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For Office Use Offiy:
Disclosure No:
Date Received:



THE UNIVERSITY of NORTH CAROLINA

GREENSBORO

Office of Innovation Commercialization

INNOVATION DISCLOSURE FORM

Revised July 2011

Please Note:

- 1. Read and fill out completely all sections of the Innovation Disclosure Form. If you need additional space, please write your comments on another page and attach it to the original disclosure form. Try to include as much information as possible. Our staff works most efficiently when the inventor supplies all relevant information with the disclosure form.
- 2. Be sure to fully disclose all funding sources/material sources for the research linked to the disclosure's innovation. This information is very important for determining innovation ownership and royalties!
- 3. While we can accept electronic copies of the disclosure form, we must have a hard copy of the form mailed or hand-delivered to our office within seven business days.
- 4. We cannot accept any disclosure forms that have missing or incomplete information, missing signatures, or unspecified division of inventor royalty share.
- 5. If you have any questions pertaining to the completion of your disclosure form, please do not hesitate to call the Office of Innovation Commercialization at (336) 256-2047.
- 6. Please submit your completed disclosure to:

The Office of Innovation Commercialization
1613 Beverly and Irene Moore Humanities and Research Administration Building
Greensboro, NC 27402

Office: (336) 256-2047 Fax: (336) 256-2049

7. After reviewing your innovation's disclosure, a staff member from our office will contact you and all co-innovators for a meeting to discuss the contents of your disclosure.

Thank you in advance for your cooperation and effort!

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I. Description of Innovation		
Title of Innovation:		
Innovation Conception Date:		
Has the innovation been reduced to practice?	\square YES	□NO
Have working prototypes, product apparatus or compositions, etcetera actually bee	n made and	tested?
	☐ YES	□NO
A. Description of the Innovation		
Please identify clearly what you consider your innovation to be, as well as methods and/or materials use and utility of the innovation. Pictures, data tables, preprints of upcoming publications, or anything that		
innovation and makes the disclosure complete should be included.		
B. Immediate/Future Applications		
Please list below as many actual or hypothetical products or services that can be created or improved by adventurous; try to think of broader or narrower applications for the invention than those that immedia as applications that are outside of your own field.		
Can you identify any potential licensees of this technology?	□ YES	□ NO
Do you have a contact with any of these individuals/companies?	□ YES	□NO
Is work on the innovation continuing?	□ YES	
Are there any test data or efficiency studies performed?	□ YES	
Are there any limitations to be overcome or other tasks to be done prior to practica		
, and the same process of process	□ YES	П№

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Any	publ	lic, n	on-c	confid	ential	discl	losu	re o	f the	e deta	ils of th	he ini	nov	ation c	nsti	tutes	pul	blic di	sclos	ure	that	ma	ıy l	bar	pat	ent p	rote	ectio	n.
Pub	lic di	sclo	sure	includ	les (b	ut is	not	limi	ted t	o) di	ssertatio	ons, j	jour	rnal ar	icles	, con	fere	ence p	rese	ntati	ons	, sei	mir	ıar	s, p	ostei	•		
pres	entai	tions	, and	d dem	onstra	ations	s.																						
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Has this innovation been publicly disclosed in any form? Disclosure Date:	□ YES	□ NO
Do you plan to disclose it in the future? Disclosure Date:	□ YES	□ NO
If you answered "yes" to either of the above questions: Has there been any public use or sale of products embodying the innovat	ion?	
	\square YES	\square NO
Are you aware of any related developments, publications, or research by	others?	
	☐ YES	□ NO
If a public disclosure has taken place, please be prepared to show the Office of Innovation Commentation materials, pictures, video, etc.	rcialization copies	of any written
III. Source of Funds/Materials		
If you have more than two funding sources, please provide the same information requested below o	n another sheet of	f paper.
A. Funding Sources		
Sponsor #1:		
Sponsor #1: UNCG Grants & Contract #:		
Project litte:		
Research Period Beginning & Ending Dates:		
Sponsor #2:		
UNCG Grants & Contract #:		
Project Title:		
Research Period Beginning & Ending Dates:		
Don't forget to include copies of your funding agreem	ents!	
B. Material Transfer Sources		

Please submit copies of all material transfer agreements so that we may assess whether this innovation is subject to any commitments or restrictions arising from the terms of sponsorship.

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IV. Inventor Information

Please identify all inventors or contributors to this innovation. If the number of inventors/contributors exceeds the space provided below, please continue on another sheet of paper. Note: the first person listed below will be considered the primary contact person for this disclosure.

Name:	Department:	
Home Address:		
Email:		
Business Phone: _	Home Phone:	
	Percentage Share of Inventor Royalties:	
Signature:	Date:	
Name:	Department:	
Home Address:		
Email:		
Business Phone: _	Home Phone:	
	Percentage Share of Inventor Royalties:	
Signature:	Date:	
Name:	Department:	
Home Address:		
Email:		
Business Phone: _	Home Phone:	
	Percentage Share of Inventor Royalties:	0⁄0
Signature:	Date:	