



**Time-Sensitive Material – Please Expedite**

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Please send the completed, signed form and all attachments to:

WiSys Technology Foundation, Inc.  
Attn: Lisa Murray  
P.O. Box 7365  
Madison, WI 53707-7365  
Phone: (608) 263-2819 Fax: (608) 262-6104

- The purpose of this form is to provide a written, dated notice of your invention disclosure. A disclosure is necessary to enable the University to comply with most industry contractual requirements, as well as the requirements of the U.S. Federal Government laws and regulations as they are applied to university grants and contracts.
- An invention disclosure should be completed when something new and useful has been conceived or developed or when unusual, unexpected, or unobvious research results have been achieved and can be utilized.
- After receipt of the completed disclosure form by WiSys, the researchers may be asked to provide reasonable assistance (e.g., equity review, participate in patent and literature searches, review patent drafts, and assist in discussions with industry contacts).
- The person completing this Disclosure Form should provide a complete copy to all those individuals listed in the inventor section.
- For assistance on completing this form or for additional information, please contact WiSys.



Please type. If more space is required, please attach additional pages with reference to the continued item. This form is available as an electronic file which can be downloaded from the WiSys website.

## **Invention Summary**

**Title of invention:**

**Technical abstract of the invention** (or attach a publication or draft). This will be provided, when required, to sponsoring agencies.

**What makes this invention superior to existing technology?**

**The invention was conceived of at least as early as:**

**When was the invention shown to work?**

**Have you disclosed this invention to anyone in a non-confidential manner?**

If so, when and to whom?

If not, do you anticipate such a disclosure in the next six months (when and to whom)?



**INVENTOR INFORMATION**

**Names of Inventors:** Please include the names of all University of Wisconsin and any non-University personnel who contributed to this invention. Include names of UW or non-UW personnel who conceived or contributed to an essential part of the invention and its reduction to practice. Merely following instructions to make or practice an invention may not be a sufficient contribution to qualify as an inventor. The inventorship is to be determined according to U.S. patent law criteria by the patent attorney at the time of application drafting.

**Inventor A**

First name:	
Middle name, or indicate 'none':	
Last name:	
Title and department affiliations:	
Citizenship:	
Work address:	
Work phone number:	
Home address:	
Home phone number:	
E-mail address:	

**Inventor B**

First name:	
Middle name, or indicate 'none':	
Last name:	
Title and department affiliations:	
Citizenship:	
Work address:	
Work phone number:	
Home address:	
Home phone number:	
E-mail address:	



**Inventor C**

First name:	
Middle name, or indicate 'none':	
Last name:	
Title and department affiliations:	
Citizenship:	
Work address:	
Work phone number:	
Home address:	
Home phone number:	
E-mail address:	

(expand as needed for more researchers)

**Inventor D**

First name:	
Middle name, or indicate 'none':	
Last name:	
Title and department affiliations:	
Citizenship:	
Work address:	
Work phone number:	
Home address:	
Home phone number:	
E-mail address:	

(expand as needed for more researchers)

**SPONSORSHIP**

Identify and list all grants, contracts, and other sources of funds contributing to or possibly contributing to the conception and/or development of the invention. Please note that accurate and complete sponsorship information is required to fulfill the obligations of the University of Wisconsin under sponsored research grants and contracts.

Agency or Sponsor	Grant/Contract/Other Number	University Account Number



## **OTHER AGREEMENTS**

Identify any agreements that you have entered into that are related to the invention and might grant rights of any sort in this invention to a company or other party outside of the University (material transfer agreements, commercially sponsored research agreements, consortia agreements, consulting agreements, etc.).

Did this invention use any Materials which were obtained with a Materials Transfer Agreement from a company or another institution?      Yes \_\_\_\_\_ (please provide details)      No \_\_\_\_\_

Has any of the material been obtained from outside the U.S.?      Yes \_\_\_\_\_ (please provide details)  
No \_\_\_\_\_

Did you transfer to any researcher outside of your institution any new Materials (DNA, peptides, cell lines, vectors, catalysts, alloys, etc.) related to this invention?      Yes \_\_\_\_\_ (please provide details)  
No \_\_\_\_\_

## **STAGE OF DEVELOPMENT**

Describe the development status (i.e. concept only, laboratory tested, prototype, etc.). Indicate what further development may be necessary.



## **COMMERCIAL APPLICATIONS AND POTENTIAL LICENSEES**

Describe the current and/or potential commercial market for the invention if known. List any potential licensees or end users for this technology.

Are you interested in collaboration to improve or refine your technology/product? List potential collaborations.

Do you require further funding to develop this technology? Indicate approximate budget and period of development.

List any competing technology or product being developed by others or already in the market place.

**THIS CONFIDENTIAL DISCLOSURE MUST BE SIGNED AND DATED BY AN INVENTOR AND RETURNED TO THE OFFICE OF TECHNOLOGY DEVELOPMENT AND TRANSFER.**

**Signature:**

**Date:**