

## INVENTION DISCLOSURE FORM

*This disclosure is made in compliance with the University's Policy and Guidelines on Intellectual Property [www.wustl.edu/policies/intelprop.html](http://www.wustl.edu/policies/intelprop.html)*

Lead Inventor: \_\_\_\_\_

School and Department: \_\_\_\_\_

Campus Box Number: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Name of Invention:
  
2. Type of Invention (new process, new composition of matter, new device, improvements in any of above, or new use for a new or existing product or process):
  
3. Description of the invention, including features that make it new and different. Please provide any manuscripts, abstracts, grant applications (funded or not) you have at this time:

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4. Please list **all** invention creators by name, Washington University department or other institution, email and percent of contribution towards the development of the invention. Also, please be so kind as to describe each creator's intellectual/inventive contribution to the invention. (If there are more than four creators, please add additional Creators' information as needed below):

**Creator 1:**

Name:	
Department:	
Institution:	
Email:	
WU Employee ID #:	
Percent Contribution:	
Inventive Contribution:	

**Creator 2:**

Name:	
Department:	
Institution:	
Email:	
WU Employee ID #:	
Percent Contribution:	
Inventive Contribution:	

**Creator 3:**

Name:	
Department:	
Institution:	
Email:	
WU Employee ID #:	
Percent Contribution:	
Inventive Contribution:	

**Creator 4:**

Name:	
Department:	
Institution:	
Email:	
WU Employee ID #:	
Percent Contribution:	
Inventive Contribution:	

*For additional creators, please add additional sheet.*

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5. **MANDATORY:** To the best of your recollection, the date the concept of this invention first developed was \_\_\_\_\_ (as supported by notebooks, grant applications or other records).

6. Were your lab notebooks and records witnessed at the time of the invention was made?

Yes \_\_\_ No \_\_\_

7. Materials used either in the invention or to make the invention were (check all appropriate):

\_\_\_\_\_ Purchased as a stock item from a vendor or supplier (please provide details).

\_\_\_\_\_ Made at Washington University by the undersigned or co-Creators.

\_\_\_\_\_ Obtained from others at Washington University (please provide details).

\_\_\_\_\_ Obtained from a collaborator outside Washington University (please provide details).

8. **Research support for this invention.** Please check all appropriate and provide the information requested: *(If the invention was created under research funded by a government agency, nonprofit, or commercial entity, OTM may have obligations to report the invention or convey certain rights to the sponsor. Please carefully consider all sources of funding used in the research leading to the invention, and provide the complete information requested below).*

\_\_\_\_\_ **The Federal Government:** *(For federal funds, please provide full grant numbers and specifics. The OTM is required to report inventions arising under each grant to the U.S. Government.)*

Name of Federal Agency	Grant Number	Dates of Grant

\_\_\_\_\_ **Non-profit organizations / foundations** (provide organization, award number and dates)

Name of Organization	Grant Number	Dates of Grant

\_\_\_\_\_ **Industrial sponsors** (provide company name and contract number and dates)

Name of Company	Contract Number	Dates of Grant

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\_\_\_\_\_ **Washington University** (school, department)

School	Department

\_\_\_\_\_ **Other Funding Source** (please explain)

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9. Have you publicly disclosed this invention? Yes \_\_\_\_ No \_\_\_\_

If Yes, when: \_\_\_\_\_ to whom: \_\_\_\_\_

If published, or submitted for publication, provide details, including actual or anticipated date of publication.

10. Are you aware of any publications or patents relevant to this invention? If so, please provide a list of these references.

11. Describe any work you may have done to demonstrate that the invention works, or is useful, or has the properties, features or benefits that are desirable:

12. This invention is or could be commercially useful for the following reason:

13. List any companies you know of who may be interested in licensing this invention:

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**To verify the contents of this invention disclosure, you must enter your name between two forward slash (/) marks in the signature line provided below- e.g., /First Name, Last Name/ or sign the document.**

By entering your name between the two forward slash (/) marks in the signature line below or by signing the document you agree that the statements and information provided in this invention disclosure are, to the best of your knowledge and belief, true and accurate.

**NOTE: At least the signature of the lead inventor is required on this document.**

_____ Signature of Creator 1	_____ Date	_____ Signature of Creator 2	_____ Date
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_____ Signature of Creator 3	_____ Date	_____ Signature of Creator 4	_____ Date
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