**NDSU Invention Reporting Form**

Please complete this form as thoroughly as you can. A full disclosure of the invention to NDSU is required by United States patent law and North Dakota University System (NDUS) policy. A complete, full, and timely disclosure to the NDSU Technology Transfer Office will not adversely affect your rights as an NDSU inventor. Completing this invention report is a critical step to seeking protection of your invention and preserving your rights as an NDSU inventor.

Submitted by: Date: *Click here to enter a date.*

1. Description of Invention, Work, Material or Design:

* 1. Status of Project (check all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
| **Research/Concept** | Concept/idea stage [ ]  | Organizing Research [ ]  | Conducting research [ ]  |
| **Prototype/Test** | Prototype design [ ]  | Prototype development [ ]  | Prototype testing [ ]  |
| **Results Stage** | Redesign/testing [ ]  | Results reproducible [ ]  | Ready for market [ ]  |

* 1. Description of Invention: Please summarize in a few sentences your invention and its purpose. Be sure to describe the key inventive concept here.

* 1. Does this technology build on a previously disclosed invention or inventions: yes [ ]  no [ ]

If yes, provide the RFT number and title.

In *addition* to the brief description above (not in place of), please attach any draft manuscripts, publications, or any other materials that will help describe the technical details related to your invention.

* 1. **Prior Existing Technology:** Please provide references or copies of articles or patent documents that describe concepts or inventions similar to your invention.

* 1. **Advantages:** State the advantages of this technology over the Prior Existing Technology described in paragraph 1.3. Why is the invention more advantageous than present technology?

What problems does it solve?

What are its novel and unusual features?

* 1. **Key Words and Phrases:** Describe the previous method, material or apparatus used by others to perform the purpose of this invention (if applicable), and give their limitations/disadvantages.

1. **Funding:** List all sources of funding used in the development of this invention. If no external funding was involved, please check “No” for Federal Funding, Other Funding, and RCATT Center Funding below.

|  |  |  |
| --- | --- | --- |
| **Federal Funding?** Yes[ ]  No[ ]  | **State/Industrial Funding?**Yes[ ]  No[ ]  | **Local Funding?**Yes[ ]  No[ ] **Examples: Dept, RCA, Start-up** |
| Agency Name:  | Organization:  | Please list below: |
| Grant Number(s):  | Funding Information:  |       |
| FAR#:  | FAR#:  |
| Agency Name:  | Organization:  |
| Grant Number(s)  | Funding Information:  |
| FAR#:  | FAR#:  |

1. **Export Controls:** Are you aware of any export control restrictions?

Yes[ ]  No[ ]

See [Export Control Policy](https://www.ndsu.edu/research/for_researchers/research_integrity_and_compliance/export_controls/export_control_policy/)

**SECTION 2, COMMERCIAL POTENTIAL**: Please provide any information on potential commercial uses of this technology, including any contacts you may already have in key industries. This will help us to market your invention and to maximize the potential for revenues from your invention. Remember, as an inventor, you are entitled to a percentage of any net revenue earned through the licensing of your invention, so helping identify commercial applications can directly benefit you.

1. **Commercial Applications:** What are the potential commercial applications for your invention?

1. **Interested Parties:** Please list companies or agencies that might be interested in this invention. Include contacts and contact information where available.

1. **Company Contacts:** Have you been in contact with any companies regarding this invention, including consulting?

Yes[ ]  No[ ]

Please list company information if yes is checked:

**SECTION 3, CRITICAL EVENTS:** Certain events in the life of an invention can affect your ability to patent that invention. For example, if the invention has been publicly disclosed or in public use, this may affect the ability to obtain a patent for the invention, or, at the very least, may impose some deadlines on the patenting process. The following questions will help to determine if any of these events have happened, or will happen in the near future.

1. **Public Disclosures\* (Past and Planned):** Has this invention (or components of the invention) been previously publicly disclosed or described in a publication, presentation, or through discussions with anyone outside of the research group? Are there any planned (future) public disclosures of this invention? Please check all that apply and provide details in the space provided.

 **  **

If “Yes”, please explain the nature of the public disclosure (past or planned) below, including the date of the events. Please attach copies of any pertinent documents (copies of articles, papers, presentations, etc.)

*\*Some examples of potential public disclosures are: presentation at the thesis defense, publication of a thesis or dissertation, presentation of a technical paper, poster, or proposal, publication of the abstract of a technical paper, discussion with an external party without a confidentiality agreement in place (possibly including consulting), an offer for sale, entry of the invention in a design competition, presentation of a design in a university class or in public, etc. Note: Discussions in internal laboratory meetings are not public disclosures as long as no third party is in attendance.*

1. **Prior Agreements**: During the last five years have any of the inventors signed any documentation or agreements of any type during a visit to an outside entity such as a commercial or government research lab concerning this, or been employed by another entity claiming ownership of intellectual property of its employees? Yes[ ]  No[ ]

If Yes:

To whom:

When:

Where:

|  |  |  |
| --- | --- | --- |
| **Event** | **Date** | **Notes/References** |
| Manuscript Submitted for Publication |  | Journal/Publisher |
| Manuscript Published or Accepted for Publication (list planned or actual publication date) |  | Journal/Publisher (if different than above):  |
| Abstract Published |  | Where was abstract published? Online?  |

Please provide a copy of all manuscripts, posters, or documents related to the critical events listed above. Please notify the Technology Transfer Office if you have one or more invention notebooks available.

**SECTION 4, MATERIAL TRANSFER:** Occasionally, materials must be shared or exchanged with an external party during the development of an invention. The following questions are provided to determine if any material exchanges have occurred, or if they are planned.

1. **Material Transfer:** Has any material or prototype related to this invention been transferred to a corporate entity, an academic institution, or any other entity or individual?

Yes[ ]  No[ ]

**If yes, provide name (s) and contact information**

|  |
| --- |
| Organization Name:  |
| Contact Name:  |
| Email Address:  |
| Physical Address:  |
| Telephone:  |  Facsimile:  |

1. **Material Use:** Did you use any third party materials to make this invention that were obtained via an Agreement?

Yes[ ]  No[ ]

If yes, please attach a copy of the agreement.

**Please attach any additional information you feel may be helpful in evaluating this technology.**

**SECTION 5, ORIGINAL SIGNATURE/ASSIGNMENT:** The information provided to complete this invention reporting form is true, accurate, and complete to the best of my knowledge. I understand that anything less than a full disclosure of the invention described herein may adversely affect my rights as an inventor and may have legal ramifications if it is later determined that I intentionally withheld information from this invention report. **I hereby agree to assign and do hereby assign** all of my rights in this invention to NDSU, in accordance with NDSU policies, for good and valuable consideration, the receipt of which is hereby acknowledged. I acknowledge and agree that all of my laboratory materials, notebooks, and reports generated while I am an employee and/or student of NDSU remain the property of NDSU. Further, I agree that financial consideration, if any, will be distributed amongst all inventors pursuant to NDSU policy.

|  |
| --- |
| An “inventor’ is defined as one who has contributed to the conception of a least a portion of the invention described herein. Implementation of someone else’s invention, or authoring a paper on someone else’s invention, does not necessarily make someone an inventor. **NOTE:** Please record NDSU inventors only on this form. If applicable, non-NDSU inventors should be recorded on an optional external inventor form (Form **NDSU\_IDF\_B**, available at Technology Transfer website). |
| The “% Contribution” blanks shown are intended to provide an estimate of how much each NDSU inventor contributed to the creation of the NDSU portion of the invention. The total for all NDSU inventors should add up to 100%. This number may not be the same as the percent used for revenue distribution, which will be negotiated at a later date. If non-NDSU inventors are involved, their percent contribution and percent revenue distribution will be negotiated with the non-NDSU inventors’ institution. |

**NDSU INVENTOR INFORMATION:**

**NDSU INVENTOR 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Title:  |  |
| College: |  | Department:  |  |
| Work Address: |  |  |
| Work Phone: |  | Work Email:  |  |
| Home Address: |  |
| Home/Cell Phone: |  | Home Email:  |  |
| Citizenship |  | % Contribution:  |  |
| (Applications to the USPTO require a statement of citizenship) |

NDSU Inventor’s Signature Printed Name Date

**NDSU INVENTOR 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Title:  |  |
| College: |  | Department:  |  |
| Work Address: |  |  |
| Work Phone: |  | Work Email:  |  |
| Home Address: |  |
| Home/Cell Phone: |  | Home Email:  |  |
| Citizenship |  | % Contribution:  |  |
| (Applications to the USPTO require a statement of citizenship) |

NDSU Inventor’s Signature Printed Name Date

**NDSU INVENTOR 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Title:  |  |
| College: |  | Department:  |  |
| Work Address: |  |  |
| Work Phone: |  | Work Email:  |  |
| Home Address: |  |
| Home/Cell Phone: |  | Home Email:  |  |
| Citizenship |  | % Contribution:  |  |
| (Applications to the USPTO require a statement of citizenship) |

NDSU Inventor’s Signature Printed Name Date

**NDSU INVENTOR 4**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Title:  |  |
| College: |  | Department:  |  |
| Work Address: |  |  |
| Work Phone: |  | Work Email:  |  |
| Home Address: |  |
| Home/Cell Phone: |  | Home Email:  |  |
| Citizenship |  | % Contribution:  |  |
| (Applications to the USPTO require a statement of citizenship) |

NDSU Inventor’s Signature Printed Name Date

**NDSU INVENTOR 5**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Title:  |  |
| College: |  | Department:  |  |
| Work Address: |  |  |
| Work Phone: |  | Work Email:  |  |
| Home Address: |  |
| Home/Cell Phone: |  | Home Email:  |  |
| Citizenship |  | % Contribution:  |  |
| (Applications to the USPTO require a statement of citizenship) |

NDSU Inventor’s Signature Printed Name Date

[ ]  Additional NDSU Signature Pages Attached (Number of extra Signature pages ()

[ ]  Non-NDSU Inventor Forms Attached (Number of Non-NDSU Forms pages ()

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| --- |
| Please complete, sign, and return the **original signed form**, along with any attachments and optional forms to:Campus mail or hand deliver: NDSU Technology Transfer Office, Research 1, Suite 124U.S. mail: NDSU Technology Transfer Office, 1735 NDSU Research Park Drive, Dept. 4000, PO Box 6050, Fargo, ND 58108-6050Please call 701-231-6681 if you have any questions. |

Remember to retain a copy of this form for your records.