



CONFIDENTIAL INVENTION DISCLOSURE FORM

FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY DIVISION OF RESEARCH OFFICE OF TECHNOLOGY TRANSFER 416 FOOTE-HILYER ADMINISTRATION CENTER	Date Rec'd <hr/> PI Name <hr/> FAMU #
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The Florida A&M University Office of Technology Transfer (OTT) reviews and endeavors to license all inventions received from members of the FAMU Community. The University will share income resulting from the licensing of inventions with FAMU's inventors according to the University's Policy on Intellectual Property.

This form serves to notify the OTT of your inventions, related sponsorship, public disclosure history, and establishes a legal documentation of inventorship. This form should be submitted to the OTT when new inventions are conceived and/or reduced to practice ***before*** public disclosure. Invention disclosures will only be accepted if they are submitted on this disclosure form and are complete.

Invention Title Very brief, descriptive & technically accurate	
Description of Invention Starting with the problems addressed, describe the novelty of outcome, including materials, processes, concepts, algorithms, etc that constitute the invention. Should enable a technically competent person to understand what the invention does and how it works. Attach extra pages & drawings, sketches, data, etc. if necessary	<i>[] Product [] Process [] Method [] Device [] Design [] Matter [] New use of known drug, product etc [] Software [] Plant, asexual [] Bacteria, altered [] Animal, transgenic [] Antibody</i> mark all that apply
Uses of Invention Such as unmet needs, or new services, products, processes, etc.	
Date of Invention Lab notebooks, etc must be retained.	<i>Provide info on earliest dates of conception & invention, and mention any records you have such as Lab notebooks and location of such. Univ. policy requires that these be submitted to Office of Research if requested.</i>



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Public Disclosure

-Mention date and place of first disclosure, this includes presentations, publications, posting to websites, published theses, discussions with supplier, sponsor, etc

Required by Law

Identify any disclosures, either written or oral, of the invention that you expect to make to others in the future.

Expected date:

Title of publication/presentation:

Journal name or meeting:



Identification of FAMU Inventors. All persons who have contributed to the conception or reduction to practice of this invention must be identified. I (we) hereby assign and agree to assign all rights, title, and interest to this Invention to Florida A&M University and agree to execute as requested any patent applications, assignments and other documents related to this Invention and to cooperate with Florida A&M University in the protection of this Invention. The undersigned also hereby declare(s) that he/she/they are the true originator(s) of the Invention disclosed herein, and that the Invention arose in the course of work on behalf of Florida A&M University or through the benefit of the use of Florida A&M University's facilities, equipment, or other resources.

By submitting this disclosure, the individuals named below hereby declare that all statements made herein of their own knowledge are true and that all statements made on information and belief are believed to be true.

If there are more than four contributors, please attach additional signature page forms.

Use additional sheets if required.

All Contributor(s) must sign.

	Contributor 1 (% contribution)		Contributor 2 (% contribution)	
Name: <i>Please print:</i> (First, Middle, Last)				
Signature & Date				
Title				
Work conducted at				
Dept/Faculty				
Work Address				
Home Address				
Permanent Email Address:				
Other Email Address:				
Telephone	<i>Business</i>	<i>Residence</i>	<i>Business</i>	<i>Residence</i>
	<i>FAMU ID #</i>	<i>Citizenship</i>	<i>FAMU ID #</i>	<i>Citizenship</i>



	Contributor 3 (% contribution)		Contributor 4 (% contribution)	
Name: <i>Please print:</i> (First, Middle, Last)				
Signature & Date				
Title				
Work conducted at				
Dept/Faculty				
Work Address				
Home Address				
Permanent Email Address				
Other Email address				
Telephone	<i>Business</i>	<i>Residence</i>	<i>Business</i>	<i>Residence</i>
	<i>FAMU ID #</i>	<i>Citizenship</i>	<i>FAMU ID #</i>	<i>Citizenship</i>

Identification of non-FAMU Contributors.

If any contributor is not a Florida A&M University employee, please provide that outside contributor's personal and institutional/corporate addresses. In addition, please provide any contact details of anyone managing the intellectual property of the outside contributor(s).

To be Submitted by Principal Investigator

Print name _____ Signature _____ Date _____