*Approved \_\_\_\_\_\_\_\_\_*

Inventor(s):

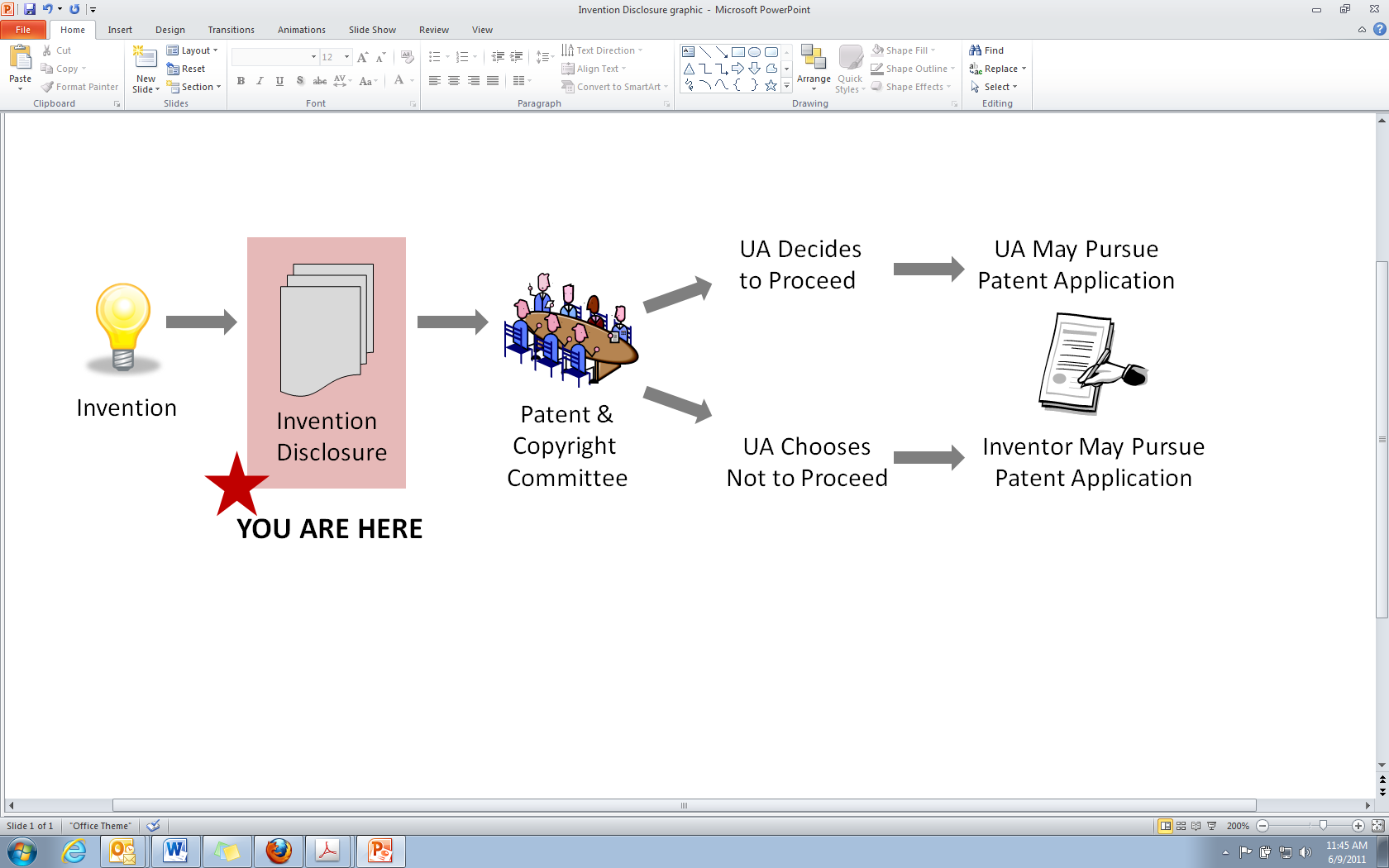
1. Please fill out the Invention Disclosure Form completely. The Invention Disclosure Form is not a patent application, however the content in this form focuses on the issues that will be raised when and if a patent application is initiated or the technology is marketed. Attention to each entry is important to the success of the process. Please do not leave any sections blank. We encourage you to work with Parker Cole, the Associate Director of Technology Commercialization, or Brandi Waters, Intellectual Property and Compliance Manager, during the process of preparing the disclosure. Parker can be reached at 479-575-4593 or pccole@uark.edu. Brandi can be reached at 479-575-2608 or bwater@uark.edu.

The Invention Disclosure Form consists of the following parts:

1. Invention Description
2. TCO Information
3. Marketing Information
4. Inventor Certification
5. Net Revenue Distribution

*Please note*: University faculty and staff are required to submit invention disclosures, but it is voluntary for students if the intellectual property was developed solely by a student or group of student collaborators without faculty or staff inventive contribution.

1. Please return the completed, signed Invention Disclosure Form to Parker Cole ([pccole@uark.edu](mailto:pccole@uark.edu)) or Brandi Waters ([bwater@uark.edu](mailto:bwater@uark.edu)).

Additionally, send an electronic copy of the disclosure form to [agritco@uada.edu](mailto:agritco@uada.edu).An electronic copy must be received before a provisional patent application can be filed by the University’s patent counsel. 

1. **INVENTION DESCRIPTION**

A patent application is required to contain certain information. Completing the next pages of this disclosure form will ensure that we have the necessary information to serve your interests and protect your invention to the greatest extent possible. Please complete all sections to the best of your ability. This information is likely to be used by patent counsel as the basis for a patent application as well as being used in our internal evaluation, so the more details, the better.

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| **Enter your information into the text boxes throughout this document. They will expand as much as needed to accommodate your information.** |

* 1. INVENTOR(S)   
     *List the inventors’ name(s) here. Full information regarding each will be provided in a later section.*

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* 1. TITLE OF INVENTION   
     *The title should be brief but technically accurate, and preferably from two to seven words.*

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* 1. BACKGROUND   
     *Provide a brief history of developments that have led to this particular invention. This section should include a statement of the field to which the invention pertains and should set the context into which to place the invention within the field.*

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* 1. BRIEF SUMMARY OF INVENTION  
     *Summarize what you consider the invention to be and how it contributes to advancing your field.*

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* 1. DETAILED DESCRIPTION OF THE INVENTION   
     *Describe the invention or discovery in detail. Identify clearly what you consider your invention to be, as well as methods and/or materials, functional description, utility, and advantages of the invention. The invention should be explained in such full, clear, concise, and exact terms as to enable a person skilled in the field to which the invention or discovery pertains, or with which it is most nearly connected, to make and use the invention. Include a description of how you anticipate carrying out the invention. Please distinguish your precise invention from what is currently known. Pictures, data tables, preprints of upcoming publications, or anything that broadens the scope of the invention and makes the disclosure complete should be included, preferably in the text box below. Be as detailed as you feel is necessary. Please keep in mind that persons reviewing the invention disclosure form are not experts in the field of the invention, so please avoid jargon, acronyms or technical terms that are not likely to be understood by non-specialists.*

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* 1. FURTHER DEVELOPMENTS  
     *Describe any projected improvements to the technology and a corresponding timetable for such improvements. Indicate any known resources, including sources of research funding, to be used to further develop the technology.*

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1. **REQUIRED ADDITIONAL INFORMATION**
   1. RESEARCH FUNDING  
      *Identify all funding, including* ***grants, contracts, commodity groups (Promotion Boards)*** *that may have provided funds used to conceive or reduce the invention to practice, in whole or in part. Such funds could include grants and contracts from the University of Arkansas, state or federal government, corporations, private institutes or associations.* ***Be specific and provide grant and campus cost center numbers****. The TCO may call you to discuss how these funds may have been used and will file reports and other documents as may be required under the relevant funding agreements.*
2. Check here **only** if **no** funding provided under a funding agreement was used to develop this invention and proceed to the next section. Otherwise, proceed to question 2.1.b.
3. Please list all sources of funding used in the conception and development of the disclosed technology/discovery; include grant numbers or other unique, assigned identifiers for each.

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| --- | --- | --- | --- |
| ***Name of Funding Agency / Entity*** | ***Federal Grant / Agreement / Contract / or other type of Award No.*** | ***Internal Acct. No. or Other Type of Internal Reference No.*** | ***Contracts & Grants Office managing award (RSSP/Division of Agriculture)*** |
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**Inventors:**

**Funding is an important part of the disclosure and requires review by the Assistant Director of the Experiment Station (which we will submit for you).**

**If you have questions or need assistance in gathering the information, please let us know.**

* 1. EARLIEST VERIFIABLE DATE OF INVENTION  
     *Does a dated record of the invention's conception, such as a sketch, report, laboratory notebook entry, or the like exist that: a) describes your invention; and b) can be independently corroborated? Describe such records including date(s).*

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* 1. PUBLIC DISCLOSURE OF THE TECHNOLOGY  
     *List all publications in which the invention was described or occasions on which it was described orally or in writing to others (e.g., abstracts, symposiums, poster presentations), together with the date of publication or public availability and the dates of submission. Include copies of publications, in print or anticipated, and abstracts. Also include copies of the poster presentations as presented. Do you have a future publication planned and if so, what is the date?*

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* 1. RELATED PUBLICATIONS  
     *Please complete a literature search to identify related publications. These should include publications written by you and/or other authors that address your invention, other research in the same area, or other inventions aimed at solving the same problem. Cite and/or supply the closest published material, such as scientific papers, patents, or commercial literature relating to your invention.* ***Please include the title of the article and the author****. Patent information can be obtained via a key word search from* [*www.uspto.gov*](http://www.uspto.gov)*. This information is required by the patent office and is absolutely necessary.*

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1. **MARKETING INFORMATION**

* 1. PRODUCTS AND SERVICES  
     *List below as many actual or hypothetical products or services as you can think of that might benefit from your invention. Be adventurous; try to think of broader and narrower applications for the invention than those that immediately come to mind, as well as applications that are outside of your own field.*

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* 1. COMPETING PRODUCTS AND SERVICES  
     *List as many existing products or services that you can think of that meet essentially the same product or service goals as those listed above; also indicate the company that provides each such product or service. You may wish to refer to catalogs or databases in looking for such alternatives. If product brochures or descriptions are available, please submit them along with this form.*

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* 1. ADVANTAGES  
     *Encouraging companies to invest in the commercial development of your invention will require that we describe for them its advantages over alternative products, processes, or services. List all of the advantages that you can think of below.*

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* 1. POSSIBLE LICENSEES  
     *List the names of companies that you think might be interested in using your invention to make, use, or sell products or services. If you have a contact at any of these companies, please list a name and telephone number. Of course, we will speak to you first before calling your contacts.*

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**INVENTOR CERTIFICATION**

Each University inventor must sign an Inventor Certification Statement. Inventors who are not University inventors should also be identified below. **Make as many copies as needed to include all of the inventors.** If you have questions about who is an inventor, please contact the Technology Commercialization Office. Original signatures are needed on these forms.

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| **INVENTOR CERTIFICATION STATEMENT** |

By my signature below, I certify that

* I agree that, if I was a UADA employee at the time the invention was made, I will assign and do hereby assign all right, title, and interest in the invention to the University and execute all necessary papers and otherwise provide appropriate assistance to enable the University to obtain, enforce, and protect its rights in the invention;
* I am an inventor and participated directly in the creation of this invention; and
* The others named herein are inventors and there are no other inventors to the best of my knowledge:

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| *Inventor Signature* | *Date* |

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| Name: |  | | |
| Citizenship: |  | Title: |  |
| Home address: |  | Office address: |  |
| Home phone: |  | Office phone: |  |
| E-mail: | | | |
| Department/Unit: | | | |
| Please check one:  q I am a UADA employee.  q I am not a UADA employee.  q I invented this technology while at UADA, but I am no longer at UADA. | | | |
| I am the inventor who will serve as the principal contact\* with the TCO for this invention:  q Yes q No  \*All correspondence with and questions for the inventors will usually be addressed to the principal contact. | | | |

Department Chair / Unit Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Experiment Station Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

1. **NET REVENUE DISTRIBUTION**

**DISTRIBUTION OF NET REVENUES STATEMENT**

By signing below, each **UADA inventor** certifies that he/she:

* agrees to the revenue split of his/her own free will and was not subject to coercion of any kind;
* understands that any Net Revenues (as defined by University Board of Trustees Policy 210.1) resulting from commercialization of this invention will be distributed according to Policy 210.1 and divided among the inventors as indicated below;
* understands that if this revenue distribution statement is NOT completed, the University will assume that all inventors consent to an equal revenue distribution;
* agrees to notify the TCO of any change of address;
* understands that if a named inventor is determined not to be an inventor under relevant laws, he/she is not eligible for revenue distribution; and
* understands that the revenue will be distributed to the inventor as assigned or to his/her heirs, successors, or assigns.

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| **Note:**  If this is an invention with non-UADA inventors, you do not need to list their names below and you do not need to figure out their share. The TCO will do that for you. |

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| **UA INVENTORS:**  **DISTRIBUTION OF NET REVENUES BASED ON PERCENTAGE CONTRIBUTION** | | | | | |
| **NAME** | | | | **ROYALTY PERCENTAGE** | |
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| *Add additional lines as needed* | | | | | |
|  |  |  |  | |  |
| *Inventor Signature* | *Date* |  | *Inventor Signature* | | *Date* |
|  |  |  |  | |  |
| *Inventor Signature* | *Date* |  | *Inventor Signature* | | *Date* |