**Invention Disclosure – CONFIDENTIAL**

**UA FILE #**

***How to Use This Form***

*This is a protected Microsoft Word form. Simply tab or use your mouse to move between form fields. Each field will expand as you type. Please make your responses brief but complete. See page 3 for detailed instructions.*

**Title of Invention** (Broad, non-confidential – See Guidelines)

**Brief Summary** (Attach abstracts, manuscripts, additional information – See Guidelines for help)

**This is:**

Software  ITAR project-related  a Banner-covered study   
  
 a Departmental Work (see the [TLA Commercialization FAQ](https://techlaunch.arizona.edu/inventions/commercialization-faq) for information)

**Faculty Innovation Ambassador Support**

Have you spoken with or received support from a TLA Faculty Innovation Ambassador?  
(See [Faculty Innovation Ambassadors program](https://techlaunch.arizona.edu/about/faculty-innovation-ambassadors) for details.)

Yes  No

**Voice of the Inventor** (One or two sentence description of your vision for the technology)

**Invention Support** (Check where appropriate and add information as necessary)

|  |  |
| --- | --- |
| **Internal Funds**  Identify the source of the internal (UA) funding used to make this invention. |  |
| **State or Federal Funds**  Sponsor Name & Grant/Contract Number – Information should be consistent with  information provided to sponsoring agency in reports. |  |
| **Foundation, Corporate or other Funds**  Industry Sponsor Name, Grant/Contract Number and (%) contribution by Grant to your invention. |  |
| **3rd Party Materials or Data**  Any materials or data from another party? If so, please list the materials and the  third party. |  |

**Publication Date(s)** Papers, posters, theses/dissertations, conferences, etc., including those that are planned/future. See Guidelines.

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| **Event** | **Date** | **Reference/Comments** |
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**Agreements** (List any agreement(s) that may affect any rights or interests to the invention. Use additional page if needed)

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| --- | --- | --- |
| **Type of Agreement** | **Party Name(s)** | **Date of Agreement** |
|  |  |  |

**Commercial Potential**

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| Closest known product technology: |
| Potential Licensees: |
| If software, identify any 3rd party elements incorporated into the work, including developers: |

**Contributors** (List any contributors [e.g. inventors]. Contribution % must add to 100% for all UA Contributors.

**First listed is Primary Contact.** See Guidelines for additional info. Use additional page if needed.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contributor, Primary Point of Contact** | | | | |
| First: |  | Last: | Citizenship: | |
| Position: |  | Department: | Work Phone: | |
| Work Address: | | | Email: | |
| Home Address: | | | Gender: | Contribution %: |

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| **Contributor** | | | | |
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| Work Address: | | | Email: | |
| Home Address: | | | Gender: | Contribution %: |
| **Contributor** | | | | |
| First: |  | Last: | Citizenship: | |
| Position: |  | Department: | Work Phone: | |
| Work Address: | | | Email: | |
| Home Address: | | | Gender: | Contribution %: |

**Non-UA Contributors** (List any contributors [e.g. inventors] not affiliated with UA. Use additional page if needed.) NOTE: Contributors include people who provided data that you relied on to arrive at the conception of your invention.

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| **Non-UA Contributor** | | | |
| First: |  | Last: | Citizenship: |
| Position: |  | Affiliation: | Work Phone: |
| Work Address: | | | Email: |
| Home Address: | | | Gender: |

**Declaration & Signatures** (Signatures only needed from UA Contributors)

I have reviewed and understand the Arizona Board of Regents Policy 6-908 “Intellectual Property Policy” and the University of Arizona Intellectual Property Policy, and confirm that I will abide by the same. As required, I hereby assign my rights in this invention and all resulting intellectual property, including but not limited to patents and copyrights, to the Arizona Board of Regents on behalf of the University of Arizona. I agree to execute all papers necessary, including without limitation, assignments, oaths, declarations, and other documents, to assist the Arizona Board of Regents in obtaining, perfecting, sustaining, and/or enforcing the rights in this invention and all resulting patents and copyrights.

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| --- | --- | --- |
| **Signature** | **Printed Name** | **Date** |
| A. |  |  |
| B. |  |  |
| C. |  |  |

**Guidelines for UA Invention Disclosure Form**

This form is used to report an invention made by faculty members, fellows, and staff members ***(including students on appointment as University employees)***, by anyone using University facilities, or by anyone collaborating with any of the above individuals (“Contributors”). This form is designed to help TLA begin to understand your research and begin our interactions with inventors/contributors. *Inventions* in this context, include new processes, products, software, apparatus, compositions of matter, living organisms, or improvements to existing technology with commercial potential.

**Title of the Invention**

Use a brief title, omitting any confidential information, acronyms, and trademarks (title should be generic).

**Brief Summary**

Write a general description of the invention, concisely describing what you consider to be the essence of the invention and capturing the essential core concepts and results, including advantages and features of the invention. Also:

1. Please attach a detailed description of the invention, advantages/improvements over existing methods/devices/materials, and possible modifications;
2. Please attach any related manuscripts, publications, presentations, posters, etc.; and
3. Please do **not** include any ITAR restricted/controlled information.

**Voice of the Inventor**

This short description provides TLA with the goals/ambitions of the inventors: what the inventor hopes to have happen with the technology, or vision for the future of the technology.

**Invention Support**

The University is required to report all inventions made with Federal funding to the relevant agency, so it is imperative that you provide details on all federally funded inventions, in particular the agency and the grant number. Please list all other potentially relevant grants, funds, collaborations, or materials received from third parties so we can do the appropriate reporting to the sponsoring groups and determine if there are any pending license rights to the invention.

**Publication Dates**

Provide accurate dates and comments to enhance the understanding of critical events and/or make a note that you wish to discuss these issues with us. We are interested in any potential public disclosure (papers, posters, abstracts, talks, theses/dissertations, conferences, etc. - including those that are planned) of the invention, to help us and our lawyers evaluate any potential patent protection issues.

**Agreements**

List any agreement, such as consulting, assignments, licensing, material transfer, etc., that would affect ownership, rights, and/or interests to the invention.

**Contributors**

Contributors are individuals who may have conceived or developed elements of the invention, either independently or jointly with others. If this Invention Disclosure results in a patent application, a patent attorney will determine inventorship based on information from contributors listed in this form. An *inventor* conceived of the invention or contributed to the conception of the invention. Contributions may include research efforts that were relied upon to conceive the invention. Authorship of a manuscript is not necessarily a contribution for determining inventorship.

Fill in the “Contribution %” for UA Contributors only to provide your assessment of each individual’s relative contribution to the concepts of the invention. License revenues, if any, will be distributed according to University policy. The first individual listed will be TLA’s primary contact, and agrees to act as conduit of information with the other contributors. Please provide complete addresses (including city, state, zip.) Any non-UA affiliation should be stated (e.g., corporate, Department of Veterans Affairs (VA), other university, or joint appointments). Attach an Additional Contributors page if necessary.

If contributions of a Contributor are affiliated with more than one department, please provide the names of each relevant department and a breakdown of the “Contribution %” of that Contributor applicable to each department (due to revenue sharing with each department). The best way to do this is to use a separate entry for each department of the Contributor. For example, if Contributor A has a “Contribution %” of 20% and is affiliated with both Dept. X and Dept. Y, and the invention was made 60% under the auspices of Dept. X and 40% under the auspices of Dept. Y, then the Contribution % for this Contributor A should be 12% for the entry for Dept. X and 8% for the entry for Dept. Y. If this breakdown is not provided, then each department will be weighted equally. Please email with questions.

**Declaration and Submission**

All contributors must review and sign the Declaration. To submit your Disclosure, scan and send to [disclosure@tla.arizona.edu](mailto:disclosure@tla.arizona.edu), or print and send via inter-office mail to Tech Launch Arizona.

**Questions**

Contact Rakhi Gibbons, Director of Technology Transfer, at [RakhiG@tla.arizona.edu](mailto:RakhiG@tla.arizona.edu) or 520-626-6695 and/or visit <http://techlaunch.arizona.edu>.

**Attorney-Client Privileged Communication**  
The information in this Invention Disclosure is confidential and should not be disclosed to persons outside the University or to persons not requiring access to this information.

**Additional Contributors**

Please replicate this page to include additional contributors:

**Title of Invention**

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| **Contributor** | | | | |
| First: |  | Last: | Citizenship: | |
| Position: |  | Department: | Work Phone: | |
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| **Signature** | **Printed Name** | **Date** |
| A. |  |  |
| B. |  |  |
| C. |  |  |