**

***Confidential and Proprietary***

**MSU TECHNOLOGY TRANSFER OFFICE (TTO)**

**INTELLECTUAL PROPERTY DISCLOSURE**

This document enables the TTO to assess the patentability and commercial potential of your invention and to pursue patent prosecution based on the evaluation. For questions or assistance, please contact the TTO at 994-7868.

**TITLE OF INVENTION:**

**ABSTACT OR BRIEF DESCRIPTION:**

In a separate attachment, provide a relevant abstract, paper, publication, manuscript, or other description that explains the invention in general terms.

**FUNDING AND/OR SPONSORSHIP:**

If the invention was created under a research project(s) receiving funding from a government agency, nonprofit entity, or a commercial interest, the University may have obligations to report the invention or provide certain rights to the sponsor.

**Does this Invention have any Funding or Sponsorship**: [ ]  Yes [ ]  No

**Report all sources of funds used in the research that led to the invention**.

| Name of Agency orSponsor | Prime Contract orAgreement No. | MSU Grant Number | Project Period(Start and End Dates) |
| --- | --- | --- | --- |
| NIH/ |  |  |  |
| NSF |  |  |  |
| DoD |  |  |  |
| DoE |  |  |  |
| SBIR |  |  |  |
| STTR |  |  |  |
| MBRCT |  |  |  |
| Sponsor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Consulting:\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| State Support:\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other:\_\_\_  |  |  |  |

**EXPORT CONTROL:**

Was any of part of the development of this technology funded by a contract that has a DFARS clause restricting publication of research results or that requires an Export Control Management Plan?

[ ]  Yes [ ]  No

**ORGANISM/BIOLOGICAL MATERIAL DEPOSIT:**

 Is this invention an organism/biological material that requires protection?

[ ] Yes [ ]  No

 If yes, has organism(s) been submitted to a depository, or will it be submitted?

[x] Yes [ ]  No [ ] Not Yet

 Name of Depository:

 Date of Deposit:

 Deposit Number:

 Deposit Name/Description:

 Deposited in:

 [ ] General Collection[ ] Patent Depository[ ] Other Please Specify:

***Please attach a copy of the deposit certificate/receipt for each organism deposited.***

**PUBLICATION AND PUBLICATION DISCLOSURE:**

* A “Public Disclosure” is when someone outside MSU has access to an enabling description of your invention without being bound by a confidentiality agreement.
* “Enabling” means sufficiently described to allow someone of average skill in the relevant field of expertise to practice the invention.
* Confidentiality agreements are developed and must be signed by the MSU Office of Research Compliance.

A public disclosure of enabling information impacts the ability to patent an invention since, in the U.S., a patent must be filed within one year of the disclosure. In most other countries, a patent must be filed before *any* public disclosure.

Keep in mind, many journals publish abstracts and draft manuscripts online prior to final publication. Conferences may publish abstracts or papers prior to the conference date. The inventor should keep the TTO apprised of online publishing, including enabling abstracts/posters.

**Was there a Publication or Public Disclosure**: [x]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
| **Type of Disclosure** | **Description****(Journal Citation, Title, Place, URL, or Other)** | **Dates** |
| Journal or otherPublication |  | Date of Submission: Date of Publication (if applicable): |
| Conference or Publication Abstract |  | Date of Submission:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Publication (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Oral/Poster/Video Presentation |  | Date of Presentation:  |
| Web Posting |  | Date of Posting: [ ] Public Posting [ ] Private Posting |
| Other, including personal contact and/or name of company if outside MSU |  | Date of Initial Disclosure:  |

If disclosed to a contact outside MSU was a confidentiality agreement executed prior to the disclosure?

[ ] Yes [ ]  No

What is the date of earliest documentation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**USE OF MATERIALS OBTAINED FROM EXTERNAL SOURCES**

Was any aspect of the invention made possible by the use of proprietary materials (e.g. gift, purchased material, open source software) from external individuals or organizations? [ ] Yes [ ]  No

If available, attach a copy of any relevant Material Transfer Agreement, Purchase Agreement, or similar document under which such material was received. If no documentation is available, please describe the details of the arrangements below and/or on an attached sheet.

**If software, disclose any use of open source or general public license code:**

Name of Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreement or Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Material: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INVENTOR(S) SECTION:**

If you have one or more collaborators, whether at MSU or at other institutions, and you are not absolutely sure they are qualified as inventors according to US patent law, it is advisable to not simply assume all of them are inventors, but to list each individual and their contribution to the work in this form so that TTO and its counsel may have the opportunity to determine each individual’s contributions to the claims in the eventual patent application we may file.  This is good practice because faulty inventorship can compromise the value of the patent.

Note: Inventorship is not the same as authorship. A “pair of hands” under the direction of another person is not an inventor, even though such a person may be considered a co-author or contributor in a scholarly sense. Per patent law, an inventor is generally someone who contributed to the conception of the invention or to the creative development of an important element of the invention in reducing it to practice.

**CONFLICT OF MANAGEMENT:**

Are any of the inventors currently or contemplating becoming an employee, officer, board member, or owner in an entity which has (or wishes to have) rights to this creation? [ ] Yes [ ] No

**LEAD INVENTOR: Completion of all fields required**

**Full Legal Name (First, Middle, Last):**

**Title: Department:**

**Affiliated MSU Center(s) / Institute(s):**

**Dates Employed by MSU: Date Range of Contribution:**

**Employer Name: Montana State University**

**Employer Street Address (if not MSU):**

**City, State, Zip:**

**Work Email: Work Phone:**

**Home Street Address:**

 **City, State, Zip:**

**Personal Email: Personal Phone:**

**Citizenship: USA**

**Describe the Contribution of this individual in relevant detail; add additional pages if necessary: Inventor**

**Please sign and send an electronic copy of this disclosure to the TTO, emailed to:** [**BZInvention@montana.edu**](file:///C%3A/Users/x64d189/Desktop/BZInvention%40montana.edu)

**MSU LEAD INVENTOR**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

*I have read this form and understand the current policy as described in the Faculty Handbook, and agree to assist the MSU Technology Transfer Office in the evaluation and possible commercialization of the invention as described in this Intellectual Property Disclosure. All statements made herein are true and complete to the best of my knowledge.*

**ADDITIONAL INVENTORS/CONTRIBUTORS**

Please include the contact information for any additional contributors/inventors in the tables below. Copy and paste additional tables as needed. *Final inventorship is subject to change throughout the prosecution process.*

**INVENTOR/CONTRIBUTOR Completion of all fields required**

**Full Legal Name (First, Middle, Last):**

**Title: Department:**

**Affiliated MSU Center(s) / Institute(s):**

**Dates Employed by MSU : Date Range of Contribution:**

**Employer Name:**

**Employer Street Address (if not MSU):**

**City, State, Zip:**

**Work Email: Work Phone:**

**Home Street Address:**

 **City, State, Zip:**

**Personal Email: Personal Phone:**

**Citizenship:**

**Describe the Contribution of this individual in relevant detail; add additional pages if necessary:**

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**Full Legal Name (First, Middle, Last):**

**Title: Department:**

**Affiliated MSU Center(s) / Institute(s):**

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**City, State, Zip:**

**Work Email: Work Phone:**

**Home Street Address:**

 **City, State, Zip:**

**Personal Email: Personal Phone:**

**Citizenship:**

**Describe the Contribution of this individual in relevant detail; add additional pages if necessary:**