?   |  |  |  | | --- | --- | --- | | Check Here | Agreement Type | Party Name | |  | Subcontract |  | |  | Consulting |  | |  | Confidentiality (NDA) |  | |  | Materials (MTA) |  | |  | Cooperative/Collaboration |  | |

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| 1. **10. CONTRIBUTOR INFORMATION**. Please list the full, official name and contact information for each  contributor.\* | |
| **1) FIRST NAME: MIDDLE: LAST NAME: TITLE:** | |
| Employer: Drexel  DUCOM  Student  Other  If other, please explain and list institution name and address: | |
| Department: | Country of Citizenship: |
| WorkPhone No./Cell No.: | Work Address: |
| Email1: | Email2: |
| Home Address (required by USPTO): | |
| **2) FIRST NAME: MIDDLE: LAST NAME: TITLE:** | |
| Employer: Drexel  DUCOM  Student  Other  If other, please explain and list institution name and address: | |
| Department: | Country of Citizenship: |
| WorkPhone No./Cell No.: | Work Address: |
| Email1: | Email2: |
| Home Address (required by USPTO): | |
| **3) FIRST NAME: MIDDLE: LAST NAME: TITLE:** | |
| Employer: Drexel  DUCOM  Student  Other  If other, please explain and list institution name and address: | |
| Department: | Country of Citizenship: |
| WorkPhone No./Cell No.: | Work Address: |
| Email1: | Email2: |
| Home Address (required by USPTO): | |
| **4) FIRST NAME: MIDDLE: LAST NAME: TITLE:** | |
| Employer: Drexel  DUCOM  Student  Other  If other, please explain and list institution name and address: | |
| Department: | Country of Citizenship: |
| WorkPhone No./Cell No.: | Work Address: |
| Email1: | Email2: |
| Home Address (required by USPTO): | |
| *(Additional contributors, see attached additional sheet, last page. \* If you are a graduating student and a patent application has been filed for this invention, please leave a forwarding address with DAI so that we may continue to communicate the status of the patent.)* | |

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| 1. **11. PUBLIC DISCLOSURE.** Please describe any public disclosures (e.g. abstracts) of this invention. If you are uncertain what may constitute public disclosure, please contact us. | |
| a) Has the invention been publicly disclosed? | No  Yes  If yes, when: |
| b) In what format was your invention publicly disclosed? Oral  Written  Electronic  Please describe: | |
| c) If it has not been publicly disclosed, do you plan on publicly disclosing it? | No  Yes  When/what format: |
| d) Please attach a copy of what has been or will be publicly disclosed? (i.e. publications, abstracts, manuscripts, presentations, poster presentations, proposals, grants, etc.) | |
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| 1. **12. COMMERCIALIZATION OPPORTUNITIES.** | |
| a) Would you consider participating in commercialization programs such as the NSF I-Corps? Findings from I-Corps would be very helpful in commercialization. | Yes  No  Please contact me about it |
| b) What companies, entrepreneurs or investors may be interested in commercializing and or collaborating with  you on this technology? | |
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| 1. **13. CONTRIBUTOR(S) SIGNATURE:** Please print and have all Drexel contributors sign.   I (We) submit this invention disclosure in compliance with the patent and copyright policies of Drexel University as fully described under the Provost’s Academic Policies at <http://www.drexel.edu/policies>. I hereby assign all rights in the invention disclosed herein, including any patent applications related hereto, to Drexel University.   |  |  |  |  | | --- | --- | --- | --- | | **Contributor** | **Print Name** | **Signature** | **Date** | | Contributor1 |  |  |  | | Contributor2 |  |  |  | | Contributor3 |  |  |  | | Contributor4 |  |  |  | | Contributor5 |  |  |  | | Contributor6 |  |  |  | | Contributor7 |  |  |  | | Contributor8 |  |  |  | |

***NOTE*: Did you remember to:**

1. Email the form to [techdisclosure@drexel.edu](mailto:techdisclosure@drexel.edu)?
2. Print out the form and have all contributors involved sign the last page?
3. Send the signed original to DAI at:

Attn: IP & Agreements Lead

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[www.drexel.edu/applied-innovation](http://www.research.drexel.edu/tc)

***THANK YOU!***

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| --- | --- |
| 1. **ADDITIONAL CONTRIBUTORS SHEET.** Please list the name and contact information for each contributor not listed above.\* | |
| **5) FIRST NAME: MIDDLE: LAST NAME: TITLE:** | |
| Employer: Drexel  DUCOM  Student  Other  If other, please explain and list institution name and address: | |
| Department: | Country of Citizenship: |
| WorkPhone No./Cell No.: | Work Address: |
| Email1: | Email2: |
| Home Address (required by USPTO): | |
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| Employer: Drexel  DUCOM  Student  Other  If other, please explain and list institution name and address: | |
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| WorkPhone No./Cell No.: | Work Address: |
| Email1: | Email2: |
| Home Address (required by USPTO): | |
| **8) FIRST NAME: MIDDLE: LAST NAME: TITLE:** | |
| Employer: Drexel  DUCOM  Student  Other  If other, please explain and list institution name and address: | |
| Department: | Country of Citizenship: |
| WorkPhone No./Cell No.: | Work Address: |
| Email1: | Email2: |
| Home Address (required by USPTO): | |
| *\* If you are a graduating student and a patent application has been filed for this invention, please leave a forwarding address/email with OAI so that we may continue to communicate the status of the patent.)* | |