

 **Instruction Page**

 **for**

 **Invention Disclosure Form**

**Purpose**

This form is used to identify and describe an invention in which a college, university or the System may have a legally recognized interest and to initiate the inquiry process for potential patents. This form does not establish ownership of the invention.

**Submission**

All individuals who made a significant contribution in the creation of the invention must sign this form.

Use additional sheets of paper when an answer requires more space.

Attach any additional documents that would be helpful during the review process such as drawings, photographs, illustrations, procedures, licenses, permissions, grants, contracts, publications of the invention, and emails with collaborators.

>>>>Electronic copies preferred, hard copies acceptable. <<<<

Submit the signed, completed form to:

Gary B Hunter, System Director for Intellectual Property

Academic and Student Affairs, System Office

 Wells Fargo Place, 30 7th Street E., Suite 350

 St. Paul. MN 55101-7804

**Assistance**

For assistance in completing this form or if you have questions, contact the System Director of Intellectual Property via email Gary.Hunter@so.mnscu.edu or phone 651-201-1659.



Internal Use Only:

 Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Invention Disclosure Form**

 **CONFIDENTIAL - For Internal System Use Only**

**1. Title of Invention**

**2. Brief Description of Invention (Non-confidential)**

**3. Detailed Description of Invention**

**(a)** Purpose of invention

**(b)** Identify similar inventions, if any

**(c)** Advantages over similar inventions

**4. Key Words related to Invention to assist in Patent Search**

**5. Development Timeline**

**(a)** Conception Date

**(b)** Conception Location

**(c)** Date of Initial drawing, sketch, written description, photo of Invention

**(d)** Date and Location of First Operating Device

**(e)** Witnesses

**(f)** Are there any written agreements involved? No Yes If Yes, attach copy.

 (Sponsored Research, Grants, Gifts, Partnership Agreements, Contracts, etc.)

**(g)** Were biological materials involved? No Yes If Yes, identify materials.

**(h)** Where were the biological materials developed?

**6. Past and Planned External Disclosures outside of College or University**

**(a)** Has invention been disclosed publicly? No Yes If yes, when and where?

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**(b)** Has invention manuscript been submitted for publication?No Yes If yes, when and to whom? Date\_\_\_\_\_\_\_\_\_\_ Recipient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(c)** Has invention manuscript been accepted for publication?No Yes If yes, date of publication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(d)** Do you plan to submit invention manuscript for publication? No Yes

**7. Prior Art**

Identify all relevant patents, publications, commercial products/processes (currently known) that relate to invention. Attach additional information if appropriate

a.

b.

c.

**8. Identify commercial applications and potential markets for invention**

**9. Potential companies interested in invention, especially in Minnesota**

a.

b.

c.

d.

e.

**10. Conflicts of Interests** (attached additional pages if needed)

**(a)** Are any disclosing parties directors, officers, board member or owners of any of the companies listed above? No Yes If Yes, identify person and their capacity

**(b)** Do any disclosing parties work for or consult for these companies? No Yes If Yes, identify person and the company

**(c)** Do any disclosing parties hold a financial interest (e.g. stocks, options, consulting fees, honorariums, or other benefit in any of these companies? No Yes If Yes, identify person and financial interest.

**11. Funding**

**(a)** Were Federal funds used to create this invention? No Yes

**(b)** Any collaboration, consultation or work done by a company or another College or university? No Yes If Yes, provide details.

**(c)** Identify all funding sources (Grants, Contracts, Subcontracts, Gifts, Other.)

Agency/Company Name Grant/Contract Number Percentage of funding Contribution

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**12. Identify all Inventors** (attached additional pages if needed)

**(a)** Inventor 1 (Primary contact)

|  |  |
| --- | --- |
| Name  | Employee ID #  |
| Title  | Department  |
| Campus Address  | Citizenship  |
| Contribution %  |
| Phone  | Email |

 **(b)** Inventor 2

|  |  |
| --- | --- |
| Name  | Employee ID #  |
| Title  | Department  |
| Campus Address  | Citizenship  |
| Contribution %  |
| Phone  | Email |

**(c)** Inventor 3

|  |  |
| --- | --- |
| Name  | Employee ID #  |
| Title  | Department  |
| Campus Address  | Citizenship  |
| Contribution %  |
| Phone  | Email |

**12. Inventor Signatures**

The undersigned declare they are the true, original and only inventors. All inventors must sign before submission.

Inventor(s)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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 Print Name

Form located at <http://www.copyright.mnscu.edu/forms/index.html>.