 ***C O N F I D E N T I A L***

***University of Maryland Intellectual Property Disclosure Form***

***(Patent, Copyright, Trademark and/or Tangible Research Property)***

**ATTENTION: If an invention is to be presented or published within a week, please contact the**

**Office of Technology Commercialization (OTC) immediately (301-405-3947)**

[**Intellectual Property Disclosure Guidelines**](http://www.umventures.org/sites/umventures.com/files/UMD-disclosure-guidelines.doc)

(Please review these instructions before signing the form)

**Intellectual Property Disclosure Number**:       (to be assigned by OTC)

1. **Title of Invention/Work**

2. **Inventor/Creator Data** (*List inventors in order that they should appear on official documents; primary contact will be responsible for all communications regarding this invention.)*

Primary Contact Inventor/Creator Name:

Inventor/Creator #1:

 Name:       Percentage of Inventor Royalty (UMD only)       %

Title:       Department:       U ID #:       Citizenship:

Full Business Address:

Full Home Address:

Direct Business Phone:       Dept. Business Phone:       Fax:       Home Phone:

Email:       UMD Affiliation: [ ] Faculty [ ] Staff [ ] Grad Student [ ] Undergrad Student [ ] Other

UMD Appointment(s) at time of invention:

Institution Name:            % College Name:            % Department Name:            %

Institution Name:            % College Name:            % Department Name:            %

**Inventor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_**

Inventor/Creator #2:

 Name:       Percentage of Inventor Royalty (UMD only)       %

Title:       Department:       U ID #:       Citizenship:

Full Business Address:

Full Home Address:

Direct Business Phone:       Dept. Business Phone:       Fax:       Home Phone:

Email:       UMD Affiliation: [ ] Faculty [ ] Staff [ ] Grad Student [ ] Undergrad Student [ ] Other

UMD Appointment(s) at time of invention:

Institution Name:            % College Name:            % Department Name:            %

Institution Name:            % College Name:            % Department Name:            %

**Inventor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_**

Inventor/Creator #3:

 Name:       Percentage of Inventor Royalty (UMD only)       %

Title:       Department:       U ID #:       Citizenship:

Full Business Address:

Full Home Address:

Direct Business Phone:       Dept. Business Phone:       Fax:       Home Phone:

Email:       UMD Affiliation: [ ] Faculty [ ] Staff [ ] Grad Student [ ] Undergrad Student [ ] Other

UMD Appointment(s) at time of invention:

Institution Name:            % College Name:            % Department Name:            %

Institution Name:            % College Name:            % Department Name:            %

**Inventor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_**

*(Please attach extra page(s) with information on additional inventors)*

3. **Date of Invention** *(Provide the date the invention was first conceived. This date should be documented in your lab records. Give reference numbers and physical location of the lab records, but do not enclose them.)*

4. **Brief Description of Invention** *(attach description if necessary)*

5. **Detailed Description of Invention** *(Please attach a complete enabling description of the technology describing the specific novelty of the invention. The description may be by reference to a separate document such as a copy of a report, preprint, grant application, manuscript and the like.)*

6. **Sponsorship**

 A. Funding Source: [ ] Federal [ ] State [ ] Corporate [ ] UMD [ ] MIPS [ ] Other:       [ ]  None

 Contracting Agency/Commercial Entity Grant/Contract Number Funding Amt. KFS# MIPS #

 B. Was this invention made under any other agreement(s) (e.g. collaboration, material transfer, nondisclosure, or other

 non-funded agreement)? [ ] Yes [ ] No

 Describe:

7. **Public Disclosure(s)**

 (a) Submitted to a Journal: [ ] Yes [ ] No Date:      Journal Name:

 (b) Published: [ ] Yes [ ] No Date:      Journal Name:

 (c) Oral Disclosure: [ ] Yes [ ] No Date:      Location:       Handouts? [ ] Yes [ ] No

 (d) Poster Presentation: [ ] Yes [ ] No Date:      Published Abstract: [ ] Yes [ ] No

 (e) Thesis or Dissertation: [ ] Yes [ ] No Date:

 (f) Other Disclosure: [ ] Yes [ ] No Date:      Describe:

8. **Technology Significance** *(choose one)*

 [ ]  Modification to existing technology [ ] Substantial advancement in the art [ ] Major breakthrough

9. **Technology Stage** *(choose one)*

 [ ] Concept [ ] Design [ ] Prototype [ ] Modification [ ] Production Model

 [ ] Used in current work [ ] Ready to license final product

10. **Future Research Plans** What additional research is needed to complete development and testing of the invention?

 (a) Is this research presently being undertaken? [ ] Yes [ ] No If yes, identify sponsor:

 (b) Actively pursued by faculty/staff? [ ] Yes [ ] No If yes, identify faculty/staff:

 (c) Actively pursued by corporate partner? [ ] Yes [ ] No If yes, identify corporate partner:

 (d) Should corporate sponsorship be pursued, other than the corporate partner? [ ] Yes [ ] No

 (e) Do you wish to form a “start-up” company based on this technology? [ ] Yes [ ] No

11. **Commercial Potential**

(a) List all products, processes and/or services you envision resulting from this invention and whether they can be developed in the near term (less than two years) or long term.

(b) Software inventions: If this is a modification or improvement to an existing work or incorporates elements that are not original to the creator(s), please identify that work and its creator(s).

12. **Competition and Potential Users and Manufacturers**

(a) 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.

 (b) Please identify any related technologies or devices which are used for other purposes.

(c) List any companies you believe may be interested in this technology. Provide contact(s), address(es) and phone number(s) for each, if available.

13. **Marketing**

Once the OTC staff accepts this disclosure, marketing of this technology will begin. Please acknowledge whether or not you believe the technology is ready for marketing to commence:

 [ ] Begin marketing [ ] Delay marketing until further notice (provide reason)

 [ ] Company interested (identify company)       [ ] Specifically contact persons and entities identified in 12(c)

Signatures All UMD inventors/creators must sign and date this Intellectual Property Disclosure Form which certifies that all information provided herein is complete to the best of the inventor’s knowledge. Signatures further certify that inventors have reviewed and understand the [University of Maryland Intellectual Property Policy](https://president.umd.edu/sites/president.umd.edu/files/files/documents/policies/IV-320A.pdf) ([IV-3.20 (A)]; Approved by the President on April 21, 2017, approved by the Chancellor on January 10, 2018, effective January 10, 2018) and the University of Maryland Intellectual Property Disclosure form General Guidelines and Information.

Completed Intellectual Property Disclosure Forms may be sent by email or mail to the Office of Technology Commercialization:

Postal Address: Office of Technology Commercialization, 7999 Regents Drive, 2130 Mitchell Bldg., College Park, MD 20742

Email: otc@umd.edu

Incomplete Intellectual Property Disclosure forms cannot be processed and will delay the technology transfer process.

**OTC Review and Acceptance of the Invention Disclosure** (for OTC use only):

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**or contact the Office at Technology Commercialization at 301-405-3947**