

ORD-OTT Disclosure #\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_
(For office use only)

**INVENTION DISCLOSURE FORM**

**Please print off your completed form, sign and date it, and mail to Office of Technology Transfer (OTT), ATTN: Gail Knott at ORD, 620 W. Lexington Street, 4th floor. Baltimore, MD 21201 or email to** **gknot001@umaryland.edu** **(410-706-2380). Upon our receipt of this report, you will be contacted for a formal discussion.**

1. **Date of Completion:** Please provide the date when the invention was first conceived.
2. **Title of Invention:**
3. **Who contributed to this invention?** Please list any individuals who made a contribution, as well as their affiliation (e.g., UMB, VAMC, UMMS, etc.). If they are a non-UMB employee, please provide appropriate contact information.

**Lead Inventor**:

**Contributing Inventor(s)**:

1. **Describe your invention:** Please provide a technical description of what your invention is and how it works. If you have a manuscript, research proposal, grant, etc. describing your invention please include a copy, even if it is a preliminary draft.
2. **Please describe a useful application of your invention (what problem does your invention solve?)**.
3. **How does your invention differ from what others are currently doing in your area?**
4. **Has anyone in your group previously described your invention in a journal article or presentation? If so, to whom and when?**
5. **Are you planning to publish/present this invention in the future? If so, when?**
6. **What additional research is needed to complete development and testing of the invention?**
7. **Have you been approached or know of an appropriate corporate partner?** If yes, please provide contact information.
8. **Competition and Potential Users and Manufacturers:  Describe alternate technology or products, processes and/or services currently on the market of which you are aware that accomplish the purpose of this invention.**
9. **Did you receive funding from any source for the research which led to this invention (e.g., NIH, TEDCO, MIPS, Corporate, Cigarette Restitution, ICTR/ATIP, etc.)?** If so, please provide funding details.

Organization: Grant/Award Number:

Lead PI: Start/End Date:

Title:

 (Note: If more than one grant, please include info on additional page).

1. **Was any UMMC data used to create this invention?** If yes, please include a description of the data, and attach any relevant documents from UMMC.
2. **Please provide a few keywords related to the technology.** The suggested keywords will be used as reference for patent searching and for marketing.

1. **Please indicate the technology category of your invention by clicking on “choose an item” below.**

Choose an item.

***By signing I/we attest that:***

1. ***I/we am/are the inventors(s) or creator(s) of the invention;***
2. ***All inventor(s) or creator(s) are named;***
3. ***All information provided herein is accurate to the best of my/our knowledge; and***
4. ***I/we agree to assign, and do hereby irrevocably assign, to the University of Maryland, Baltimore all of my/our right, title, and interests in the invention.\*****(\* Attestation #4 applies only to faculty, staff, and students of University of Maryland, Baltimore.)*

***All inventor(s) must sign this Invention Disclosure Form.***

|  |  |
| --- | --- |
| **Inventor Signature** | **Date** |
| **Inventor Legal Name: (printed)** | **Position/Title:** |
| **Employer when invention developed:** | **School/Dept:** |
| **Business/Campus Address:** |
| **Home address:** |
| **Email:** | **Phone:** | **Fax:** |
| **Cell:** | **Country of Citizenship (required for patenting):**  |
| **Do you have an appointment with the VA? (type of affiliation: VA w/o compensation, UMB w/o compensation or dual appointee)** |
|  |  |
| **Inventor Signature** | **Date** |
| **Inventor Legal Name: (printed)** | **Position/Title:** |
| **Employer when invention developed:** | **School/Dept:** |
| **Business/Campus Address:** |
| **Home address:** |
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|  |  |
| **Inventor Signature** | **Date** |
| **Inventor Legal Name: (printed)** | **Position/Title:** |
| **Employer when invention developed:** | **School/Dept:** |
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| **Cell:** | **Country of Citizenship (required for patenting):**  |
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**If there are additional inventors, please add page.**

**For an inventor who has an appointment with the VA, please complete the VA Certification of Invention by downloading the form at**  [**https://www.umventures.org/sites/umventures.com/files/VA\_Cert\_Form\_090116\_0.pdf**](https://www.umventures.org/sites/umventures.com/files/VA_Cert_Form_090116_0.pdf)

**and submit it along with the UMB disclosure form.**

 **ORD-OTT will contact you to schedule a meeting following receipt of this report.**