|  |
| --- |
| CSUN INVENTION DISCLOSURE FORM  PRIVILEGED AND CONFIDENTIAL  *Information disclosed in this Form is Confidential and Proprietary, and should not be disclosed to others without approval of the Office of Research and Sponsored Projects.* |
|
|
|

ORSP Use Only

CSUN Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUIRED INFORMATION**

|  |
| --- |
| **1 Title of the Invention:** *(a brief and descriptive title which does not contain details that would enable others to make and use the invention)* |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2 CSUN Inventor(s):**  The first name listed will be the point of contact for this Invention Disclosure Form. Inventorship is a legal definition and will be determined by a patent attorney. | | | |
| Full Name |  | Position |  |
| Department(s) |  | Date(s) hired/employed at CSUN: |  |
| Email |  | Telephone |  |
| Home Address |  | Work Address |  |
| Home City, State, Zip |  | Citizenship |  |
| **Signature of inventor** | | | |
|  |  |  | Date |
| Full Name |  | Position |  |
| Department(s) |  | Date(s) hired/employed at CSUN: |  |
| Email |  | Telephone |  |
| Home Address |  | Work Address |  |
| Home City, State, Zip |  | Citizenship |  |
| **Signature of inventor** | | | |
|  |  |  | Date |
| Full Name |  | Position |  |
| Department(s) |  | Date(s) hired/employed at CSUN: |  |
| Email |  | Telephone |  |
| Home Address |  | Work Address |  |
| Home City, State, Zip |  | Citizenship |  |
| **Signature of inventor** | | | |
|  |  |  | Date |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **3. Non-CSUN Inventor(s):** *(inventorship to be determined by a patent attorney)* | | | |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
| Work Email |  | Telephone |  |
| Home Address |  | Work Address |  |
| Home City, State, Zip |  | Citizenship |  |
| **Signature of inventor Date** | | | |
|  | | | |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
| Work Email |  | Telephone |  |
| Home Address |  | Work Address |  |
| Home City, State, Zip |  | Citizenship |  |
| **Signature of inventor Date** | | | |
|  |  |  |  |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
| Work Email |  | Telephone |  |
| Home Address |  | Work Address |  |
| Home City, State, Zip |  | Citizenship |  |
| **Signature of inventor Date** | | | |
|  |  |  |  |

**REQUIRED INFORMATION**

|  |
| --- |
| **4. Describe the invention as fully as possible:** |
| *Include a broad field of technology (i.e., device, small molecule) and a specific application or utility of the invention and describe any preferred embodiments or methodologies. For supplemental materials describing the invention, such as manuscripts, publications, presentations, or images, please identify them below and submit with this form.)* |
|  |

**REQUIRED INFORMATION**

***Note: Please complete Sections 5 and 6 to ensure compliance with federal regulations.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5. Grant, Contract or Subcontract Funding:** *(Include all funding sources such as Government (federal, state, local), Industry, Non-Profit, and Foundations)* | | | | |
| Was the invention conceived or first actually reduced to practice in the performance of work funded, in whole or in part, by any federal grant(s), contract(s) or subcontract(s)? If yes, list below. | | | | Yes  No |
| Will any federal sponsoring entity be acknowledged if information related to this invention is published or disseminated to the scientific community? If yes, list below. | | | | Yes  No |
| Sponsor(s): | Grant/Contract Number(s): | Principal Investigator: | Administering Dept/Center: | |
|  |  |  |  | |
|  |  |  |  | |
| Was the invention conceived or first actually reduced to practice in the performance of work funded, in whole or in part, by 3rd party grant(s), contract(s), subcontract(s), Sponsored Research Agreement(s), or consulting agreement(s)? If yes, list below. | | | | Yes  No |
| Sponsor(s): | Grant/Contract Number(s): | Principal Investigator: | Administering Dept/Center: | |
|  |  |  |  | |
|  |  |  |  | |

|  |
| --- |
| Were any additional funding sources involved? Yes No  If yes, list below: |
| Were any CSUN resources utilized? Yes No  If yes, list below: |
| If none of the above were utilized, please confirm:  No Government/industry/non-profit/foundation/University funding or resources were used |

|  |  |
| --- | --- |
| **6. Publication, Public Disclosure & Other Activities:** | |
| Note: If the answer to any of the following questions is YES, please provide detailed information and attach any associated grants, abstracts, manuscripts, articles, presentations, etc. Please keep the Office of Research and Sponsored Projects informed of any future submissions or other possible public disclosures describing the invention. | |
| Has the invention been described in any publication(s) (including abstracts)? | Yes  No |
| |  | | --- | | If Yes, name of publication, journal or website and date of publication: | | |
| Has a manuscript describing the invention been submitted or accepted for publication? | Yes  No |
| If Yes, name of publication, journal or website: | |
| Has a description of the invention appeared online(including conferences and abstracts)? | Yes  No |
| If yes, date(s) and details of online disclosure: | |
| Has a grant application describing the invention been submitted for review? | Yes  No |
| If yes, date(s) and details of the grant application: | |
| Has the invention been disclosed to any non-CSUN persons, including, but not limited to, a poster session, presentation, or lecture or presented at a conference or meeting? | Yes  No |
| If yes, date(s), and details of disclosure: | |
| Were any materials (biological or otherwise), documents, information or software related to the invention provided or disclosed to any third party (including academia, industry or government)? | Yes  No |
| If yes, date(s), and details of disclosure, and any confidentiality agreements that may have been in place: | |

|  |  |
| --- | --- |
| **6. Publication, Public Disclosure & Other Activities (cont.):** | |
| Are any of the activities described above planned for the future? | Yes  No |
| If yes, date(s) and details of planned activities: | |

**MATERIALS**

|  |  |  |
| --- | --- | --- |
| **7. Do any of the following apply to the invention?** *(Check all that apply)* | | |
| Materials obtained from a third party, e.g., under a Material Transfer Agreement (MTA) | | |
| Equipment from a third party |
| Software |
| Audiovisual work |
| If yes to any of the above, please provide details including provider, material description, terms of use, a copy of the agreement (if possible) and department: | | |
| If no proprietary or 3rd party material was used, please confirm: | |  |

**CONCEPTION OF INVENTION**

|  |  |  |
| --- | --- | --- |
| **8. Invention Timeline (*if known*):** | | |
| **Event** | **Date (MM/DD/YYYY)** | **Type of Written Record** |
| Initial Conception |  |  |
| First description of complete invention (oral or written) |  |  |
| First successful demonstration (first actual reduction to practice) |  |  |

|  |  |
| --- | --- |
| **9. Is the invention related to a prior invention reported to CSUN or elsewhere?** | Yes  No |
| Case# / Internal Ref # or Title:  Ownership (if not CSUN):  Contact Information: | |

**COMMERCIAL POTENTIAL (*optional)***

|  |  |
| --- | --- |
| **10. Is research on this invention continuing?** | Yes  No |
| If yes, please describe research plans and funding arrangements: | |

|  |
| --- |
| **11. What critical commercial problem does this invention solve?** |
|  |

|  |
| --- |
| **12. Describe the existing state of the art in the area of your invention (including any existing publications or patent applications that you believe to be pertinent):** |
|  |

|  |
| --- |
| **13. How does the invention differ from the closest technologies or references described above?** |
|  |

|  |
| --- |
| **14. What advantages does the invention provide?** |
|  |

|  |
| --- |
| **15. Other possible commercial applications for the invention include:** |
|  |

|  |
| --- |
| **16. Which companies or investors are most likely to be interested in this invention?** |
| Please provide any personal contacts at relevant companies below: |

|  |
| --- |
| Once completed, please submit the Invention Disclosure Form by:   1. **Email, along with any attachments, to: megha.patel@csun.edu** 2. **Mail one copy to: CSUN, Office of Research and Sponsored Projects, 18111 Nordhoff Street, Northridge, CA 91330-8232 OR via campus mail to Mail Drop 8232 OR hand deliver to University Hall 265**   When completed and signed, this Invention Report becomes a legal document which may be relied upon during patent prosecution. A detailed description of this invention should not be divulged to sponsors or others without first consulting CSUN Office of Research and Sponsored Projects. Sponsors whom the University may owe rights in patents will be notified of this invention in confidence by the University. |