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| This form is used to report a discovery, invention, or other intellectual property made by faculty members, fellows, staff members, or students, within the course and scope of employment or resulting from activities performed on Texas State University time, with the support of State funds, from using facilities or resources owned by the Texas State University System, or any of its institutions (“Inventors”). Inventors are bound by the Rules and Regulations of the Board of Regents of the Texas State University System and, by signing this IDF, the Inventors acknowledge (1) Texas State University’s intellectual property rights, (2) that all right, title, and interest in the discovery, invention, or other intellectual property is assigned and transferred to Texas State University immediately upon creation, origination or acquisition of same, and (3) that Inventors are additionally bound by the intellectual property policy of Texas State University. An IDF can be filed at any time and at any stage of a research program. | | | | | |
| 1. **INVENTOR/CREATOR INFORMATION** | | | | | |
| **Names of Inventors/Creators.** The *corresponding inventor* will be the point-of-contact between the inventor(s) and Texas State University. Return this document as an attachment to an email addressed to [innovation@txstate.edu](mailto:innovation@txstate.edu)**.** | | | | | |
| 1. **Corresponding Inventor/Creator** | | what is your percent (%) contribution to this invention? | |  | **%** |
| NAME: DEPARTMENT: TITLE: | | | | | |
| PHONE: | EMAIL: | | CITIZENSHIP: | | |
| HOME ADDRESS: | | | | | |
| LIST ADDITIONAL INSTITUTIONAL AFFILIATION(S): | | | | | |
| **Signature** | | | **Date (mm/dd/yyyy)** | | |
| 1. **Inventor/Creator** | | What is your percent (%) contribution to this invention? | |  | **%** |
| NAME: DEPARTMENT: TITLE: | | | | | |
| PHONE: | EMAIL: | | CITIZENSHIP: | | |
| HOME ADDRESS: | | | | | |
| LIST ADDITIONAL INSTITUTIONAL AFFILIATION(S): | | | | | |
| **Signature** | | | **Date (mm/dd/yyyy)** | | |
| 1. **Inventor/Creator** | | What is your percent (%) contribution to this invention? | |  | **%** |
| NAME: DEPARTMENT: TITLE: | | | | | |
| PHONE: | EMAIL: | | CITIZENSHIP: | | |
| HOME ADDRESS: | | | | | |
| LIST ADDITIONAL INSTITUTIONAL AFFILIATION(S) | | | | | |
| **Signature** | | | **Date (mm/dd/yyyy)** | | |

**\*\*ATTACH ADDITIONAL INVENTOR INFORMATION SHEETS AS NECESSARY \*\***

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| **External Inventors/Creators**  Please provide the name and contact information for all inventors external to Texas State University. | | | |
| **Name** | **Affiliation** | **Email** | **Phone Number** |
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| 1. **INNOVATION** | | |
| 1. Innovation Title. Provide a **non-confidential** title that is brief and broadly descriptive. | | |
| 1. Confidential Description of the Invention. Describe the Innovation completely. Provide key data and experimental results, including sketches, drawings, and photographs as appropriate. If available, attach a draft manuscript. | | |
| 1. Stage of Development. To what extent has the invention been reduced to practice? Has the invention been sufficiently tested to demonstrate that it will work for its intended purpose? What further work is needed to develop the invention? | | |
| 1. Commercialization. What companies might be interested in manufacturing or selling the Innovation, and why? Does other technology provide similar utility? If so, what practical or competitive advantage does the Innovation offer? | | |
|  | YES | NO |
| 1. Does this disclosure relate to or improve upon another IDF you have made in the past (with this institution or a previous employer). |  |  |

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| 1. **PUBLIC DISCLOSURE** | | |
| Public disclosure prior to filing a patent application (a presentation, a published paper, a web publication or abstract, or an offer for sale) may compromise patent rights. After public disclosure, US patent law provides a one-year grace period in which to file but essentially all foreign rights are lost. Inventors are urged to use discretion, take advantage of Confidential Disclosure Agreements and submit IDFs well in advance of presentations or publications. | | |
|  | YES | NO |
| 1. Has the innovation been disclosed in a manuscript, abstract, paper, grant application, talk, news story, thesis, web page, public conversation, or to persons outside of the university? If YES, please list with details and enclose copies, if available. |  |  |
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|  | YES | NO |
| 1. Has a publication or other disclosure occurred or is planned in the next six months? If YES, please list with details and enclose copies, if available. |  |  |
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|  | YES | NO |
| 1. Have technical materials or items related to the invention such as chemical compounds, reagents, antibodies, biologicals, cell lines, chips, or software, ever been sent to or received from another organization? If YES, provide details (what was transferred, date, and the originating or receiving organization). |  |  |
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|  | YES | NO |
| 1. In reference to SECTION III. Item **C**. above, were the materials transferred under a Materials Transfer Agreement (MTA)? If YES, please attach a copy. |  |  |
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| **IV.** **SPONSORSHIP** | | | | | | |
| Sponsors often have certain rights to inventions discovered through funded research. | | | | | | |
| **\*\* DO NOT leave this section blank. If there were no sponsors, please clearly indicate this. \*\*** | | | | | | |
|  | | | | | YES | NO |
| 1. Government Agency Contract? If YES, then indicate Grant Number/Title/Principal Investigator (PI) | | | | |  |  |
| **Grant Number** | **Title** | | **Principal Investigator (PI)** | | | |
|  |  | |  | | | |
|  | | | | | YES | NO |
| 1. CPRIT Grant? If YES, then indicate Grant Number / Title / Principal Investigator (PI) | | | | |  |  |
| **Grant Number** | **Title** | | **Principal Investigator (PI)** | | | |
|  |  | |  | | | |
| What proportion of this invention was funded by your CPRIT grant? | | | | | % | |
| 1. Other Sponsoring Entity. Please give name(s) of the company, university, foundation, I/UCRC, or other sponsor(s) and the university account number and effective date(s). If the invention was made under a Sponsored Research Agreement, please attach a copy. | | | | | | |
| **Other Sponsor Entity Name** | | **University Account Number** | | **Effective Date (mm/dd/yyyy)** | | |
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|  | | | | | YES | NO |
| 1. Has the invention been disclosed to government or industry sponsors? If YES, please provide details, including the dates and names of organizations and their representatives. | | | | |  |  |
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|  | | | | | YES | NO |
| 1. During the past three (3) years have any of the Inventors/creators had a consulting agreement related in any way to the field of the innovation or with the sponsor of the research? If YES, please provide details, including a copy of the consulting contract and statement of work. | | | | |  |  |
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| **V. Principal Events:** Please provide the dates for principal events regarding origin and development of the invention or discovery. If no dates are provided, the date of disclosure will be used as the date of conception.  a. What is the conception date?  b. Was the conception date documented in a lab notebook?  YES  NO | | | | | | |
| **VI. Literature:** Please provide a literature search and list any relevant publications and patent filings. Please provide an analysis stating how your work is non-obvious and novel based on your findings. Attach as many pages as needed. | | | | | | |