

# INVENTION DISCLOSURE FORM

Kent State University  
Office of Technology Commercialization  
207 Schwartz Center  
Kent, OH 44242

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

KSU Invention No.: \_\_\_\_\_

Please complete the following form and return to the above address. Any questions, please call (330) 672-2692 or (330) 672-0701.

## 1. TITLE/BRIEF SUMMARY INFORMATION

a. Title of Invention:

b. Brief summary of Invention (layperson/non-technical overview):

c. Is this invention related to a previous invention disclosure submitted to the OTC?

YES

NO

If YES, provide KSU Invention I.D. Number:

d. Has this invention been published or publically disclosed (e.g. abstract, proposal, paper submission, talk, online/webpage, thesis, email communication etc.; attach copy if accessible)?

YES

NO

If yes, complete the following:

Date and type of public disclosure

## 2. FUNDING and/or SPONSORSHIP INFORMATION

a. Was this invention the result of sponsored or externally funded research?      Yes      No

b. If YES, is the funding from a U.S. Federal Agency (either directly or indirectly passed through from a prime recipient?)      Yes      No

- c. If the answer to 2(b) is YES, provide below information on all Federal Agency grants or contracts that supported the development of the invention with period of funding:

Agency: \_\_\_\_\_ Grant/Contract #: \_\_\_\_\_ Term: \_\_\_\_\_

Agency: \_\_\_\_\_ Grant/Contract #: \_\_\_\_\_ Term: \_\_\_\_\_

- d. If the answer to 2(b) is NO, provide below how was the work funded (university research council, faculty start up fund, collaborative grant, private foundation or corporate sponsors, etc.):

### 3. INVENTOR INFORMATION

- *The undersigned individuals certify that they are faculty, staff, or students of Kent State University; each has made a material contribution to the invention; and each agrees to assign all right, title, and interest to KSU pursuant to Ohio Revised Code Section 3345.13. Also, each individual acknowledges and understands that any share of revenue to be paid shall be subject to the KSU Distribution of License and Royalty Income (<https://sites.google.com/a/kent.edu/division-of-research-and-sponsored-programs-intranet/home/office-of-corporate-engagement-commercialization/license-royalty-income>) distributed among inventors based on the contribution % provided below (totaling 100% for KSU contributors). All KSU contributors must sign the disclosure.*
- *List the Primary contact as “Contributor A” below.*
- *Additional sheets may be attached if necessary.*

**a. Kent State University Inventors:**

**Contributor A (Primary Contact)**

Full Name:		Citizenship:	
Job Title:		Department:	
Office Address (Street, City, State, Zip & Country):		Home Address (Street, City, State, Zip & Country):	
Phone:		Email Address:	
*Contribution %:		KSU Banner ID:	
<b>Signature:</b>		<b>Date:</b>	

**(\*The contribution % for all KSU Inventors must total 100%)**

**Contributor B**

Full Name:		Citizenship:	
Job Title:		Department:	
Office Address (Street, City, Zip & Country):		Home Address (Street, City, Zip & Country):	
Phone:		Email Address:	
*Contribution %:		KSU Banner ID:	
<b>Signature:</b>		<b>Date:</b>	

**(\*The contribution % for all KSU Inventors must total 100%)**

**Contributor C**

Full Name:		Citizenship:	
Job Title:		Department:	
Office Address (Street, City, State, Zip & Country):		Home Address (Street, City, State, Zip & Country):	
Phone:		Email Address:	
*Contribution %:		KSU Banner ID:	
<b>Signature:</b>		<b>Date:</b>	

**(\*The contribution % for all KSU Inventors must total 100%)**

**Contributor D**

Full Name:		Citizenship:	
Job Title:		Department:	
Office Address (Street, City, State, Zip & Country):		Home Address (Street, City, State, Zip & Country):	
Phone:		Email Address:	
*Contribution %:		KSU Banner ID:	
<b>Signature:</b>		<b>Date:</b>	

**(\*The contribution % for all KSU Inventors must total 100%)**

**Contributor E**

Full Name:		Citizenship:	
Job Title:		Department:	
Office Address (Street, City, State, Zip & Country):		Home Address (Street, City, State, Zip & Country):	
Phone:		Email Address:	
*Contribution %:		KSU Banner ID:	
<b>Signature:</b>		<b>Date:</b>	

**(\*The contribution % for all KSU Inventors must total 100%)**

**Contributor F**

Full Name:		Citizenship:	
Job Title:		Department:	
Office Address (Street, City, State, Zip & Country):		Home Address (Street, City, State, Zip & Country):	
Phone:		Email Address:	
*Contribution %:		KSU Banner ID:	
<b>Signature:</b>		<b>Date:</b>	

**(\*The contribution % for all KSU Inventors must total 100%)**

**b. Non-Kent State University Inventors.**

Provide name and % of inventorship for all contributing entities:

KSU: \_\_\_\_\_%

Non-KSU Contribut : \_\_\_\_\_%

Non-KSU Contribut : \_\_\_\_\_ %

**Non-KSU Contributor 1**

Full Name:		Address (Street, City, State, Zip & Country):	
Institution/ Company:		Nature of contribution to the invention:	collaborator, sponsor, visiting scientist etc.
Phone:		Email Address:	
<b>Signature:</b>		<b>Date:</b>	

**Non-KSU Contributor 2**

Full Name:		Address (Street, City, State, Zip & Country):	
Institution/ Company:		Nature of contribution to the invention:	collaborator, sponsor, visiting scientist etc.
Phone:		Email Address:	
<b>Signature:</b>		<b>Date:</b>	



e. Provided the following dates as applicable:

Date (mm/dd/yy)	
	Invention conception
	First written description
	Proof of concept established
	Model or prototype completed

**5. COMMERCIAL & LICENSING POTENTIAL**

a. Is the invention a new process, method, composition of matter, or device?

YES            NO

b. What are the commercial applications of the invention?

c. Prior to practical application, what limitations must be overcome and what milestones must be achieved?

d. Based on available data/information, what is the market potential/size for the potential product?

e. Please list any companies that may be interested in licensing this technology:

Company	Contact Name	Contact Information

**6. PROPRIETARY MATERIALS**

Were proprietary materials obtained from another organization to develop the invention?

YES

NO

If YES, please attach a copy of the material transfer agreement that covered the transfer of such material.

**7. EXECUTION BY WITNESS**

*This disclosure should be witnessed by an individual who is technically qualified to understand the subject matter and is not the inventor or co-inventor.*

The foregoing Invention Disclosure and the respective attachments were read and understood by

\_\_\_\_\_ (print name).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_



**ATTENTION**

Upon completion, please print form, collect all required signatures from inventors (signatures without dates are invalid) and send the Invention Disclosure Form (IDF) with all supporting documents to the **Office of Technology Commercialization** at 207 Schwartz Center.

Any questions, please contact the OTC at **(330) 672-2692** or **(330) 672-0701** or visit: <http://www.kent.edu/research/commercialize-your-research/>.

*Submission of a completed invention disclosure form does not ensure that a patent application will be filed. Kent State University reserves the right in its sole discretion to determine those inventions upon which it will seek patent protection. The university urges all contributors to monitor the progress of their disclosures through the OTC. By signing this form, the contributors agree to assist and cooperate in the filing process of the patent application (if the university decides to file) and the commercialization efforts (marketing and licensing) of the technology.*

**INVENTION OVERVIEW**

## Marketing Document

Abstract: (non-technical abstract of the technology)

Applications: (list 2-3 applications for the technology)

Advantages: (list 2-3 advantages of this technology compared to existing ones)

Inventors: (list the names of all inventors)

Current stage of technology: (proof of concept/prototype etc.)

Similar Technologies (provide patent number and title along with name of companies if available)