

Clemson University
Confidential Intellectual Property Disclosure Form

In accordance with the Clemson University Intellectual Property Policy dated November 23, 2009

www.clemson.edu/research/technology/policies/patents.html

(For Office Use Only)

C.U. Case #:

Date Received:

Case Assigned To: Bethany Acampora Vincie Albritton JoAnna Floyd Lisa Perpall

Emphasis Area:

- | | |
|---|---|
| <input type="checkbox"/> Advanced Materials | <input type="checkbox"/> General Education |
| <input type="checkbox"/> Automotive & Transportation Technology | <input type="checkbox"/> Information & Communication Technology |
| <input type="checkbox"/> Biotechnology & Biomedical Sciences | <input type="checkbox"/> Leadership & Entrepreneurship |
| <input type="checkbox"/> Family & Community Living | <input type="checkbox"/> Sustainable Environment |

1. Type of Intellectual Property:

Patent Print (Copyright) Software (Copyright) Trademark

If Print (copyright) or Trademark disclosure, please complete items 1-9, and 14 only

2. Title of Intellectual Property to be disclosed:

3. Intellectual Property Description:

a. Conception Date:

b. Date of First Reduction to Practice (if applicable):

c. Concise Summary of intellectual property: (Limit words or less)

4. Name(s) of inventor(s)/author(s):

a. Did any of the inventors perform related research at an institution other than Clemson University?

Yes No

b. If Yes, briefly explain and please complete the "non-Clemson University Inventor Information" on Page 6 (item 15):

5. Is this potential intellectual property related to any class curriculum? Yes No

If Yes, briefly explain:

6. Funding Source (Funding must be indicated for disclosure to be processed):

Federal

Internal Funding

Industrial/Private

Other:

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7. If your research was externally funded (Federal or Industrial/Private funding), provide the following information (If applicable, fields below must be completed for disclosure to be processed):

a. Grant/ Contract Number:

b. Contact information (Name, Address, Phone and/Or Fax Number):

c. Office of Sponsored Programs Project Number:

d. Name of Principal Investigator:

8. Were any University Centers involved? Yes No

If yes, please specify:

9. Is there any related University Center of Economic Excellence (COEE) affiliation? Yes No

If yes, please specify:

10. Intellectual Property Commercialization Details

(Please answer to the best of your ability if applicable)

a) Problem(s) this intellectual property solves:

b) Novel features:

c) Possible uses and markets for this intellectual property:

d) Advantages over current commercial technology:

e) Marketing Keywords (Check all that apply):

- Automotive
- Biomaterials
- Diagnostics/Sensors
- Drugs/Pharma
- Fibers & Films
- Geology
- Green Technology
- Manufacturing

- Medical Device
- Nanotechnology
- Nutraceutical
- Optics
- Packaging Materials
- Plant Biotechnology
- Treatment Method
- Other (please specify):

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11. Public Disclosure

(Public disclosures include but are not limited to: manuscript publication, oral/powerpoint presentations, poster displays, thesis publication, disclosure to industry, etc.)

a) Has there been any prior public disclosure? Yes No

If yes, public disclosure date(s):

If yes, describe public disclosure(s):

b) Are there any upcoming plans to publicly disclose? Yes No

If yes, describe upcoming public disclosure(s) and dates:

12. Possible Interested Industry Contacts *(Please provide name(s) and contact information)*

13. Prior Art *(Required for Patent Intellectual Property disclosures only)*

Prior to the IP subcommittee meeting, inventors must complete a preliminary search of related prior art such as patents, patent applications, or other literature citations and provide a brief description of a minimum of five references and how they relate to this disclosure. Jan Comfort (comforj@clermson.edu) of Library Services is available for assistance. Your results will be requested by the corresponding Technology Commercialization Officer at least one week prior to the scheduled IP subcommittee meeting.

14. Inventor(s) Information and Signature(s)

As indicated by your signature below, you acknowledge that you have reviewed and understand the Clemson University Intellectual Property Policy and understand that Clemson University may, in its sole discretion, administer, protect, license, or otherwise use or exploit this invention for the benefit of the University and the individual creators. By signing below, you certify that all information provided herein is true and accurate to the best of your knowledge. All individuals equally share in any revenue received from the commercialization of this invention, creation, or discovery unless otherwise indicated by the percent distributions below.

Inventor One

Full Name:

Citizenship:

Department/College:

Email:

Work Address:

Work Phone:

Home Address:

Home Phone:

Signature: _____ Date: _____

Percent distribution: %

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Inventor Two

Full Name:

Citizenship:

Department/College:

Email:

Work Address:

Work Phone:

Home Address:

Home Phone:

Signature: _____ Date: _____

Percent distribution: %

Inventor Three

Full Name:

Citizenship:

Department/College:

Email:

Work Address:

Work Phone:

Home Address:

Home Phone:

Signature: _____ Date: _____

Percent distribution: %

Inventor Four

Full Name:

Citizenship:

Department/College:

Email:

Work Address:

Work Phone:

Home Address:

Home Phone:

Signature: _____ Date: _____

Percent distribution: %

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Inventor Five

Full Name:	<input type="text"/>
Citizenship:	<input type="text"/>
Department/College:	<input type="text"/>
Email:	<input type="text"/>
Work Address:	<input type="text"/>
Work Phone:	<input type="text"/>
Home Address:	<input type="text"/>
Home Phone:	<input type="text"/>

Signature: _____ Date: _____

Percent distribution: %

The completed form can be submitted directly to the Clemson University Office of Technology Transfer through the "Submit Form" icon in the right-hand corner of the Adobe Acrobat window. Please contact Janet Dillon (gjanet@clemson.edu) with any further questions.

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15. Non-Clemson University Inventor(s) Information (if applicable)

Non-Clemson University Inventor One

Full Name:	<input type="text"/>
Citizenship:	<input type="text"/>
Company/Institution:	<input type="text"/>
Department/College:	<input type="text"/>
Email:	<input type="text"/>
Work Address:	<input type="text"/>
Work Phone:	<input type="text"/>
Home Address:	<input type="text"/>
Home Phone:	<input type="text"/>

Non-Clemson University Inventor Two

Full Name:	<input type="text"/>
Citizenship:	<input type="text"/>
Company/Institution:	<input type="text"/>
Department/College:	<input type="text"/>
Email:	<input type="text"/>
Work Address:	<input type="text"/>
Work Phone:	<input type="text"/>
Home Address:	<input type="text"/>
Home Phone:	<input type="text"/>

Non-Clemson University Inventor Three

Full Name:	<input type="text"/>
Citizenship:	<input type="text"/>
Company/Institution:	<input type="text"/>
Department/College:	<input type="text"/>
Email:	<input type="text"/>
Work Address:	<input type="text"/>
Work Phone:	<input type="text"/>
Home Address:	<input type="text"/>
Home Phone:	<input type="text"/>