

CONFIDENTIAL

University of North Carolina Wilmington

Record of Invention Form

Form Submittal and Signature

This form may be filled out electronically, printed, and delivered to the Office of the Director of Technology Transfer

I/we have read this form and understand the current patent and copyright policies of institution (http://www.uncw.edu/aa/policymanual_patents.htm and http://www.uncw.edu/aa/policymanual_copyright.htm), and agree to assist the Office of Technology Transfer (OTT) in the evaluation and/or possible commercialization of the invention as described in this Record of Invention. All statements made herein are true and complete to the best of my/our knowledge. **NOTE: ALL PERSONS WHO ARE NAMED ON THIS FORM MUST SIGN BELOW.** (Additional copies of this page may be used if more than six signatures are required.)

Signed: _____	Date: _____	Signed: _____	Date: _____
Signed: _____	Date: _____	Signed: _____	Date: _____
Signed: _____	Date: _____	Signed: _____	Date: _____

1. Title of Invention: _____

2. Abstract or Brief Description of Invention

Please describe, to the extent known at this time, the nature, purpose, operation of the invention, including physical, chemical, biological or electrical characteristics. (A separate summary Abstract may be attached)

3. Detailed Description of Invention

Please attach a detailed description (typically 3-5 pages) or a manuscript describing how the invention is novel, useful and not obvious (for instance, how this work differs from earlier work in the same field).

4. Category of Invention System

Please check at least one and all that may apply:

<input type="checkbox"/> Compound/Material	<input type="checkbox"/> Device	<input type="checkbox"/>
<input type="checkbox"/> Method/Process	<input type="checkbox"/> Organism	<input type="checkbox"/> Sequence (biological)
<input type="checkbox"/> Diagnostic Tool	<input type="checkbox"/> Therapeutic/Prevention	<input type="checkbox"/> Array/Expression
<input type="checkbox"/> Algorithm	<input type="checkbox"/> Other (specify): _____	

5. Documentation of Invention

Please describe where and how this invention is documented (lab notebooks, computer files, photographs, charts, correspondence regarding invention, etc.). Earliest date of documentation: None

6. Stage of Development

Concept

Model in Process

Date:

Data Obtained

Working Model Made

Date:

If not yet reduced to practice, please provide an estimate of the resources and time required to do so:

7. Contributors

Identify all persons who have contributed to this invention, indicating the contributions made by each person, along with citations to written documentation, if any, wherever possible (e.g. lab notebooks), citing a corroborating date or approximate date the contributions were made. If the contributor is a visitor or student, please ascertain and list their permanent contact address.

NOTE: All items not marked with an asterisk (*) are required fields. If more space is needed, please attach extra sheets.

Contact Permanent	Personal	Contributions to Invention
Name <input type="text"/> Title <input type="text"/> Employer <input type="text"/> Department <input type="text"/> Work Address <input type="text"/> Work email <input type="text"/> Other employment affiliations: <input type="text"/>	Citizenship <input type="text"/> Address <input type="text"/> Country <input type="text"/> Home Phone* <input type="text"/> Home email* <input type="text"/>	Brainstorming <input type="checkbox"/> Yes <input type="checkbox"/> No Theory <input type="checkbox"/> Yes <input type="checkbox"/> No Experiment Design <input type="checkbox"/> Yes <input type="checkbox"/> No Laboratory Research <input type="checkbox"/> Yes <input type="checkbox"/> No Citation to written document (give Page #) <input type="text"/> Participation Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach
Name <input type="text"/> Title <input type="text"/> Employer <input type="text"/> Department <input type="text"/> Work Address <input type="text"/> Work email <input type="text"/> Other employment affiliations: <input type="text"/>	Citizenship <input type="text"/> Address <input type="text"/> Country <input type="text"/> Home Phone* <input type="text"/> Home email* <input type="text"/>	Brainstorming <input type="checkbox"/> Yes <input type="checkbox"/> No Theory <input type="checkbox"/> Yes <input type="checkbox"/> No Experiment Design <input type="checkbox"/> Yes <input type="checkbox"/> No Laboratory Research <input type="checkbox"/> Yes <input type="checkbox"/> No Citation to written document (give Page #) <input type="text"/> Participation Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach
Name <input type="text"/> Title <input type="text"/> Employer <input type="text"/> Department <input type="text"/> Work Address <input type="text"/> Work email <input type="text"/> Other employment affiliations: <input type="text"/>	Citizenship <input type="text"/> Address <input type="text"/> Country <input type="text"/> Home Phone* <input type="text"/> Home email* <input type="text"/>	Brainstorming <input type="checkbox"/> Yes <input type="checkbox"/> No Theory <input type="checkbox"/> Yes <input type="checkbox"/> No Experiment Design <input type="checkbox"/> Yes <input type="checkbox"/> No Laboratory Research <input type="checkbox"/> Yes <input type="checkbox"/> No Citation to written document (give Page #) <input type="text"/> Participation Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach

8. Funding Sources

If the invention was created under a research project receiving funding from a government agency, nonprofit entity, or a commercial interest, the University may have obligations to report inventions or provide certain rights to the sponsor. Please carefully consider all sources of funds used in the research that led to this invention and provide the requested information below. Please use grant or contract numbers if available. DO NOT IDENTIFY WITH UNIVERSITY BUDGET NUMBERS.

Federal Support: Check all that apply and provide details NIH NSF DoD DoE Other None

Name of Agency	Contract or Grant No.	Title	Project Period Dates

Industry Support: Check all type of relationships and provide details

Sponsored Research Agreement Gift Consulting Other None

Name of Sponsor	Agreement Type and No.	Title	Project Period Dates

University of North Carolina Wilmington Support: Check all that apply and provide details

Dept Provost Other

Source of Funds	Contract Number	Title	Project Period Dates

State/Nonprofit/Foundation Funding: Please list sponsors and provide details

_____ Other None

Name of Sponsor	Contract Number	Title	Project Period Dates

Consortia Funding: Please list sponsors and provide details below

Name of Agency	Contract or Grant No.	Title	Project Period Dates

9. Primary Contact Person

Please identify the person in UNCW Office of Technology Transfer contacted regarding invention. Approximate Date:

Primary Contact Name	Daytime Telephone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Principal Investigator/Supervisor Information

Please indicate below the Principal Investigator/Supervisor for this project.

Principal Investigator/Supervisor of funding or grant award	Department(s) where work was done	Participating Laboratories
<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Publication and Public Disclosure

Public disclosure may affect options available for patenting. The answers below will assist UNCW in determining when and how a patent might be filed.

Has the invention been described in a printed or online publication (including abstracts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of publication: <input type="text"/> Publication/Journal name/Website: <input type="text"/>
Has a manuscript describing the invention been submitted for publication, or will it be?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of submission: <input type="text"/>
If yes, has it been accepted for publication at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expected date of publication: <input type="text"/> Publication/Journal name/Website: <input type="text"/>
Has the invention been disclosed publicly, such as in a poster session, presentation or lecture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? <input type="text"/>
If it has been disclosed publicly, please indicate the circumstances of the disclosure?	<input type="checkbox"/> Public <input type="checkbox"/> Private	Was there a confidentiality agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No

12. Use of Materials Obtained from External Sources

Was any aspect of the invention made possible by use of proprietary materials from external individuals or organizations?

YES

Check any of the following that apply: Gift Purchased Material Intellectual Property Requirements

Attach a copy of any relevant Material Transfer Agreement, Purchase Agreement, or similar document under which such material was received. If no documentation is available, please describe the details of the arrangements below and/or on an attached sheet.

NO documentation available. Please explain:

Name of Provider	Agreement or Reference No.	Description of Material

13. Additional Information (Optional)

Names of other researchers working in this specific field: _____

Possible applications and markets for the invention: _____

Corporations and/or institutions that might have an interest: _____

Specific corporate contacts you have in this regard: _____

Please attach any additional information, patents or publications.

PLEASE COMPLETE, SIGN, & RETURN TO UNCW DIRECTOR OF TECH TRANSFER, RONALD PODRAZA

Please return the completed form to:

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