

South Dakota State University Confidential Invention Disclosure

SDSU- _____
(TTO use only leave blank)

This form contains three pages. Please fill out all the items that apply to your invention accurately and return the document with original signature(s) to the Technology Transfer Office (TTO). If you need assistance with filling out this form, please contact TTO at 696-7872.

1. Non-Confidential Invention Title: (Please do not disclose confidential information in the title)

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2. Inventor Information: (Please note information in this section will be used for all legal documents such as patent applications)

#	Legal Name, Suffix (e.g. Ph.D.)	Title (e.g. Professor)	Department	Tel. Number	% Share
1					
2					
3					
4					
5					

3. Invention Stage and Dates:

	Date (mm/dd/year)	Written record exists? (Yes/No)	Stage of Invention (e.g. Concept only, discussion with others, seeking funding, prototype, experimental data)
Conception of invention			
Reduction to practice			

4. Appointments, Conflict of Interest (COI) and Funding:

Please indicate all appointments/affiliations you may have had **at the time of the invention** (Please type X in all cells that apply).

	Inventor 1	Inventor 2	Inventor 3	Inventor 4	Inventor 5
Consulting Appointment					
Federal Agency					
Other (Please specify)					
COI* (Indicate Yes or No)					

* Please indicate **“Yes” if you have a financial or other interest** (as defined by the South Dakota Board of Regents Policy 4:35) in a business entity that is related to this invention in any way.

5. Funding Source:

Please list **all sources of funding** for materials, equipment and/or salaries of all personnel involved in making the invention.

	Name of Department, Company, Agency etc. (e.g. DOE, NSF etc.)	Grant or Account number
Unrestricted University/Departmental		
Federal/other government agencies 1		
Federal/other government agencies 2		
Private/public foundation		
Commercial entity		
Others (Please Specify)		

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6. Brief Summary of Invention: (This is used in preparation of marketing materials. Please append complete descriptions (e.g. papers))

7. What are advantages of your invention over the State-of-the-art?

8. Are there any limitations or deficiencies to the invention? If so, how could they be overcome?

9. What are the practical and commercial applications of your invention?

10. Please list any companies you feel are/should be interested in your discovery (specific contacts are most helpful)

11. Have the essential elements of the invention been disclosed to anyone outside the University, either orally or in writing?

Yes No If Yes, please specify (e.g. date, name, circumstances).

12. Do you intend to publicly disclose the essential elements of the invention in the future, either orally or in writing? (e.g. publication, thesis/dissertation, seminar, poster, meeting abstract, web page)

Yes No If Yes, please specify planned date of disclosure.

13. Did this invention utilize data or materials from any of the following? (Click on all that apply)

<input type="checkbox"/> MTA (Material Transfer Agreement)	<input type="checkbox"/> CRADA/SBIR/STTR	
<input type="checkbox"/> Biological materials (e.g. Human blood, tissues, & cell lines)	<input type="checkbox"/> CDA/NDA	<input type="checkbox"/> Others (Please Specify)

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The undersigned hereby declare(s) that they (he/she) are (is) the true and only originator(s) of the invention disclosed herein at the South Dakota State University and that the invention arose in the course of work at or on behalf of the University and will be managed according to South Dakota Board of Regents' Policy Manual 4:34 for Intellectual Property. Please call the Technology Transfer Office at 696-7892 with any questions.

For each Inventor, please TYPE in all fields, then sign and date.

<u>Main Contact</u>			
Inventor 1 Name:			
Citizenship:			
Home Add:			
Work Add:			
Phone:		FAX:	
e-mail:			
Signature:		Date:	

Inventor 2 Name:		Inventor 3 Name:	
Citizenship:		Citizenship:	
Home Add:		Home Add:	
Work Add:		Work Add:	
Phone:	FAX:	Phone:	FAX:
e-mail:		e-mail:	
Signature:		Signature:	
Date:		Date:	

Inventor 4 Name:		Inventor 5 Name:	
Citizenship:		Citizenship:	
Home Add:		Home Add:	
Work Add:		Work Add:	
Phone:	FAX:	Phone:	FAX:
e-mail:		e-mail:	
Signature:		Signature:	
Date:		Date:	