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| **1. Title:** | | |  | | | | | | | | | |
| **2. Key Words:** | | |  | | | | | | | | | |
| *TO FILL IN CHECK BOX: double click on the box and choose “Checked” under the default value* | | | | | | | | | | | | |
| **3. Type:** | | | Invention  Software  Method  Other *(specify)*: | | | | | | | | | |
| **4. Inventors** | | | | | | | | | | | | |
| **Full Name** | | | **Position** | | | **Department & Campus Address** | | | **% of Inventive Contribution** | | **Phone/E-Mail** | |
| 1. | | |  | | |  | | |  | |  | |
| 2. | | |  | | |  | | |  | |  | |
| 3. | | |  | | |  | | |  | |  | |
| 4. | | |  | | |  | | |  | |  | |
| **5. Primary Contact** *(among inventors)***:** | | | | | |  | | | | | | |
| **6. Date of Conception:** | | | | | |  | | | | | | |
| **7. Outside Sponsorship:**  \**Please attach copies of grant/contract documents* | | | | | | United States Government  Private Industry  Departmental funds from Research Foundation indirect costs  Other *(specify)*: | | | | | | |
| **Name of Sponsor(s)** | | | **% Contribution to Invention** | | | **Research Foundation or Campus Account Number** | | | | | **Sponsored Assigned Identification Number** | |
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| **8. Public Disclosure** *\*if a manuscript, poster, PowerPoint, etc. has been drafted, published, and/or publicly disclosed please attach a copy* | | | | | | | | | | | | |
| Has a description of the technology been published? | | | | | | Yes | | | No | | Date: | |
| Has a description of the technology been submitted for publication? | | | | | | Yes | | | No | | Date: | |
| Title of publications | | | | | |  | | | | | | |
| Title of Journal/Other *(specify)* | | | | | |  | | | | | | |
| 1. Has the technology been presented at a conference or professional meeting? | | | | | | Yes | | | No | | Date: | |
| To whom have you shown or described this work?*(students, colleagues, collaborators, etc.)* | | | | | |  | | | | | | |
| **9. Describe Inventor(s) University duties and their relation to this invention** | | | | | | | | | | | | |
| **Inventor 1:** |  | | | | | | | | | | | |
| **Inventor 2:** |  | | | | | | | | | | | |
| **Inventor 3:** |  | | | | | | | | | | | |
| **Inventor 4:** |  | | | | | | | | | | | |
| **10. Briefly explain the circumstances that led to this invention:** | | | | | | | | | | | | |
| **11. Advantages of the technology** *(relative to existing or competing new technology)***:** | | | | | | | | | | | | |
| **12. Possible disadvantages of the technology** *(relative to existing or competing new technology)***:** | | | | | | | | | | | | |
| **13. CONFIDENTIAL Technical Description** *(including its unique features)***:** *\*Please attach any manuscripts, reviews, diagrams, charts, etc. related to your technology* | | | | | | | | | | | | |
| **14. Non-Confidential description of the technology** *(please indicate applications and advantages – for marketing purposes)***:** | | | | | | | | | | | | |
| **15.** 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 (MTA) or other document accompany the transfer?  **YES**  **NO**  **If yes,** *please attach a copy of the document.* | | | | | | | | | | | | |
| **16. Prototypes/Samples** | | | | | | | | | | | | |
| Is a working prototype available for demonstration? | | | | | | | | | Yes | | No | N/A |
| Are samples *(e.g. compounds)* available for testing? | | | | | | | | | Yes | | No | N/A |
| **17. Where would your invention have commercial value?** *(check all appropriate countries)*  **U.S.**  **Australia  Other** | | | | | | | | | | | | |
| **Africa** | |  | | | **Canada** | | |  | | |  | |
| **Asia** | |  | | | **Europe** | | |  | | |  | |
| **Japan** | |  | | | **South America** | | |  | | |  | |
| **18. Commercial Partners** *(that you believe would be interested in commercializing the technology)* | | | | | | | | | | | | |
| **Company Name** | | | | | **Primary Contact** *(if any)* | | | | | | **Location/Telephone Number** | |
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| **19.** Have any Confidentiality Agreements (CDA/NDA) been enacted? **YES**  **NO**  **If yes,** with whom? | | | | | | | | | | | | |
| **20. Signed by Inventor(s) and Witness(es)** *\*Please attach additional sheets if there are more than four Inventors*  ***All inventors with an obligation to assign to The Research Foundation for the State University of New York do hereby assign their right, title and interest in any intellectual property resulting here from to The Research Foundation for The State University of New York. Also, all inventors hereby agree to cooperate fully with The Research Foundation to investigate sponsorship, inventorship, facilities use, and any other facts or matters deemed necessary by the Foundation to manage effectively the intellectual property described herein.***  ***Also, all inventors hereby agree to cooperate fully with the Foundation in the preparation, filing, and prosecution of any patent applications, or copyright and trademark registrations, as well as in any investigations of sponsorship, inventorship, use of SUNY resources and facilities, Scope of Employment, and any other facts or matters deemed necessary by the Foundation to its effective evaluation and management of the intellectual property described herein.*** | | | | | | | | | | | | |
| **1. Inventor Name** *(Dr., Mr., Ms.)*: | | | | | | | | | | Home Address: | | |
| Country of Citizenship: | | | | | | | | | | Home Telephone: | | |
| Inventor’s Signature: | | | | | | | | | | Date: | | |
| *Witness’s Signature:* | | | | | | | | | | *Date:* | | |
| **2. Inventor Name** *(Dr., Mr., Ms.)*: | | | | | | | | | | Home Address: | | |
| Country of Citizenship: | | | | | | | | | | Home Telephone: | | |
| Inventor’s Signature: | | | | | | | | | | Date: | | |
| *Witness’s Signature:* | | | | | | | | | | *Date:* | | |
| **3. Inventor Name** *(Dr., Mr., Ms.)*: | | | | | | | | | | Home Address: | | |
| Country of Citizenship: | | | | | | | | | | Home Telephone: | | |
| Inventor’s Signature: | | | | | | | | | | Date: | | |
| *Witness’s Signature:* | | | | | | | | | | *Date:* | | |
| **4. Inventor Name** *(Dr., Mr., Ms.)*: | | | | | | | | | | Home Address: | | |
| Country of Citizenship: | | | | | | | | | | Home Telephone: | | |
| Inventor’s Signature: | | | | | | | | | | Date: | | |
| *Witness’s Signature:* | | | | | | | | | | *Date:* | | |
| **FOR TTO USE ONLY** | | | | | | | | | | | | |
| 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](mailto:techtransfer@downstate.edu) | | | | | | | Date of Disclosure Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Complete Disclosure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| *Signature of Campus Liaison for Technology Transfer* | | | | | | | | | | | | |
| Name of Campus Liaison:  Title of Campus Liaison:  Signature of Campus Liaison: | | | | David Schoenhaut, Ph.D.  Director, Office of Technology Commercialization  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |