



Office of Technology Commercialization

NEW TECHNOLOGY DISCLOSURE

(To fill in check box, right-click on box, choose Properties, and click the button "Checked" under the default value. Expand rows or attach additional sheets if more space is needed)

1. Title					
2. Key Words					
3. Type		☐ Invention ☐ Software ☐ Video ☐ Other:			
4. Inventors					
Full Name	Position	Department and Campus Address	% of Inventive Contribution	Phone/Fax/ E-Mail	
1.					
2.					
3.					
4.					
5. Primary Contact (among developers/ inventors)					
6. Date of Conception		/ /			
7. Outside Sponsorship (Please attach copies of grant or contract documents.)		☐ United States Government ☐ Private Industry ☐ Departmental funds from Research Foundation indirect costs ☐ Other:			
Name of Sponsor(s)	% of Contribution to Invention	Research Foundation or Campus Account Number	Sponsored Identification		

8. Public Disclosure						
Has the description of the	☐Yes	□No	Date: //			
technology been published?	_					
Has the description of the technology						
been submitted for publication?	☐ Yes	□No	Date: //			
Title of publications:						
The or passesses.						
Title of Journal/Other (specify)						
Has the technology been presented at a						
conference or professional meeting?	Yes	□No	Date: //			
9. To whom have you shown or	res		Date. //			
described this work? (e.g. Students, Colleagues)						
10. CONFIDENTIAL technical description	lon (including its	unique features).	Attach any manuse	cripts,		
reviews, papers, diagrams, charts, etc.			,	, p. 10,		
reviews, papers, alagrams, onarts, etc.						
11. Prototypes and/or samples						
•		<u> </u>		Т		
Is working prototype available for den	nonstration?					
		☐ Yes	□ No	□ N/A		
A 1 / / / / / / / / / / / / / / / / / /						
Are samples (e.g. compounds) availa	ble for testing?					
		☐ Yes	□No	□ N/A		
40.41		<u> </u>				
12. Advantages of the technology (rela	tive to existing te	ecnnology or com	peting new tecnnol	ogy)		
42 Describe disadventance of the technology (veletive to switting to short only)						
13. Possible disadvantages of the technology (relative to existing technology)						
14. Briefly explain the circumstances that led to this invention:						
14. Difetty explain the circumstances that led to this invention.						

15. Describe your University duties and their relation to this invention:				
Inventor 1:				
Inventor 2:				
Inventor 3:				
Inventor 4:				
16. Non-confidential description of t (indicate applications and advantage		n purposes)		
(maicate applications and advantage	es – for marketing	y purposes)		
17. Was a biological, chemical or physical material or substance obtained from others used to create this invention? YES NO				
If yes, did a Material Transfer Agreement or other document accompany the transfer?				
If yes, please attach a copy of the document.				
18. Have Confidentiality Agreements	s been enacted?	☐ YES	□NO	
If yes, with whom?				
19. Where would your invention hav	e commercial valu	ue? (Check all appi	ropriate countries)	
U.S.	Australia		Other	
Africa Asia	Canada Europe			
Japan	South America			
20. List companies that you believe would be interested in commercializing the technology.				
Company Name	Contac	ct (if any)	Location/Telephone Number	
	ĺ			

21. Signed by Developer(s) and witness(es)				
1. Name: Dr. Mr. Ms.	Home Address:			
Country of Citizenship:	Home Telephone:			
Developer's Signature:	Date:			
Witness's Signature:	Date:			
2. Name: Dr. Mr. Ms.	Home Address:			
Country of Citizenship:	Home Telephone:			
Developer's Signature:	Date:			
Witness's Signature:	Date:			
3. Name: Dr. Mr. Ms.	Home Address:			
Country of Citizenship:	Home Telephone:			
Developer's Signature:	Date:			
Witness's Signature:	Date:			
4. Name: Dr. Mr. Ms.	Home Address:			
Country of Citizenship:	Home Telephone:			
Developer's Signature:	Date:			
Witness's Signature:	Date:			
22. Signature of Campus Liaison for Technology Transfer				
Name of Campus Liaison: David Schoenhaut, Ph.D.				
Title of Campus Liaison: Director, Office of Technology Commercialization				
Signature of Campus Liaison: Date:				
(Attach additional sheets if there are more developers)				
Office of Technology Commercialization The Research Foundation of the State University of New York SUNY Downstate Medical Center 450 Clarkson Avenue, Box 128 Brooklyn, NY 11203 Telephone: (718) 613-8514 techtransfer@downstate.edu	FOR TTO USE ONLY Date of Disclosure Received: Date of Complete Disclosure:			

F183-302 (DMC-OTC) - 4 - Revised 02/24/12