

**Confidential and Proprietary**

**Office of Technology Transfer**

**Division of Research and Economic Development**

***Intellectual Property Disclosure Form***

* Patent  Copyright*  *Software  Trademark*  *Tangible Research Property  Other*

*Check all that apply*

**Intellectual Property Disclosure Number**:     (to be assigned by OTT)

1. **Title of Invention/Work:**

2. **Inventor/Creator Data** (*List inventors as they should appear on official documents; primary contact will be responsible for all communications regarding this disclosure.)*

Primary Contact Inventor/Creator Name:

Please Note: Inventor/Creator share of income shall be equally divided, unless otherwise agreed - as provided in the spaces below for each individual. The sum of the percentages must equal 100%. Income sharing percentages apply to Morgan Inventor’s/Creators only.

Inventor/Creator #1:

Name:     Percentage of Inventor/Creator Income      %

Title:     Department/Unit:     Citizenship:  US  Other Name of Country:

Full Business Address:

Full Home Address:

Direct Business Phone:    Home/Cell Phone:    Email:

 Faculty/Staff  Graduate Student Undergraduate Student  Other  Non-MSU Company: Name

**Inventor/Creator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_**

Inventor/Creator #2:

Name:       Percentage of Inventor/Creator Income      %

Title:     Department/Unit:     Citizenship:  US  Other Name of Country:

Full Business Address:

Full Home Address:

Direct Business Phone:    Home/Cell Phone:    Email:

 Faculty/Staff  Graduate Student Undergraduate Student  Other  Non-MSU Company: Name

**Inventor/Creator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_**

Inventor/Creator #3:

Name:       Percentage of Inventor/Creator Income      %

Title:     Department/Unit:     Citizenship:  US  Other Name of Country:

Full Business Address:

Full Home Address:

Direct Business Phone:    Home/Cell Phone:    Email:

 Faculty/Staff  Graduate Student Undergraduate Student  Other  Non-MSU Company: Name

**Inventor/Creator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_**

*(Please attach extra page(s) with information on additional inventors)*

3. **Date of Invention** *Provide the date the invention was first conceived. This date should be documented in your records. Provide reference and physical location of the records, but do not enclose them, unless attached as part of this disclosure.*

4. **Brief Description of Invention** *(attach description if necessary)*

5. **Detailed Description of Invention** *(Please attach a complete enabling description of the technology describing the specific novelty of the invention. The description may be by reference to a separate document such as a copy of a report, preprint, grant application, manuscript and the like.)*

6. **Sponsorship**

(a) Funding Source:  Federal  State  Corporate  Morgan  Other:      None

Contracting Agency/Commercial Entity Grant/Contract Number Funding Amt.

(b) Was this invention made under any other agreement(s) (e.g. collaboration, material transfer, nondisclosure, or other non-funded agreement)?  Yes  No

Describe:

7. **Publication**

(a) Submitted to a Journal:  Yes  No Date:      Journal Name:

(b) Published:  Yes  No Date:      Journal Name:

(c) Oral Disclosure:  Yes  No Date:      Location:       Handouts?  Yes  No

(d) Poster Presentation:  Yes  No Date:      Published Abstract:  Yes  No

(e) Thesis or Dissertation:  Yes  No Date:

(f) Other Disclosure:  Yes  No Date:      Describe:

8. **Technology Significance** *(choose one)*

 Modification to existing technology  Substantial advancement in the art  Major/Disruptive breakthrough

9. **Stage of Technology**

 Concept  Design  Prototype  Modification  Production Model  Ready to license final product

10. **Future Research Plans:** What additional research is needed to complete development and testing of the invention?

(a) Is this research presently being undertaken?  Yes  No If yes, please identify sponsor:

(b) Actively pursued by faculty/staff?  Yes  No If yes, please provide name:

(c) Actively pursued by corporate partner?  Yes  No If yes, please identify corporate partner:

(d) Should corporate sponsorship be pursued, other than the corporate partner?  Yes  No

(e) Do you wish to form a “start-up” company based on this technology?  Yes  No

11. **Commercial Potential**

(a) List all products, processes and/or services you envision resulting from this invention and whether they can be developed in the near term (less than two years) or long term.

(b) Software inventions: If this is a modification or improvement to an existing work or incorporates elements that are not original to the creator(s), please identify that work and its creator(s).

12. **Competition and Potential Users and Manufacturers**

(a) Describe alternate technology or products, processes and/or services currently on the market of which you are aware that accomplish the purpose of this invention.

(b) Please identify any related technologies or devices which are used for other purposes.

(c) List any companies (and specific persons) you believe may be interested in this technology. Provide contact address and phone number for each, if available.

13. **Marketing**

Once the OTT staff accepts this disclosure, marketing of this technology will begin. Please acknowledge whether or not you believe the technology is ready for marketing to commence:

 Begin marketing  Delay marketing until further notice (provide reason)

Company interested (identify company)

14. **Department Authorization: Reviewed by Department Chair, Vice President or Dean**

Provide Name:

Provide Title:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures All Morgan State University inventors/creators must sign and date (as indicated on page one) of this Intellectual Property Disclosure Form which certifies that all information provided herein, and attached, is complete to the best of the inventor’s/creator’s knowledge. Signatures further certify that inventors/creators have reviewed and understand the University Patent and Copyright Policies. Copies of the current policies and procedures may be found on the OTT website: <http://www.morgan.edu/technologytransfer>

**Completed and signed Intellectual Property Disclosure Forms are to be sent by mail to the Director of Technology Transfer. The current campus address is provided on the OTT website** [**http://www.morgan.edu/technologytransfer**](http://www.morgan.edu/technologytransfer)

Incomplete Intellectual Property Disclosure forms will not be processed and will delay the technology transfer process.

**OTT Review and Acceptance of the Invention Disclosure** (for OTT use only):

Name: Wayne Swann

Title: Director of Technology Transfer

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTT IPD Form 04/25/17