**Instructions:**

**Download & save.**

**Complete Section I (Invention), Section II (Sponsor), Section III (Inventors), and Section IV (Assignment) in the disclosure form with required signatures. Each URI Inventor must sign an individual Assignment form. All inventors must sign the Inventor’s page and provide their home address, e-mail, title, and country of citizenship.**

**Print document.**

**Email or deliver to Tamara Vittone, Office of the Vice President for Research and Economic Development, Carlotti Admin Bldg., 2nd Floor, 75 Lower College Road, Kingston, RI**

**If you have an immediate publication or presentation date and gathering all the information would delay the submission of this form to the Office of the Vice President for Research and Economic Development, please submit it immediately with the information in hand, and provide the detail information as soon as possible afterwards**.

**Submitted invention disclosure forms are treated as confidential until a patent application is filed or the invention is publicly disclosed (i.e. via an inventor’s publication). Therefore, prior to a patent filing or public disclosure, the information submitted in a disclosure form will not be distributed except (i) to research sponsors as may be stipulated by contract, (ii) to parties that are under attorney-client privilege or confidentiality agreements, or (iii) as may be required by law.**

**Questions: Tamara Vittone 4-5507** [**tamara\_vittone@uri.edu**](mailto:tamara_vittone@uri.edu)

**Brian Nath 4-9003 briannath@uri.edu**

**Michael Katz 4-4807 mekatz@uri.edu**

**INTE**

**Office Use Only**:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

URI #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Sponsored: Y [ ] N [ ]

Federal Reporting: Y [ ] N [ ]

iEdison Reporting: Y [ ] N [ ]

AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRANT #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment Signed by Each Inventor: [ ]

Inventor(s) Statement Signed: [ ]

**INTELLECTUAL PROPERTY**

**INVENTION DISCLOSURE**

**[NOTE: TO CHANGE FIELDS FORWARD, PRESS "TAB." TO MOVE BACK THROUGH THE FIELDS, PRESS "SHIFT" AND "TAB." TO BEGIN A NEW PARAGRAPH WITHIN THE FIELD, PRESS "SHIFT" AND "RETURN." Use Word Wrap, not Return at the end of lines.]**

**I. Description of Invention, its Novelty, Potential Use, and Current Development Status**

**A.** **Invention Title**:

Click or tap here to enter text.

1. **Invention Details**:

i) **What is your invention?**

Is the invention a new process, method, composition of matter, living organisms, a device, or one or more products? Is it a new use for, or an improvement to, an existing product or process?

Click or tap here to enter text.

ii) **What is the problem being solved?**

What problems does it solve, or what advantage does it possess concerning potential commercial applications?

Click or tap here to enter text.

iii) **What prior attempts were used to solve the problem?**

If applicable, please use any information known to you including your own research as it relates to the problem you are addressing.

Click or tap here to enter text.

iv) **What are the disadvantages or shortcomings of previous attempts to solve the problem?**

If applicable, please use any information known to you including your own research as it relates to the problem you are addressing.

Click or tap here to enter text.

v) **Provide a detailed description of the invention**

Give a detailed description of what your invention is and how it works. What are the components (or steps if the invention is a method) of the invention and what is the function of each component? How do the components interact with each other? Include sketches, drawings, photographs, etc. to help illustrate your invention. You may attach your description separately if convenient.

Click or tap here to enter text.

vi) **Novel features**

Please point out and expand on novel and unusual features of your invention. How does the invention differ from present technologies currently being used? Or how does it work differently from other devices or processes that accomplish the same purpose? (Please DO NOT just refer to published papers or reports)

Click or tap here to enter text.

vii) **Are there any variations of your basic invention that accomplish the same purpose?**

If your described invention having elements A+B+C+D, would someone be able to make virtually the same thing by leaving out, for example, D?

Click or tap here to enter text.

viii) **Relevant references**

Are you aware of any inventions or publications (patent, journal, magazine, web-posting, social media, etc.) by you or anyone else outside your research group that are related to this invention?

**Yes  No** . If yes, please provide a list.

Click or tap here to enter text.

1. **Other invention details**:

i) **Date and place invention was first conceived?**

Click or tap here to enter text.

ii**) Experimental verification**. Please indicate if you have run experiments to verify that the invention works.

**Yes  No** . If yes, describe below.

Click or tap here to enter text.

iii) **MTAs**. Was the invention made with any material or biological substance obtained through a Material Transfer Agreement?

**Yes  No** . If yes, please provide the name of the provider, their affiliation and a copy of the agreement as an attachment.

iv) **Have you constructed a prototype, model, or test sample which are available for examination**?

**Yes  No** . If yes, describe below.

Click or tap here to enter text.

**D. Publication or other disclosures**

i) **Disclosure of invention to others within URI?**

**Yes  No** . If yes, describe below.

Click or tap here to enter text.

ii) **Disclosure of invention to others outside of URI**:

**Yes  No** . If yes, please give full details of the activity, including dates when activities occurred. Please indicate if party(ies) were under obligation of confidentiality.

Click or tap here to enter text.

iii) **Has invention been published in an abstract, paper, talk, news story, or thesis, etc.**?

**Yes  No** . If yes, type of disclosure (attach copy) Click or tap here to enter text.

Date of Disclosure: Click or tap here to enter text.

iv) **Is a publication planned in the next six months**?

**Yes  No** . If yes, type of disclosure (attach copy) Click or tap here to enter text.

Date of Disclosure: Click or tap here to enter text.

**E. Commercialization Questionnaire**:

i) **Possible means of commercialization:** Please provide your ideas on the most likely commercial path for the invention. How do you envision that the invention might be used in a commercial product or a process for producing a product?

Click or tap here to enter text.

ii) **Have you made any attempts to commercialize your invention** (for example, have you approached any companies about licensing or manufacturing your invention)?

Click or tap here to enter text.

iii) **What stages of development your invention or technology belongs to?** Please check all the appropriate boxes listed below that closely describe your current developmental stage.

Initial scientific research has been conducted: **Yes  No** .

Proof of concept established in the lab: **Yes  No** .

System/process tested in a relevant environment: **Yes  No** .

Prototype developed & tested in the lab: **Yes  No**  **NA** .

Prototype tested in an operational environment: **Yes  No**  **NA** .

Additional details (Optional)

Click or tap here to enter text.

iv) **What immediate future development remains to be accomplished?**

Click or tap here to enter text.

v) **Provide names of possible licensees, if any**. Please provide any industry contacts that you have made and companies or industry areas that you believe would have an interest in the invention.

Click or tap here to enter text.

**II. Sponsored Projects, Contracts, Other Support**

**Is/was the research sponsored? Federal: Yes**  **No**  **If yes, this section must be completed.**

**State: Yes  No  If yes, this section must be completed.**

A. **FEDERAL GOVERNMENT AGENCY Yes**  **No**

Agency Name:

Project Number (PeopleSoft):      

Proposal Title:      

Principal Investigator:

Contract  Grant  Number:       EXACT DATE:

Subcontract  Number:       DATE:

Subcontractor Name and Address:

**OFFICE NOTE: Patents resulting from inventions made with government support must contain**

**the following statement:**

**“This invention was made with government support under [identify contract no.], awarded by [identify the Federal agency]. The government has certain rights in the invention.”**

B. **Private Industry**? Yes  No

Company Name:

Address:

Contract/Research Agreement Yes  No  Date       $

C. **Collaboration with External Institution(s)**? Yes  No  If yes, is there a fully-executed Agreement between URI and the external institution in place?

If no, please explain.

**III. URI and NON-URI Inventors**

Please print name and sign. **ALL inventors must sign**. Recommend the percent of potential royalty revenue to be shared by both URI and Non-URI Inventors (to total 100%). A complete and accurate **resident address** and country of citizenship are required in the event this invention disclosure is sent to URI’s patent attorney.

Name:

Title: Check one: Dr.       Faculty:       Undergraduate Student:

Grad Student (Master or PhD):       Post Doc:

URI College of       (Engineering, Arts & Sciences, Pharmacy, CELS, Oceanography, Human Science & Services, Nursing or Business Administration)

Resident Address:

Name of Institution or Company:

Email:       Telephone/Cell #       Country of Citizenship:

      percent

Signature Date:

--------------------------------------------------------------------------------------------------------------------------------

Name:

Title: Check one: Dr.       Faculty:       Undergraduate Student:

Grad Student (Master or PhD):       Post Doc:

URI College of       (Engineering, Arts & Sciences, Pharmacy, CELS, Oceanography, Human Science & Services, Nursing or Business Administration)

Resident Address:

Name of Institution or Company:

Email:       Telephone/Cell #       Country of Citizenship:

      percent

Signature Date:

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Name:

Title: Check one: Dr.       Faculty:       Undergraduate Student:

Grad Student (Master or PhD):       Post Doc:

URI College of       (Engineering, Arts & Sciences, Pharmacy, CELS, Oceanography, Human Science & Services, Nursing or Business Administration)

Resident Address:

Name of Institution or Company:

Email:       Telephone/Cell #       Country of Citizenship:

      percent

Signature Date:

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**III. URI and NON-URI Inventors (Continued)**

Please print name and sign. **ALL inventors must sign**. Recommend the percent of potential royalty revenue to be shared by both URI and Non-URI Inventors (total must = 100%). A complete and accurate **resident address** and country of citizenship are required in the event this invention disclosure is sent to URI’s patent attorney.

Name:

Title: Check one: Dr.       Faculty:       Undergraduate Student:

Grad Student (Master or PhD):       Post Doc:

URI College of       (Engineering, Arts & Sciences, Pharmacy, CELS, Oceanography, Human Science & Services, Nursing or Business Administration)

Resident Address:

Name of Institution or Company:

Email:       Telephone/Cell #       Country of Citizenship:

      percent

Signature Date:

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Name:

Title: Check one: Dr.       Faculty:       Undergraduate Student:

Grad Student (Master or PhD):       Post Doc:

URI College of       (Engineering, Arts & Sciences, Pharmacy, CELS, Oceanography, Human Science & Services, Nursing or Business Administration)

Resident Address:

Name of Institution or Company:

Email:       Telephone/Cell #       Country of Citizenship:

      percent

Signature Date:

--------------------------------------------------------------------------------------------------------------------------------

Institutional Representative:

Signature Date

Title:

**University of Rhode Island**

**Carlotti Administration Bldg., 2nd Floor**

**75 Lower College Road, Kingston, RI 02881**

**Tel.: (401) 874-5507 Fax: (401) 874-7832**

**IV. Assignment**

**(Each URI Inventor must complete an individual Assignment)**

**UNIVERSITY OF RHODE ISLAND BOARD OF TRUSTEES**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

As a below named inventor or joint inventor of an invention or improvement entitled:

for which I have executed an application for Letters Patent of the United States of America; and

WHEREAS, **University of Rhode Island Board of Trustees, having an address of 35 Campus Avenue, Kingston, RI 02881**, is desirous of obtaining the entire right, title and interest in, to and under the said invention and the said application in the United States of America and in any and all countries foreign thereto;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I have sold, assigned, transferred, and set over, and by these presents do hereby sell, assign, transfer and set over, unto said **University of Rhode Island Board of Trustees,** its successors, legal representatives, and assigns, my entire right, title and interest in, to, and under said invention, and said application, and all divisional, renewal, substitutional, and continuation applications thereof, and all Letters Patent of the United States of America which may be granted thereof and all reissues and extensions hereof, and all applications for Letters Patent which may be filed for said invention in any country or countries foreign to the United States of America, including all rights of priority, all rights to publish cautionary notices reserving ownership of said invention, all rights to register said invention in appropriate registries, and all Letters Patent which may be granted for said invention in any country or countries foreign to the United States of America, and all extensions, renewals, and reissues thereof, and I hereby authorize and request the Commissioner of Patents and Trademarks of the United States of America, whose duty it is to issue patents on applications as aforesaid, to issue all Letters Patent for said invention to said **University of Rhode Island Board of Trustees**, its successors, legal representatives, and assigns, in accordance with the terms of this instrument.

And I hereby covenant that I have full right to convey the entire interest herein assigned, and that I have not executed, and will not execute, any agreement in conflict herewith.

And I further covenant and agree that I will communicate to said **University of Rhode Island Board of Trustees**, its successors, legal representatives, and assigns any fact known to me respecting said invention, and testify in any legal proceeding, sign all lawful papers, execute all divisions, renewal, substitutional, continuing, and reissue applications, make all rightful declarations and/or oaths and generally do everything possible to aid said **University of Rhode Island Board of Trustees**, its successors, legal representatives, and assigns, to obtain and enforce proper patent protection for said invention in all countries and to abide by the terms of the **University of Rhode Island Intellectual Property Policy** as approved by the **University of Rhode Island Board of Trustees.**

IN TESTIMONY WHEREOF, I authorize and affirm said assignments with the signature set forth below on the indicated date(s).

Print Inventor Name:      

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Signature Date