

INVENTION DISCLOSURE

Section 1: GENERAL INFORMATION

1.1 TITLE OF INVENTION (not exceeding 100 typed characters):

1.2 PLEASE LIST THE NAMES, PRIMARY DEPARTMENT AFFILIATION AND CONTACT ADDRESSES OF ALL INVENTORS FILING INVENTION DISCLOSURE. (An INVENTOR or CO-INVENTOR is an individual who has conceived or made Intellectual Contribution to develop essential elements of the invention(s). Please list any individuals, previous employees, or corporations that may have intellectual property rights to this invention and why.)

INVENTOR(S)	POSITION	DEPARTMENT	ADDRESS	TELEPHONE	FAX
Last, First MI	Position	Department	Building, Room	305-243-5555	305-243-5555

1.3 PLEASE PROVIDE INFORMATION ON GRANT SUPPORT USED FOR DEVELOPING THE INVENTION. (Accurate and complete sponsorship information is necessary to fulfill University of Miami's obligations under research grants and contracts and federal regulations).

CONTRACT/GRANT NUMBERS	SPONSOR(S)	UM ACCOUNT #	PRINCIPAL INVESTIGATOR
Grant Number	Sponsor	Account Number	Last, First MI

1.4 IN THE ABSENCE OF EXTRAMURAL GRANT SUPPORT, WERE UNIVERSITY OF MIAMI FACILITIES USED FOR DEVELOPING THE INVENTION?

Yes No If yes, please provide details:

1.5 FILING A PATENT APPLICATION, UNDER U.S. PATENT LAWS, REQUIRES THE FOLLOWING INFORMATION ON CONCEPTION, AND REDUCTION TO PRACTICE AND PUBLIC DISCLOSURE OF THE INVENTION. (A brief description of the terms and their significance is provided in the instructions to complete this invention disclosure.)

Conception and Public Disclosure of information related to this invention	Date	References/Comments (Please indicate: Place, Date, Names of individuals, journals/periodicals or forum of presentation. Use separate sheet if necessary.)
a. Date and place of <i>conception</i> of the invention. (Please indicate if this has been documented.)		Indicate place of conception of the idea and refer to the laboratory note book etc.
b. <i>First publication</i> containing description to enable a person, skilled in the field, to understand and make use of the invention (include theses, and date of submission and publication.		Author, Journal, Vol. (Number): Pages, Month, Year.
c. <i>First public oral disclosure</i> of invention sufficient to enable a person, skilled in the field, to understand and make use of the invention.		Presentor, Place, Date Forum
d. If the invention is published and undisclosed, provide the <i>anticipated publication</i> , oral and electronic disclosure <i>date</i> and any submissions made for potential publication.		Author, Journal, Vol. (Number): Pages, Month, Year.

Section 1: GENERAL INFORMATION, *continued*

1.6 HAS THE INVENTION BEEN REDUCED TO PRACTICE?

Yes No If yes, please give the Date of first reduction to practice.

1.7 LIST ANY AGREEMENTS THAT HAVE BEEN SIGNED REGARDING THIS INVENTION SUCH AS MATERIAL TRANSFER AGREEMENT(S), CLINICAL TRIAL, CONSULTING CONTRACT, DRUG STUDIES, ACCEPTANCE OF MATERIAL FROM COLLABORATORS, ETC.

Section 2: SCIENTIFIC AND TECHNICAL INFORMATION

2.1 COMPLETE DESCRIPTION OF INVENTION: (Describe the invention in sufficient details, not exceeding 4900 typed characters, such that the description should enable a person, ordinarily skilled in the field, to understand and reproduce the invention. The information provided is essential to conduct thorough patent and literature searches, and patentability analysis by Office of Technology Transfer staff and/or Patent Attorneys. Since patent attorney fees are very high, complete information is highly desired.)

Section 2: SCIENTIFIC AND TECHNICAL INFORMATION, *continued*

2.2 KINDLY ATTACH ALL NECESSARY ILLUSTRATION USED IN DESCRIBING THE INVENTION. (If unpublished manuscripts or published articles are enclosed, please refer to the illustrations in the articles. Please include all nucleotide and deduced polypeptide sequences, chemical structures and machine designs that describe the invention.)

2.3 LABORATORY RECORDS: (Please indicate the physical location and reference numbers of applicable laboratory records, but do not enclose records.)

2.4 PRACTICAL FEATURES OF INVENTION: (Please provide information on the practical features of the invention, such as what problem would it solve, and who would use it?)

2.5 IN WHAT WAYS IS THE INVENTION DIFFERENT FROM PRESENT TECHNOLOGY NOW IN USE OR BEING DEVELOPED? (Please list all KNOWN COMPETITORS or ALTERNATE TECHNOLOGIES now available or being developed.)

2.6 LIST AND BRIEFLY DESCRIBE THE PRODUCTS, SERVICES OR COMMERCIAL PROCESSES THAT MAY RESULT FROM AND/OR INCORPORATE THE INVENTION AS A TECHNOLOGY COMPONENT: (Please envision all possible products, services or commercial processes and list them with brief detail.)

2.7 IF FURTHER RESEARCH AND DEVELOPMENT IS NECESSARY OR DESIRABLE BEFORE SHOWING THE INVENTION TO A POTENTIAL COMMERCIALIZATION PARTNER, PLEASE ESTIMATE THE FOLLOWING:

LENGTH OF TIME:

COST:

Section 2: SCIENTIFIC AND TECHNICAL INFORMATION, *continued*

2.8 PLEASE LIST ANY PUBLICATIONS/PATENTS THAT MIGHT OVERLAP WITH YOUR INVENTION:

Section 3: MARKET INFORMATION (Kindly answer the following questions to the best of your ability).

3.1 WHAT IS THE IDEAL MARKET TARGETED BY THIS INVENTION? (Please provide information on the composition of the ideal market, *if available*, whose needs this invention addresses. Please also provide information on various segments of the market.)

3.2 BASED ON THE FUNCTIONS OF YOUR INVENTION, TELL US WHY IT IS USEFUL AND HOW DOES IT COMPARE TO OTHER SIMILAR PRODUCTS IN THE MARKETPLACE?

3.3 PLEASE LIST THE COMPANIES AND CONTACTS THAT MAY BE INTERESTED IN COMMERCIALIZING THIS INVENTION.

Section 5: ASSIGNMENT (All University of Miami inventors must sign and the signatures must be notarized)

Consistent with my (our) obligations set out in the University of Miami Patent and Copyright Policy, in the University of Miami Faculty Manual, the Policies and Procedures Manual, the Graduate Studies Bulletin, and the Undergraduate Studies Bulletin, I hereby execute this Assignment and "other documents as may be required" to comply with the provisions of the publications mentioned above. Additional assignment documentation may be required at the time of patenting. I (we) also agree to cooperate with the University of Miami Office of Technology Transfer in the protection and commercialization of this invention.

I hereby, assign and convey to the UNIVERSITY OF MIAMI, its successors and assign, the full and exclusive right, the title and interest in and to this invention as described in this invention disclosure and to the patents that may issue thereon for the full benefit and behoof of said UNIVERSITY OF MIAMI.

Inventor's Signature Date

Name

Home Address

Social Security Number Country of Citizenship

Inventor's Signature Date

Name

Home Address

Social Security Number Country of Citizenship

Inventor's Signature Date

Name

Home Address

Social Security Number Country of Citizenship

Inventor's Signature Date

Name

Home Address

Social Security Number Country of Citizenship

Inventor's Signature Date

Name

Home Address

Social Security Number Country of Citizenship

Inventor's Signature Date

Name

Home Address

Social Security Number Country of Citizenship

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The forgoing instrument was acknowledged before me this ____ day of ____ 20__, by _____, who is personally known to me or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC

Signature _____

State of Florida at Large

Printed Name _____

My commission expires: _____

Section 6: ADDRESSES OF CO-INVENTORS EMPLOYED BY OTHER INSTITUTIONS

Name

Home Address

Social Security Number

Country of Citizenship

Name

Home Address

Social Security Number

Country of Citizenship

Name

Home Address

Social Security Number

Country of Citizenship

Name

Home Address

Social Security Number

Country of Citizenship

Name

Home Address

Social Security Number

Country of Citizenship

Name

Home Address

Social Security Number

Country of Citizenship

Completed Invention Disclosure should be marked CONFIDENTIAL and hand-delivered to the Office of Technology Transfer at the University of Miami.