Office of Technology Commercialization Invention Disclosure Form

**Inventor Information**

Disclosure Title:

Short (Non-Confidential) Title:

Primary Inventor Name:

Primary Inventor’s Percent Contribution:

Primary Inventor's Department:

*Please list any additional inventors and their percent contribution:*

**Invention Related Dates**

Conception of Invention (date):

Do written records exist? (Y/N):

*If yes, please list the location of the written records. If no, please list the names of the individuals with whom you had discussions:*

Is there experimental evidence of the invention? (Y/N):

*If yes, please list the location of the written records. If no, please list the names of the individuals with whom you had discussions:*

**Description**

Confidential Description of Invention

*Please describe the invention completely. Include sketches, drawings, and photographs as appropriate. Provide key data and experimental results. If available, include a draft manuscript, PowerPoint slides, video, spreadsheets, and any additional documentation relevant to the disclosure.*

Return this signed form by email to disclosures@uthscsa.edu

Office of Technology Commercialization, 8403 Floyd Curl Drive, Mail Stop 7746, San Antonio, TX 78229
Appointment/Membership

Please indicate any appointments/memberships/affiliations you had at the time of the invention:

Technical Summary

Please communicate a concise technical summary of the invention. Use extra space if needed and append complete descriptions (e.g. data, publications, abstracts, graphs, presentations, etc.). All attachments should be included in the Documents section below:

Advantages

What are the advantages of your invention over the current state-of-the-art?

What are the practical and commercial applications of the invention?

Development

Stage of Development
Please indicate the stage of development of your invention: (e.g. concept, early stage, bench prototype, industrial prototype, product, market, etc.):

Next Steps
Please indicate your next steps:

Additional Resources
Please indicate additional resources needed:

Does the invention possess disadvantages or limitations? (Y/N):

If yes, please describe:

How might these be overcome?

Marketing

Marketing Targets
Please list any companies you believe are/might be interested in your invention in the Marketing Targets

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section below:

**Outside Party Knowledge**

Have the essential elements of the invention been disclosed to anyone outside of the UTHSCSA either orally or in writing? (Y/N):

If yes, to whom?

**Public Disclosure**

Do you intend to publicly disclose the essential elements of the invention in the future, either orally or in writing? (Y/N):

If yes, please list how. (E.g. publication, thesis/dissertation, seminar, poster, meeting, abstract, webpage, etc.):

**Funding Sources**

Was research on this invention funded by a government agency contract or CPRIT grant?

If yes, please list the outside funding sources. Please be sure to include the Grant or Account number:

**VA Affiliation**

Do you have a Veteran’s Administration (VA) Appointment?

If yes, is your VA Appointment without compensation (WOC)?

**Materials**

Did this invention utilize data or materials from any of the following? (Please indicate all that apply):

- MTA (Material Transfer Agreement)
- CRADA/SBIR/STTR
- Biological Materials (e.g., human blood, tissues, or cell lines)
- Cancer Therapy & Research Center (CTRC)

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If others, please list:

**Students**

Please list any inventors who were students at the UTHSCSA during the conception and development of the invention. (list names):

**Colleagues**

Please list any colleagues on campus who are knowledgeable about the work and its potential impact. (list names):

**External Researchers**

Please list external researcher(s)/competitor(s) who work in the field(s) related to this disclosure:

**Non-confidential Summary**

Commercial Summary

Please provide a non-confidential, simple, and commercially applicable summary of the invention. This will be useful for marketing purposes; include advantages, characteristics, and industry applications.

________________________________________
Primary Inventor Signature Date

________________________________________
Additional Inventor Signature Date

________________________________________
Additional Inventor Signature Date

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Please include any documents that you feel may be relevant to the invention when you return this form to OTC.