

COLORADO STATE UNIVERSITY INVENTION DISCLOSURE FORM

**THE INFORMATION CONTAINED IN THIS FORM IS CONFIDENTIAL AND
 MAY NOT BE DISTRIBUTED OR COPIED WITHOUT WRITTEN PERMISSION**

Instructions: Please complete all sections, sign your name, and submit to CSURF, Technology Transfer Office:

- Via e-mail: cindy.pederson@ColoState.edu
- USC campus mail 9100
- Deliver to 601 S. Howes Street, Suite 410
- Mail to P.O. Box 483, Fort Collins, CO 80522, c/o Cindy Pederson, Business Manager, TTO

Should you have any questions, we may be reached by phone at (970) 491-7100. Thank you!

TITLE

Brief, but comprehensive, technically accurate and descriptive (10 words or less)

INVENTORS

Full Name			Country of Citizenship	Contribution Percentage	CSU Department, Company, or Other Institution	Undergrad(U) - Grad (G) Student?	E-mail Address	Phone No.
First	MI	Last						
						<u>U / G</u>		
						<u>U / G</u>		
						<u>U / G</u>		
						<u>U / G</u>		
						<u>U / G</u>		

Stage of Development	Date	Location	Persons, Records or Supporting Facts
First Disclosure to Others			
First Sketch or Drawing			
First Written Records			
First Device or Prototype			
First Successful Operational Test			

DISCLOSURES

Please list any and all related prior and planned publications, presentations, abstracts, posters, proposals, theses/dissertations, and/or discussions with industry, other universities, or investors (including dates, details, and contact information if available).

BRIEF SUMMARY OF INVENTION

This disclosure should enable someone having knowledge of the field to understand the technical merits of the invention, its usefulness and possible practice applications. Include essential elements (features, concepts, or new results of the invention, whichever is most applicable), their relationship to one another, and their mode of operation.

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DETAILED DESCRIPTION OF INVENTION

Paper(s), more complete descriptions, figures, images, etc., should be appended

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MARKET OPPORTUNITIES

Potential Commercial Applications for Invention:

Please list KEYWORDS that would help someone searching for this technology to locate it easily:

Companies That May Be Interested In Commercializing This Invention (with specific individual and phone number):

Advantages Over State Of The Art:

What Companies are the Major Suppliers for Products or Services that could or will compete with the Invention?

SPONSOR

Please list below all sources of funding for materials, equipment and/or salaries of all personnel involved in making the invention (check where appropriate):

1. **Funding provided by unrestricted University/Departmental budget.**

2. **Funding provided by federal, state or non-profit granting agencies:**

Agency	Grant or Contract #	CSU Acct #	Principal Investigator	Funding Period

Is this a SUBAWARD? Yes No

Entity Name: _____

Original Grant/Contract # _____

Agency	Grant or Contract #	CSU Acct #	Principal Investigator	Funding Period

Is this a SUBAWARD? Yes No

Entity Name: _____

Original Grant/Contract # _____

Agency	Grant or Contract #	CSU Acct #	Principal Investigator	Funding Period

Is this a SUBAWARD? Yes No

Entity Name: _____

Original Grant/Contract # _____

3. **Funding provided by industry:**

Company/Organization	Grant or Contract #	CSU Acct #	Principal Investigator	Funding Period

MATERIAL TRANSFER AGREEMENTS (MTAs)

Are There Any MTAs Associated With This Invention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PREFERRED OUTCOMES

1. I wish to document and file this Invention Disclosure only.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I would like CSURF to file a patent application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. If CSURF decides not to proceed with patent protection...	<input type="checkbox"/> I would like CSURF to return the invention	<input type="checkbox"/> I would like CSURF to retain for potential future licensing
4. I am interested in commercializing this invention by forming a start-up company...	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SIGNATURES

Name and signature of each inventor is required at the time of completion of this form

I understand and agree that all rights in and ownership to the disclosed invention are automatically assigned to Colorado State University Research Foundation (CSU's designee) upon creation, according to Section J of CSU's faculty/staff manual.

My signature confirms this assignment and hereby assigns all rights in and ownership to the disclosed invention.

I also recognize that inventorship on a patent is a legal determination that will be made by patent counsel during the filing and prosecution of a patent application, if it is determined by Colorado State University Research Foundation that a patent application should be filed.

MAIN CONTACT Inventor 1: _____ Signature: _____ Residential Mailing Address: _____ _____	Inventor 2: _____ Signature: _____ Residential Mailing Address: _____ _____
Inventor 3: _____ Signature: _____ Residential Mailing Address: _____ _____	Inventor 4: _____ Signature: _____ Residential Mailing Address: _____ _____
Inventor 5: _____ Signature: _____ Residential Mailing Address: _____ _____	Inventor 6: _____ Signature: _____ Residential Mailing Address: _____ _____