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OFFICE OF TECHNOLOGY TRANSFER WCU PATENT COMMITTEE

INNOVATION DISCLOSURE FORM

Revised September 2018

Please read the following instructions:

1. Read and fill out completely all sections of this Innovation Disclosure Form. If you need additional space, please write your comments on an additional page and attach it to the original disclosure form. Include as much relevant information as possible to ensure an efficient response to your disclosure.
2. Be sure to fully disclose all funding sources and sources of materials for the research linked to the Inventor's innovation. This information is very important for determining ownership and potential compensation from commercialization of the innovation.
3. We will accept an electronic or digital copy of the disclosure form. However, we must have a hard copy of the completed disclosure form. Please mail or hand-deliver the hard copy to the Office of Technology Transfer within seven business days after submitting the disclosure form electronically.
4. We cannot accept any disclosure form that is incomplete or missing information, signatures, or unspecified division of Inventor ownership and potential compensation from commercialization of the innovation.
5. If you have any questions regarding the completion of the disclosure form, please call the Office of Technology Transfer at (828) 227 -7116.
6. Please deliver a completed hard copy of the disclosure form to:
Office of Technology Transfer
520 HFR
Western Carolina University
Cullowhee, North Carolina 28723
Office: (828) 227 - 7116 Fax: (828) 227-7047 Email: igibson@wcu.edu

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I. DESCRIPTION OF THE INNOVATION

TITLE OF INNOVATION: _____

INNOVATION CONCEPTION DATE: _____

HAS THE INNOVATION ACTUALLY BEEN MADE AND USED? YES NO
(INCLUDING WORKING PROTOTYPES, PRODUCT APPARATUS OR COMPOSITIONS, OR OTHER ARTIFACTS BEEN MADE AND TESTED?)

HAS THE INNOVATION BEEN REDUCED TO PRACTICE? YES NO
(HAS THE INNOVATION BEEN REDUCED TO A PATENT OR PATENT APPLICATION?)

A. DESCRIPTION OF THE INNOVATION

Please identify clearly what you consider your innovation to be, as well as methods and/or materials used, how it operates, what the advantages are over existing art, and the utility of the innovation. Include pictures, videos, data tables, preprints of upcoming publications, or anything that broadens the scope of the innovation and makes this disclosure more complete. If needed, continue on a separate page that is attached hereto.

B. IMMEDIATE AND FUTURE APPLICATIONS

Please list below as many actual or hypothetical products or services that can be created or improved by your innovation. Be adventurous; try to think of broader or narrower applications for the innovation than those that immediately come to mind as well as applications that are outside of your own field.

CAN YOU IDENTIFY POTENTIAL LICENSEES OF THIS TECHNOLOGY? YES NO

DO YOU HAVE CONTACT WITH ANY OF THESE INDIVIDUALS/COMPANIES? YES NO

IS WORK ON THE INNOVATION CONTINUING? YES NO

DO YOU HAVE TEST DATA OR PERFORMED EFFICIENCY STUDIES? YES NO

ARE THERE ANY LIMITATIONS TO BE OVERCOME OROTHER TASKS TO BE DONE PRIOR TO PRACTICAL APPLICATION? YES NO

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II. DISCLOSURE

Any public, non-confidential disclosure of the details of the innovation constitutes public disclosure that may bar patent protection. Public disclosure includes but is not limited to dissertations, journal articles, conference presentations, seminars, poster presentations, and demonstrations.

HAS THE INNOVATION BEEN PUBLICLY DISCLOSED IN ANY FORM? YES NO
IF YES, WHAT WAS THE DATE OF DISCLOSURE? _____

DO YOU PLAN TO DISCLOSE THE INNOVATION IN THE FUTURE? YES NO
IF YES, WHAT ON DATE WILL YOU DISCLOSE? _____

HAS THERE BEEN ANY PUBLIC USE OR SALE OF PRODUCTS OR SERVICES EMBODYING THE INNOVATION? YES NO

If a public disclosure has taken place, please be prepared to show copies of any written materials, videos, pictures, interviews, etc.

III. SOURCES OF FUNDS AND/OR MATERIALS

If you have more than two funding sources, please provide the same information requested on this form on another separate piece of paper which you will attach to this form.

A. FUNDING SOURCES

Please include copies of your funding agreements, grants, etc.

SPONSOR #1: _____

WCU GRANTS AND CONTRACT #: _____

PROJECT TITLE: _____

RESEARCH PERIOD (START AND END DATES): _____
START DATE END DATE

SPONSOR #2: _____

WCU GRANTS AND CONTRACT #: _____

PROJECT TITLE: _____

RESEARCH PERIOD (START AND END DATES): _____
START DATE END DATE

SPONSOR #3: _____

WCU GRANTS AND CONTRACT #: _____

PROJECT TITLE: _____

RESEARCH PERIOD (START AND END DATES): _____
START DATE END DATE

B. MATERIAL TRANSFER SOURCES

Please submit copies of material transfer agreements so that a determination can be made as to whether this innovation is subject to any commitments or restrictions arising from the terms of sponsorships.

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IV. INVENTOR INFORMATION

Please identify all inventors or contributors to this innovation. If the number of inventors or contributors exceeds the space provided below, please continue on a separate piece of paper that you will attach to this disclosure form.

PRIMARY CONTACT PERSON

NAME: _____ WCU DEPARTMENT: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

OFFICE PHONE: _____ CELL PHONE: _____ HOME PHONE: _____

PERCENTAGE SHARE OF INVENTOR ROYALTIES: _____ %

NAME: _____ WCU DEPARTMENT: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

OFFICE PHONE: _____ CELL PHONE: _____ HOME PHONE: _____

PERCENTAGE SHARE OF INVENTOR ROYALTIES: _____ %

NAME: _____ WCU DEPARTMENT: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

OFFICE PHONE: _____ CELL PHONE: _____ HOME PHONE: _____

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OFFICE PHONE: _____ CELL PHONE: _____ HOME PHONE: _____

PERCENTAGE SHARE OF INVENTOR ROYALTIES: _____ %