



Intellectual Property Disclosure Form

Office of Innovation Commercialization

Please read carefully before TYPING in responses.

Provide as much information as possible to aid in the evaluation and commercialization of this work. Print this form to attain the inventors' signatures and then forward it to either CA2128 or AU-IP@augusta.edu. This disclosure contains confidential, proprietary information and is meant to be used by Augusta University faculty, staff, and students in complying with Augusta University's Intellectual Property Policy. If you have any questions, please contact Stefanie Frickey at SFRICKEY@augusta.edu.

1. Title of Work:

2. Inventors: List those individuals you believe made an inventive contribution to this invention. If individuals are from outside of Augusta University, please list their institution. Note: individuals included as inventors on a patent are defined by patent law and differ from how individuals are listed as authors on a publication. OIC can help guide which individuals should be listed as inventors in the event a patent application is filed.

Name

Department/Institution

3. Description of Invention: *(What is your work, what is new about it, how it is useful? This description will be submitted for any reporting related to federal funding listed in section 7. Attach any manuscripts, drafts, abstracts, grant applications, photographs, drawings, schematics that describe your work. To expedite evaluation, please attach background materials, such as any related A) publications or review articles, B) patents or patent applications, or C) grant proposal background sections.)*

4. **State of Development, Limitations, and Planned Future Research and Development:** *(Has it been tested in solution, cell culture, animal models, or humans? Is there a prototype schematic or a prototype? Has software code been written? What are the limitations and how could they be overcome?)*

5. **What advantages does your technology have over existing technology?** *(What differentiates your invention from other solutions to the problem?)*

6. **Are you aware of any publications, patent applications and/or patents that are related to this invention (not limited to your own work)?** Please provide any available references, and/or list other researchers that are active in the space.

7. **Please list any companies you are aware of that may be a good licensing partner for this technology.**

8. Chronology of Conception and Development:

a. I/we conceived the idea for this work as early as: (Date)

b. The first successful experiment/prototype showing proof of the idea was completed on: (Date)

c. Where was the work done?

9. Prior public disclosures/publications describing the work and its use: (This includes posting on a website, invited talk, discussion, poster session, abstract or other scientific publication, sale, offer for sale, or any other manner. If no public disclosure has occurred, enter "None".)

<u>Date</u>	<u>Details of Disclosure (journal, meeting, place, etc.)</u>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

10. Anticipated public disclosures/publications not listed above describing the work and its use:

(Any future public disclosure of the work outside Augusta University by you or anyone else from this day forward must first be disclosed to our office; failure to inform our office beforehand may result in loss of all or a portion of your patent rights. If no public disclosures are anticipated, enter "None".)

<u>Date</u>	<u>Details of Disclosure (journal, meeting, place, etc.)</u>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

11. Source of Funds: (List all funding sources that supported this work including the grant or contract number and the principal investigator's initials, e.g., NIH number should be XX#####; NSF number should be XXX#####; Navy number should be ##-X-####; where X is a letter and # is a number. If you list more than one source, indicate the primary source of funding support. If no funding sources supported this work, enter "None" under sponsoring agency.)

<u>Sponsoring Agency</u>	<u>Grant/Contract # (+P.I.'s Initials)</u>	<u>Primary</u>	<u>Subcontract</u>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Agreements Associated with the Work:

<u>Check</u>	<u>Agreement Type</u>	<u>Party to Agreement</u>
<input type="checkbox"/>	Material Transfer	<input type="text"/>
<input type="checkbox"/>	Confidentiality/Non-Disclosure	<input type="text"/>
<input type="checkbox"/>	Research/Collaboration	<input type="text"/>
<input type="checkbox"/>	Other	<input type="text"/>
<input type="checkbox"/>	No Associated Agreements	<input type="text"/>

13. Submitter(s): (Please provide information for all Augusta University faculty, staff, or students and Non-Augusta University personnel who contributed to this work by helping to conceive the idea, design the experiments that led to the discovery, evaluate the results, or otherwise directly contributed to the work. Do NOT include individuals who only contributed by providing encouragement, workspace, or funds, or who worked under the direction of another (e.g., laboratory technician). Note any Non-Augusta University appointments/obligations (e.g., VA) and if any part of the inventive process occurred while you were not at Augusta University. The first listed inventor should be the one filling out the form.)

Last Name

First Name

Gender (Optional, used to track OIC inventor engagement)

Job Title

AU Department(s) and/or Non-AU Affiliation(s) (ex: VA, UGA)

Nature of Contribution

% Contribution (Please note that this is a good faith estimate and not binding)

Please indicate your start date at Augusta University:

Are any of the investigators on this disclosure affiliated with the VA (salaries, research funding or use of facilities)?

Yes No

If yes, has the invention been disclosed to the VA?

Yes No

What is your % VA FTE?

Work Phone

Work Email

Work Address

Home Phone

Home Email

Home Address (please give complete address)

Cell Phone

Disclosed and understood by me as submitter as of the date signed below:

This disclosure is submitted pursuant to the Intellectual Policy(ies) at Augusta University and as such, this disclosure, and any intellectual property described herein, are subject to all the terms of the Intellectual Property Policy(ies) that apply. I hereby agree to execute all necessary documents, including, but not limited to, assigning to my institution(s) my rights in any intellectual property described in this disclosure, as required by policy.

For reference, the Augusta University Intellectual Property Policy is here: [Intellectual Property Policy](#)

Non-Augusta University submitters agree to abide by the applicable policies of their institution.

Signature

Date

Citizenship

Submitter #2:

Last Name

First Name

Gender (Optional, used to track OIC inventor engagement)

Job Title

AU Department(s) and/or Non-AU Affiliation(s) (ex: VA, UGA)

Nature of Contribution

% Contribution (Please note that this is a good faith estimate and not binding)

Please indicate your start date at Augusta University:

Are any of the investigators on this disclosure affiliated with the VA (salaries, research funding or use of facilities)?

Yes

No

If yes, has the invention been disclosed to the VA?

Yes

No

What is your % VA FTE?

Work Phone

Work Email

Work Address

Home Phone

Home Email

Home Address (please give complete address)

Cell Phone

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Signature

Date

Citizenship

Submitter #3:

Last Name

First Name

Gender (Optional, used to track OIC inventor engagement)

Job Title

AU Department(s) and/or Non-AU Affiliation(s) (ex: VA, UGA)

Nature of Contribution

% Contribution (Please note that this is a good faith estimate and not binding)

Please indicate your start date at Augusta University:

Are any of the investigators on this disclosure affiliated with the VA (salaries, research funding or use of facilities)?

Yes No

If yes, has the invention been disclosed to the VA?

Yes No

What is your % VA FTE?

Work Phone

Work Email

Work Address

Home Phone

Home Email

Home Address (please give complete address)

Cell Phone

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Signature

Date

Citizenship

Submitter #4:

Last Name

First Name

Gender (Optional, used to track OIC inventor engagement)

Job Title

AU Department(s) and/or Non-AU Affiliation(s) (ex: VA, UGA)

Nature of Contribution

% Contribution (Please note that this is a good faith estimate and not binding)

Please indicate your start date at Augusta University:

Are any of the investigators on this disclosure affiliated with the VA (salaries, research funding or use of facilities)?

Yes

No

If yes, has the invention been disclosed to the VA?

Yes

No

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Home Address (please give complete address)

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Signature

Date

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