

Western Kentucky University

Confidential Invention Disclosure

Background

In compliance with WKU's intellectual property policy and the requirements of the federal sponsoring agencies, the University students, staff and faculty are required to submit invention disclosures to the Office of Technology Transfer. A completed invention disclosure form serves as the basis for an assessment of the intellectual property, determination of the commercialization potential, and selection of an appropriate protection option. To complete the form follow the guidelines below and **DO NOT MODIFY THE FORM.**

General Guidelines

- Completion of an invention disclosure form is the first step in a possible commercialization of a new knowledge base, discovery of a new material, new process, new use of an existing material and others.
- Provide a concise title for the invention that reflects the invention and possible application.
- In general terms describe the purpose of this invention and identify it as a new material, a composition of matter, a new process, a new machine, a new plant or a new design and identify its usefulness.
- Identify the new and unobvious features of this invention.
- Attach copies of documentation that include properly witnessed and dated laboratory notebook pages containing the first conception of the idea, and the proof of concept data to support the idea. These may include results of the laboratory experiments, designs, drawings or a description of a prototype or photographic documentation.
- Describe the current state of the art, the practice, the process or a product used in the field. Identify the limitations or disadvantages of the current practice. Identify the advantages of the new invention and how this technology overcomes the limitations of the current practice.
- If you are aware of any other possible approaches to solve the limitations of the current practice, identify these, and how others may overcome these limitations. Also identify how others may overcome limitation of your new invention.
- Identify all sources of funding such as grants, contracts that may have supported the development of this new invention.
- It is important to provide an exact date and forum of the first disclosure of this invention, such as discussions with a colleague, journal publication, abstract, and grant proposal or oral presentation, and offer for sale. The key is the disclosure of the enabling part of the invention that makes it new and functional.
- You must identify the names of all inventors, and include the additional information on the form as requested.
- The completed invention disclosure form should be witnessed, signed and dated by someone who is not a contributor to the invention, and who understands the invention.
- If available provide references and/or copies of any additional information, such as relevant literature or patent searches conducted, current practice or product literature, current users or manufacturers and any other support information.

If you need assistance in completing the form please contact the Office of Technology Transfer. Return the completed form and support documentation to the Office of Technology Transfer.

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For Office Use Only
ID#: _____
Date Received: _____

Western Kentucky University

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1. **TITLE OF INVENTION** (Concise description to identify the technology and the application)

2. **DESCRIPTION OF THE INVENTION**
 - a. Briefly summarize the invention, describing the novelty, its application and how it works

 - b. Brief background of the current practice or product(s) and its disadvantages or limitations

 - c. Identify the current product(s), manufacturer and marketer of the product

 - d. How does the new invention overcome the limitations of the current practice

 - e. What are the other possible approaches to overcome the limitations of the current practice

 - f. What are the possible approaches to overcome the limitations of your new invention

 - g. Identify all possible commercial applications of the new invention

- h. Briefly outline the stage of the development, describe what additional work is needed to reduce the idea to practice

3. DATES AND PLACES RELATED TO THE INVENTION

- a. Date of conception of the invention and the first written record of the idea

- b. Date the idea was first reduced to practice and where

- c. Provide a list of dated documentation about the invention, such as notebook pages or other written correspondence, attach if possible

- d. Provide dates of the first oral, written, or electronic disclosure, and to whom, names of persons and/or organizations

- e. Disclosure to outside companies, was it under confidentiality agreement, give dates, persons, company affiliation and titles

- f. Provide dates for anticipated publication and/or presentation forums

4. SPONSORS

- a. Provide complete and accurate information regarding the sources of financial support that contributed to the conception and/or development of this invention

Sponsor

Grant Number

- 1.
- 2.
- 3.
- 4.
- 5.

b. Identify private businesses that may have supported the work through contracts

- 1.
- 2.
- 3.

c. If available identify any anticipated future funding sources

- 1.
- 2.

5. NEXT STAGE DEVELOPMENT PLANS

a. Describe any further development that is planned

b. If known, list potential companies that might be interested in licensing this technology, identify potential contacts

This disclosure is submitted in compliance with the Western Kentucky University intellectual property policy and is subject to all terms of the policy. I hereby agree to assist the Office of Technology Transfer in the patent prosecution and commercialization process. Western Kentucky University will share any royalty income from this invention with the inventors as outlined in the intellectual property policy.

	<u><i>Inventor(s) Signature</i></u>	<u><i>Date</i></u>	<u><i>Witnessed By</i></u>
1.			
2.			
3.			
4.			
5.			

WKU Inventors:

1. **Name:** _____
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Citizenship _____

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Fax #: _____
e-mail: _____
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Citizenship _____

4. Name: _____
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Department: _____
Phone #: _____
Fax #: _____
e-mail: _____
Home Address : _____

Citizenship _____

External collaborator(s):

1. Name: _____
SS#: _____
Department: _____
Institution: _____
Phone #: _____
Fax #: _____
e-mail: _____
Home Address: _____

Citizenship _____

2. Name: _____
SS#: _____
Department: _____
Institution: _____
Phone #: _____
Fax #: _____
e-mail: _____
Home Address: _____

Citizenship _____