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| **Invention Disclosure Form** | **For OTM use only.** |
| **Disclosure #:** |

**Instructions:** *Please complete all applicable sections of the disclosure form and circulate for signatures (including dept. heads, deans or directors). The completed form should be forwarded to the Office of Technology Management at Mail Stop 9565. To expedite the review process, please submit an electronic copy by e-mail to* [*otm@msstate.edu.*](mailto:oett@oett.msstate.edu) *For additional assistance, call 662-325-9263.*

1. **Inventor(s).**

Include the names of any co-inventors (**including any non-MSU inventors**) in the order they should appear in official documents. A co-inventor is an individual who has conceived or contributed an essential element of the invention, either independently or jointly with others, during the evolution of the technology concept or reduction to practice (may include graduate students)**.**

1.1. A person who merely suggests an idea or a result rather than a means of accomplishing it is not a joint inventor.  
1.2. A person who merely carries out experiments planned wholly by another is not a joint inventor.  
1.3. A person who does not contribute to the inventive concept(s) is not a joint inventor.

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| 1. Inventor:  Position:  \*Dept./Unit:  Mail Stop:  Phone:  E-mail Address:  Home Address:  Country of Citizenship: | 3. Inventor:  Position:  \*Dept./Unit:  Mail Stop:  Phone:  E-mail Address:  Home Address:  Country of Citizenship: |
| 2. Inventor:  Position:  \*Dept./Unit:  Mail Stop:  Phone:  E-mail Address:  Home Address:  Country of Citizenship: | 4. Inventor:  Position:  \*Dept./Unit:  Mail Stop:  Phone:  E-mail Address:  Home Address:  Country of Citizenship: |

\*If you have a split appointment, list only the Department, Center or Unit(s) that contributed to your support in the development/research of this technology (*for use in distributing department/unit share of any future royalties*).

# Title of Invention.

1. **Dates of Conception.** Does there exist a dated record of the invention concept – a sketch, report, laboratory notebook entry, etc. that: a) describes your invention, and b) can be independently corroborated? If so, what is it and where is it?

# Publication or Public Disclosure.

* 1. Have you published (or submitted for publication) information about your disclosure sufficient to enable a skilled person to understand and to make or use your invention? Note: Publication may include posters, abstracts, funded grants, grant applications, manuscripts, thesis, reports to funding agencies, etc.
  2. If so, please provide details as to the publication, date of acceptance of the publication, and a copy of the articles.
  3. Have you presented (or scheduled to present) any information about your disclosure during any scientific forums, conferences, or other venues? If so, please provide the date, name of conference, and a copy of your briefing transcript and slides (if any).

**d.** Have you disclosed this invention to another person? If so, please list their name(s). Was there a confidentiality agreement in place prior to disclosure?

1. **Prior Art.** Please identify references to the prior art by patent number or journal identification. We must provide copies of the relevant journal articles to the patent office so it’s advisable to limit the references to those which are related to the claimed invention. Avoid references to book titles as we may be required to provide copies of every page of the book.
2. **Description of the Invention.** *Please describe what you consider to be your invention, as distinct from the prior art.* ***If needed, attach additional pages, drawings, diagrams, etc.*** *Description may be by reference to a separate document (copy of a report, preprint, grant application, or the like) attached hereto. If so, identify the document positively.*

# Abstract and Key Words.

* 1. Write a “non-confidential” descriptive abstract describing the invention and the purposes for which it can be used. This will be used to market the technology to prospective licensees.
  2. List keywords that would be useful in describing your invention and searching prior art.

# Commercial Potential.

* 1. What do you see as the commercial value of your invention? What is the deficiency in the prior art that your invention improves upon?
  2. What commercial firms would be, or are, interested in your invention? Please provide, if possible, the name and telephone number of a point of contact at each firm.
  3. What do you see as the biggest obstacle to the commercial adoption of your invention?
  4. What further development is planned for your invention? Please provide scheduling information, if possible. Is further development dependent on commercial sponsorship?

**9. Stage of Development.** How would you characterize the level of development? For software, device, and engineering related technologies, please identify the TRL or “technology readiness level” below (adapted from NASA Technology Readiness Level).

**TRL 1. Basic Research.** Basic principles observed and reported.

**TRL 2. Product Concept.** Technology concept and/or application formulated.

**TRL 3. Proof of Concept.** Analytical/experimental critical function and/or characteristic proof of concept.

## **TRL 4. Research Prototype.** Component and/or breadboard validation in laboratory environment. Examples include integration of “ad hoc” hardware in laboratory to establish they work together. A research prototype with partial functionality; design includes key product elements.

**TRL 5. Pre-Alpha Prototype.** Component and/or breadboard validation in relevant environment. Basic components integrated with reasonably realistic supporting elements. Includes testing that can simulate and validate all system specifications within a laboratory setting.

**TRL 6. Alpha Prototype.** System/subsystem model or prototype demonstration in a relevant environment (alpha prototype). Engineering prototype, ~90% functionality, device in final package or design, reliability testing begun. Functions, looks and feels like the manufactured product.

**TRL 7. Beta Prototype.** System prototype demonstration in an operational environment. Field prototype, fully functional over operational environment, lab tested for reliability, final product design.

**TRL 8**. **Final Product.** Actual system completed and ‘field qualified’ through test and demonstration.

**TRL 9. Operational.** Actual system 'field proven' through successful mission operations.

# Third Party Rights/Material Transfer Agreement.

This invention was made under the following conditions (if applicable):

## With materials provided by a third party under a Material Transfer Agreement. Company:

With commercially available materials that are not subject to restrictions on patent rights.

With co-inventors not employed by MSU.

Name(s): Company/University: Phone/e-mail:

1. **Funding Information.**
   1. **Grants and Contracts.** *Please note that accurate and complete sponsorship information is necessary to fulfill MSU obligations under research grants and contracts.*

Was this invention developed with the use of **any** research grant/contract funds (include funding from any source in whole or in part)? Yes  No \_\_\_\_\_

If yes, please provide:

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| --- | --- | --- | --- | --- |
| Sponsor | Grant/Contract Number | Grant/Contract Dates | Banner Fund Number | Principal Investigator |
|  |  |  |  |  |
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1. **Additional Information for CVM, MAFES, FWRC and MSU-ES.** *Was this invention developed with the use of* ***any*** *appropriated funds (Banner #s: 160000, 170000 or 180000, etc.)?* Yes No  If yes, please provide:

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| CRIS Activity Code or MSU-ES Fund # | Dates of Activity | Indicate project designation (Multi-State, AHF, Hatch, McIntire-Stennis, Smith-Lever, Other) |
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1. Was this invention developed outside the university employment of the inventor(s) with no use of university facilities or equipment? Yes  No 

# Royalty Sharing/Letter of Agreement.

*Royalty licensing income payable to* ***MSU inventors*** *will be distributed among multiple MSU inventors in accordance with the Percent Share shown below (i.e. the distribution payable to an individual MSU inventor will be calculated by multiplying the Percent Share by the total amount payable to all MSU inventors in accordance with the current Policy and Procedure Statement on Intellectual Property at Mississippi State University).* ***Note:*** *Co-inventors from outside MSU will be subject to the royalty sharing of their institution. We will contact the other institution and develop an agreement regarding the distribution of any royalties that may result from this technology.*

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| Printed/Typed Name:  \*MSU ID #:  *Percent Share: %* | Printed/Typed Name:  \*MSU ID #:  *Percent Share: %* |
| Printed/Typed Name:  \*MSU ID #:  *Percent Share: %* | Printed/Typed Name:  \*MSU ID #:  *Percent Share: %* |

*\*Please note that the MSU ID number is required; absence of this information may hinder distribution of the*

*inventors’ share of any royalties that may result from this technology.*

# Signatures.

***Title of Invention:***

***The undersigned inventor(s) concur with the information contained in this invention disclosure, hereby assign all title and rights for the inventions and improvements herein to Mississippi State University, and hereby agree to the above Percent Share for any licensing income payable to them.***

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| **MSU Inventor(s)** | **Witness(es):** |
| *Signature Date*  *Name of Inventor (please type or print)* | *Signature Date*  *Name and Title of Witness (please type or print)* |
| *Signature Date*  *Name of Inventor (please type or print)* | *Signature Date*  *Name and Title of Witness (please type or print)* |
| *Signature Date*  *Name of Inventor (please type or print)* | *Signature Date*  *Name and Title of Witness (please type or print)* |

# Approved by\*:

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| --- | --- |
| *Signature Date*  Print Name (Head, Director, Assoc. Dean or Dean) | *Signature Date*  Print Name (Head, Director, Assoc. Dean or Dean) |
| *Signature Date*  Print Name (Head, Director, Assoc. Dean or Dean) | *Signature Date*  Print Name (Head, Director, Assoc. Dean or Dean) |
| *Signature Date*  Print Name (Head, Director, Assoc. Dean or Dean) | *Signature Date*  ***Jeremy M. Clay***  University Patent Officer |

\*If you have signature approval and are signing for another administrator, please sign your name and who you are signing for (*i.e., Jane Doe on behalf of Dean John Doe*) per MSU Policy #: OP 01.06.

# Approved: Royalty Sharing/Letter of Agreement

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| *Signature Date*  Print Name (Vice President) | *Signature Date*  Print Name (Vice President) |  |