



**Office of Technology Transfer  
Invention and Technology Disclosure**

Docket Number: \_\_\_\_\_

Received on: \_\_\_\_\_

(INVENTORS: Please read Instruction Sheet and complete items below.)

**1. TITLE OF INVENTION OR TECHNOLOGY:**

Keywords for Searching the Invention: \_\_\_\_\_

**2. Please provide a non-confidential abstract describing the invention, for marketing purposes.**

**3. Please disclose the invention completely. Describe the technology, the best mode of making, using etc, and how it differs from the prior art. (Attach additional sheets, if necessary).**

**4. List any potential corporate partners and their points of contact (if known).**

**5. Has there been a prior art/patent search relating to this invention?** (Please include copies of any resulting documentation. Patent information can be obtained via a key word search from [www.uspto.gov](http://www.uspto.gov))

**6. Has there been a literature search relating to this invention?** (Please include citations)

**7. INVENTORS OR DEVELOPERS:**

*(Attach additional disclosure forms if more than three inventors.)*

Lead Inventor: \_\_\_\_\_ Percent Contribution: \_\_\_\_\_  
Campus Phone: \_\_\_\_\_ Campus Fax: \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_

Citizenship: \_\_\_\_\_

Inventor: \_\_\_\_\_ Percent Contribution: \_\_\_\_\_  
Campus Phone: \_\_\_\_\_ Campus Fax: \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_

Citizenship: \_\_\_\_\_

Inventor: \_\_\_\_\_ Percent Contribution: \_\_\_\_\_  
Campus Phone: \_\_\_\_\_ Campus Fax: \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_

Citizenship: \_\_\_\_\_



**OBLIGATIONS TO THIRD PARTIES** (*Attach Inventions section of third party agreement.*)

**8.** What funds supported the work leading to this invention? (include federal, non-federal, foundation and industry funding, gifts, Notre Dame funds, etc.) Please list **all** sources of funding for the invention:

\_\_\_\_\_

If a non-Notre Dame sponsor, indicate below:

**Contract/Grant No.** \_\_\_\_\_ **Sponsor** \_\_\_\_\_ **PI** \_\_\_\_\_

**Contract/Grant No.** \_\_\_\_\_ **Sponsor** \_\_\_\_\_ **PI** \_\_\_\_\_

**Contract/Grant No.** \_\_\_\_\_ **Sponsor** \_\_\_\_\_ **PI** \_\_\_\_\_

**9.** Are you a party to **any other agreement(s)** pertaining to the invention (e.g. material transfer, collaboration, or patent agreement with another entity (academic, corporate, or other))?

**YES**

**NO**

If **yes**, please list: Name of Entity \_\_\_\_\_ Type of Agreement \_\_\_\_\_

**10. History and development of the Invention**

<b>EVENTS</b>	<b>DATE</b>	<b>REFERENCES &amp; COMMENTS</b>
A. Initial Idea		
B. Conception		
C. First reduction to practice		
D First public disclosure		
E. Planned future public disclosure		

**11. Please recommend two or three faculty or other peer from Notre Dame who would be best suited to evaluate the technical and commercial merits of this technology. The evaluation would be anonymous and confidential.**

<b>Name</b>	<b>Department</b>	<b>Email</b>

**12. ASSIGNMENT OF INVENTION**

**I understand that I have certain rights and obligations as set forth in the University’s Intellectual Property Policy. I have read and understand the Intellectual Property Policy, and I agree to fulfill the obligations that I have under the Policy. Accordingly, I hereby assign all right, title, and interest in the disclosed invention, whether patentable or not, to the University of Notre Dame du Lac and agree to execute all documents necessary for the University to perfect its rights in the invention disclosed herein.**

\_\_\_\_\_  
Inventor’s Name                      Inventor’s Signature                      Date

\_\_\_\_\_  
Inventor’s Name                      Inventor’s Signature                      Date

\_\_\_\_\_  
Inventor’s Name                      Inventor’s Signature                      Date

\_\_\_\_\_  
Inventor’s Name                      Inventor’s Signature                      Date

\_\_\_\_\_  
Inventor’s Name                      Inventor’s Signature                      Date

**13. INVENTION ACKNOWLEDGED BY:**

\_\_\_\_\_  
PI/Faculty Member’s Signature \*\*                      Date

\_\_\_\_\_  
Dean or Dept Chair’s Signature                      Date

**Accepted by:**

\_\_\_\_\_  
Tech Transfer Representative Date

**\*\* Please have PI sign if PI is not an inventor.**

Please submit completed disclosure to:  
University of Notre Dame  
Office of Technology Transfer  
940 Grace Hall  
Notre Dame, IN 46556

Phone: (574) 631-4551  
Fax: (574) 631-1819  
Email: ott@nd.edu  
Web: ott.nd.edu