 **Invention Disclosure Form – MSU CONFIDENTIAL**

Title of Invention (Generic – see instructions)

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|  |

Summary of Invention (Attach abstracts, manuscripts, additional info – see instructions)

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# Invention Support and Origin (Check where appropriate and describe below – see instructions)

Yes No Discuss

|  |  |  |  |
| --- | --- | --- | --- |
| Any Federal research grants used? Please list agency, federal grant number. Info should be consistent with the information provided to CGA, or the sponsoring agency, or final Invention Reports: |  |  |  |
| Developed with Corporate, State, or Foundation funds? Please list the sponsor and the grant number: |  |  |  |
| Any third party collaborators (e.g. industry or other university)? If so please list name(s) and organization(s): |  |  |  |
| Any materials or data from another party (e.g. under an MTA or CDA)? If so please list the materials and the third party: |  |  |  |
| Have you entered into any contracts with 3rd parties related to this invention? (e.g. consulting (OWP) agreements, other agreements you signed personally)? If so please identify these contracts: |  |  |  |

Does this invention consist of or include software?  Yes  No

# Publication or Presentation Date(s) (Papers, abstracts, talks, including those that are planned.)

|  |  |  |
| --- | --- | --- |
| Event | Date | Reference / Comments |
|  |  |  |
|  |  |  |

# Commercialization Potential

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| Closest known product / technology: |
| Potential Licensees: |
| If software, if a modification or improvement to an existing work, or incorporating elements not original to the developer(s), identify that work and its developer(s): |

# Industry Contacts (Please include any industry contacts made or to be made related to this invention.)

|  |  |  |
| --- | --- | --- |
| Name | Company | Address/Phone/E-mail |
|  |  |  |
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# Contributors (See instructions)

A.

|  |  |  |
| --- | --- | --- |
| Name | MSU Position | MSUEmployee ZID |
| MSU Department or Other Organization | Contribution % |  |
| Home Address / City / State / Zip | Home Phone | Citizenship |
| Work Address / City / State / Zip | Work Phone | Email |

B.

|  |  |  |
| --- | --- | --- |
| Name | MSU Position | MSUEmployee ZID |
| MSU Department or Other Organization | Contribution % |  |
| Home Address / City / State / Zip | Home Phone | Citizenship |
| Work Address / City / State / Zip | Work Phone | Email |

C.

|  |  |  |
| --- | --- | --- |
| Name | MSU Position | MSUEmployee ZID |
| MSU Department or Other Organization | Contribution % |  |
| Home Address / City / State / Zip | Home Phone | Citizenship |
| Work Address / City / State / Zip | Work Phone | Email |

D.

|  |  |  |
| --- | --- | --- |
| Name | MSU Position | MSUEmployee ZID |
| MSU Department or Other Organization | Contribution % |  |
| Home Address / City / State / Zip | Home Phone | Citizenship |
| Work Address / City / State / Zip | Work Phone | Email |

# DECLARATION

Each MSU contributor, as listed above in section, hereby:

acknowledges and confirms his/her prior assignment to the university of all rights in the invention herein disclosed (“University Invention”) pursuant to the university’s Patent Policy;

acknowledges and confirms that the university holds all rights in the University Invention and all resulting patents; and

for the avoidance of doubt by any third parties in connection with the licensing and commercialization of the University Invention, agrees to assign, and does hereby assign, to the university the entirety of his/her intellectual property rights in the University Invention and agrees to execute, upon request of the University, any and all documents that the university deems necessary to record and/or perfect the assignment of rights to the university.

Each non-MSU innovator agrees to promptly notify MSU Technologies of any employment, contractual, or other obligation to assign his/her rights in the invention or discovery which is the subject matter of this Invention Disclosure to any non-MSU entity.

|  |  |  |
| --- | --- | --- |
| **Contributor Name (print/type)** | **Signature** | **Date** |
|  |  |  |
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Reference:

MSU Patent Policy: [www.hr.msu.edu/documents/facacadhandbooks/facultyhandbook/patents.htm](http://www.hr.msu.edu/documents/facacadhandbooks/facultyhandbook/patents.htm)

# Instructions

The purpose of this form is to provide a written, dated notice of your invention or discovery and comply with Michigan State University’s Patent Policy. A disclosure may also be required in order for MSU to meet its obligations arising under federal law and/or to comply with third party contractual requirements.

**Title of the Invention** Use a brief title, omitting any confidential information, acronyms, and trademarks (title should be very generic).

**Summary of Invention** Write or type a general description of the invention. In addition:

(a) Please attach a detailed description of the invention, including a technical description, advantages/improvements over existing methods/devices/materials, and possible modifications; (b) Please attach any related manuscripts, publications, presentations, posters, etc.

**Invention Support and Origin**

MSU is required to report all inventions made with Federal funding to the relevant agency, so it is imperative that you provide details on all federally funded inventions, in particular the agency and the grant number. Please list all other potentially relevant grants, funds, collaborations, or materials received from third parties such that we can do the appropriate reporting to the sponsoring groups and determine if there are any pending license rights to the invention.

**Publication or Presentation Dates**

Provide accurate dates and comments to enhance the understanding of critical events and/or make a note that you wish to discuss these issues with us. We are interested in any potential public disclosure (papers, posters, abstracts, talks, etc. including those that are planned) of the invention, to help us and our lawyers evaluate any potential patent protection issues.

**Contributors**

Contributors are individuals who may have conceived or developed elements of the invention, either independently or jointly with others. If this invention disclosure results in a patent application, a patent attorney will determine inventorship based on information from contributors listed in this form. Fill in the “Contribution %” to provide your assessment of each individual’s relative contribution to the concepts of the invention. License revenues, if any, will be distributed according to MSU patent policy. The first individual listed will be MSUT’s primary contact, and agrees to act as conduit of information with the other contributors. Please provide complete addresses (including city, state, zip for home address).

Any non-MSU affiliation should be stated (e.g corporate, other university, or joint appointments). Attach an extra sheet if necessary. If a Contributor is affiliated with more than one department, MSUT will need the names of each relevant department and a breakdown of the “Contribution %” of that Contributor applicable to each department (due to revenue sharing with each department). The best way to do this is to use a separate entry for each department of the Contributor. For example, if Contributor A is has a “Contribution %” of 20% and is affiliated with both Dept. X and Dept. Y, and the invention was made 60% under the auspices of Dept. X and 40% under the auspices of Dept. Y, then the Contribution % for this Contributor A should be 12% for the entry for Dept. X and 8% for the entry for Dept. Y. If this breakdown is not provided, then each department will be weighted equally. Please email with questions.

**Return the original signed Invention Disclosure Form and any supporting documentation to:**

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Michigan State University Fax: 517-432-3880

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