



UT Health

San Antonio

Technology Commercialization

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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Additional Inventor Signature

Date

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