

*Office of Technology Development*  
**Invention Disclosure Form**

Submit Completed Form to: Office of Technology Development  
5523 Research Park Drive, Suite 310  
Baltimore, MD 21228  
Phone: (410) 455-1414 Fax: (410) 455-8750

**Title of Invention**

\_\_\_\_\_

**Brief Description of Invention**

\_\_\_\_\_

**Detailed Description of the Invention**

*Please attach a detailed description of your invention, or a copy of a relevant manuscript describing your invention, complete with diagrams or drawings and copies of any relevant references.*

**Sponsorship**

<b>Funding Source:</b>	Federal <input type="checkbox"/>	State <input type="checkbox"/>	Corporate <input type="checkbox"/>	UMBC <input type="checkbox"/>	Other <input type="checkbox"/>
	<u>Name of Sponsor/Grantor</u>		<u>Grant/Contract Number</u>		<u>UMBC Account #</u>
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____

**Collaborating Institution/Company or Other Research Support**

<u>Collaborating Institution/Company Name</u>	<u>Collaborating Investigator's Name</u>
_____	_____

Did you use materials, equipment, or software from another company/institution? Yes  No

**Record of Invention**

Date of Conception: \_\_\_/\_\_\_/\_\_\_ Documented in Lab Notebook: Yes  No

Invention Reduced to Practice: Yes  No  Date of First Reduction to Practice: \_\_\_/\_\_\_/\_\_\_

**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) Other Disclosure: Yes  No  Date: \_\_\_/\_\_\_/\_\_\_ Describe: \_\_\_\_\_

**Commercial Interest**

<u>Company Name</u>	<u>Contact Person</u>	<u>Phone Number/E-mail</u>
_____	_____	_____
_____	_____	_____

**Inventor Data / Primary Contact Person**

Name: _____	Campus Address/Dept.: _____
Home Address: _____	Title: _____
City/Zip: _____	Citizenship: _____
E-mail: _____	Home Phone: _____
Office Phone: _____	Fax: _____

**Inventor Data**

Name: _____	Campus Address/Dept.: _____
Home Address: _____	Title: _____
City/Zip: _____	Citizenship: _____
E-mail: _____	Home Phone: _____
Office Phone: _____	Fax: _____

**Inventor Data**

Name: _____	Campus Address/Dept.: _____
Home Address: _____	Title: _____
City/Zip: _____	Citizenship: _____
E-mail: _____	Home Phone: _____
Office Phone: _____	Fax: _____

**Inventor Data**

Name: _____	Campus Address/Dept.: _____
Home Address: _____	Title: _____
City/Zip: _____	Citizenship: _____
E-mail: _____	Home Phone: _____
Office Phone: _____	Fax: _____

**Inventor's Signature(s)**

In order for this Invention Disclosure Form to be complete, and to be processed by OTD, it must be signed and dated by all inventors.

I/we, the Inventors, hereby certify that the information set forth in this Invention Disclosure Form is true and complete to the best of my/our knowledge.

I/we, the Inventors who are subject to University System of Maryland, Board of Regents Policy and are not under an obligation to assign intellectual property rights to another party, hereby affirm that in consideration for UMBC's evaluation of commercial potential and a share of income which I/we may receive upon commercialization of my/our invention, I/we on the date of my/our signature as indicated below do hereby assign and transfer my/our entire right, title and interest in and to the invention described herein unto UMBC, its successors, legal representatives and assigns.

<u>Inventor Signature</u>	<u>Print Name</u>	<u>Date</u>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____