Submit the completed disclosure form along with any supplemental information to [**disclosures@uthscsa.edu**](mailto:disclosures@uthscsa.edu).

The Office of Technology Commercialization (OTC) will assign a business development manager

to assist in the next steps of your innovation path.

**Innovators**

Please list all innovators who made substantive contributions to the innovation while noting that the final list of innovators may change based on intellectual property laws. At least one innovator must be affiliated with UT Health San Antonio.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INVENTOR 1:** | | | | |
| **First Name** | **Last Name** | **Dept** | **Title** | **VA Appointment: Yes  No** |
|  |  |  |  |  |
| **Inventor 1 Signature** | | **Date** | **Email Address** | |
|  | | Click or tap to enter a date. |  | |
| **INVENTOR 2:** | | | | |
| **First Name** | **Last Name** | **Dept** | **Title** | **VA Appointment: Yes  No** |
|  |  |  |  |  |
| **Inventor 2 Signature** | | **Date** | **Email Address** | |
|  | | Click or tap to enter a date. |  | |
| **INVENTOR 3:** | | | | |
| **First Name** | **Last Name** | **Dept** | **Title** | **VA Appointment: Yes  No** |
|  |  |  |  |  |
| **Inventor 3 Signature** | | **Date** | **Email Address** | |
|  | | Click or tap to enter a date. |  | |
| **INVENTOR 4:** | | | | |
| **First Name** | **Last Name** | **Dept** | **Title** | **VA Appointment: Yes  No** |
|  |  |  |  |  |
| **Inventor 4 Signature** | | **Date** | **Email Address** | |
|  | | Click or tap to enter a date. |  | |
| **INVENTOR 5:** | | | | |
| **First Name** | **Last Name** | **Dept** | **Title** | **VA Appointment: Yes  No** |
|  |  |  |  |  |
| **Inventor 5 Signature** | | **Date** | **Email Address** | |
|  | | Click or tap to enter a date. |  | |

**Please list any additional innovators (name and email address).**

Click or tap here to enter text.

**Idea/Innovation/Invention Details**

**Title**

Click or tap here to enter text.

**Life Science Category**

Choose an item.

**Description (Include attachment if needed)**

Click or tap here to enter text.

**What problem are you addressing?**

Click or tap here to enter text.

**How do you envision this innovation being implemented/applied?**

Click or tap here to enter text.

**Briefly describe your solution.**

Click or tap here to enter text.

**What is the advantage of your innovation/solution?**

Click or tap here to enter text.

**If appropriate, what clinical indication would be targeted (i.e., what is the patient benefit?)?**

Click or tap here to enter text.

**What stage do you believe the idea/innovation/invention to be currently?**

Choose an item.

**Presentation and Publications**

To the best of your knowledge, provide dates and brief descriptions of any **PAST** non-confidential presentations, publications, or Internet postings. If you wish to provide later, please skip this question.

**Date:**

Click or tap to enter a date.

**Description (In the Past):**

Click or tap here to enter text.

Please provide dates and brief descriptions of any **FUTURE** non-confidential presentations, publications, or Internet postings. If you wish to provide later, please skip this question.

**Date:**

Click or tap to enter a date.

**Description (Planned in the future):**

Click or tap here to enter text.

**Contracts and Funding Support**

**When did you conceive or initiate work on this idea/innovation/invention?**

**Date:**

Click or tap to enter a date.

**Description, if needed:**

Click or tap here to enter text.

**Did you utilize federal, private, or non-profit funds to research this idea? Yes  No**

**Did you utilize CPRIT funds to research this idea? Yes  No**

**Federal Contracts Sponsoring Agency Name and Grant Number**

Click or tap here to enter text.

**Non-Federal Contracts Sponsoring Agency Name and Award Number**

Click or tap here to enter text.

**Please select if there is a history of any of the following agreements, related to the ideation of this idea/innovation/invention?**

Confidential Disclosure Agreement (CDA)? **Yes  No**

Inter-Institutional Agreement (IIA):  **Yes  No**

Material Transfer Agreement (MTA):  **Yes  No**

Software License:  **Yes  No**

Other:Click or tap here to enter text.