

## **DISCLOSURE AND RECORD OF INVENTION FORM**

Note: When completed, the Disclosure and Record of Invention Form is an important legal document. Care should be taken in its preparation. If you desire assistance, call the Office of Technology and Industry Alliances (TIA) at 805-893-5196. Information contained in this document is maintained in confidence by TIA and normally will not be released to others except with attorney-client privilege, to research sponsors as required by contract, or under appropriate secrecy agreements, until a patent application is filed, the information is published, a determination not to file a patent application is made, or as may be required by law. The information contained should not be disclosed to others outside the University without advance notice to TIA. TIA may send your Record of Invention to other University employees for peer review.

### **PART A - BACKGROUND**

1. **INVENTION TITLE:** Provide a short descriptive title of the invention.

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2. **DISCLOSURES OUTSIDE OF UC:** Identify any disclosure or sale of the invention to non-UC personnel (including the research sponsor). Please attach copies of what was disclosed.

To whom was the invention disclosed?	Date of disclosure	Nature of disclosure (oral, written, by actual use or demonstration, sale, etc.)

*Note: The public disclosure or publication of an invention prior to the filing of a patent application may jeopardize patent rights in most foreign countries. U.S. patent applications may only be filed within the twelve months after the first "enabling" public disclosure of the invention. Please contact TIA if you have any questions.*

3. **PUBLICATIONS:** Identify any submissions or planned submissions of reports, abstracts, papers or theses relating to this invention for publication, for presentation at a conference, or to a research sponsor. Please attach a copy of each submission.

Nature of submission (paper, thesis, abstract, conference presentation...)	Submission date	Has the publication been accepted?	Earliest date of abstract publication, if applicable (on a website or printed)	Earliest date of complete publication (on a website or printed)

4. **SPONSORS:** Identify the funding sources used for the development of this invention. Include all outside agencies, organizations, or companies that actually provided funding to any inventor for the research that led to the conception or reduction to practice of the invention. There may be intellectual property obligations to these funding sources.

Sponsor	Grant or Contract Title	Agency Award no. or ORBit Record no. (if a gift, please state)	Principal Investigator	Subcontract? (if yes, include name of prime contractor)

Please identify if any of the following centers or institutes were involved. (check all that apply):

- AIM (American Institute for Manufacturing Integrated Photonics)
- Microsoft Q Institute
- Complex Fluid Design Consortium

5. **RELATED OUTSIDE PROFESSIONAL ACTIVITIES AGREEMENTS** - Has any UCSB inventor signed any consulting, non-disclosure, facility access, assignment or other agreement related to the subject area of this invention in connection with their outside professional activities?

- Yes
- No

6. **USE OF PROPRIETARY DATA AND MATERIALS AND OTHER RELATED AGREEMENTS** - Are there any Material Transfer Agreements (MTAs) that are related in any way to this invention? If so, please identify any proprietary data or materials (e.g., cell line, antibody, plasmid, computer software, or chemical compound) used in the development of the invention that were owned/provided by a third party and were not purchased commercially, as well as the provider's name:

Material	Provider

Are there any other university agreements related in any way to this invention (MOUs, collaboration agreements, etc.)?

- Yes
- No

If yes, please describe:

**PART B - TECHNICAL DESCRIPTION**

1. **SUMMARY OF INVENTION.** Please provide a brief summary, in layman's terms, which describes the essential nature of the invention and its key novel features.

2. **COMMERCIAL ADVANTAGES.** Please explain the key commercial advantages of this invention. In other words, why would a company want to invest in developing a commercial product or service based on this invention?

3. **DEVELOPMENT TIMELINE.**

CONCEPTION - What date did you first conceive this invention?

FIRST WRITTEN RECORD - What is the date of the first written record (notebook, letter, proposal, drawing, etc.) of this invention? Identify the document, page numbers involved, and location of the document.

TESTING - When did you first successfully test this invention?

STAGE OF DEVELOPMENT - Describe the stage of development of the invention (e.g., concept stage, experimental data stage, computer model simulation stage, working prototype stage, etc.).

4. **DETAILED DESCRIPTION** - Please **attach** a technical description of the invention, i.e., how it works, is made and is used, including any unpublished manuscripts that present or describe the invention.

5. **FUTURE PLANS** - What additional plans do you have to further develop the invention? Do you have existing funding for the planned research? Would you be interested in collaborating with interested companies and/or receiving sponsored research funding?

6. **RELATED ART** - Identify any other inventions (including your own), references, patents, patents applications, or other publications of which you are aware and which you believe to be pertinent to this invention. Please attach a copy of each of these references, if available.

7. **POTENTIALLY INTERESTED COMPANIES** - List companies you believe might be interested in using, developing or otherwise commercializing this invention. Please provide contact information if available.

Company Name	Contact Name	Title	Phone Number	Email Address

8. **INVENTOR COUNT BY AFFILIATION** - Enter the total number of UCSB Inventors and the total number of NON-UCSB inventors.

Total Number of UCSB Inventors

Total Number of NON-UCSB Inventors

***If needed, additional inventor pages can be found on the Disclosing Your Innovation page of our web site under the Invention Disclosure Form***

**PART C - SIGNATURES**

1. **UCSB INVENTORS**

Complete for UCSB employees or students who made an *intellectual contribution* to the conception or reduction to practice of the invention.

Signature	Date
<input type="text"/>	<input type="text"/>
Name	
<input type="text"/>	
Position (faculty, staff, student, post doc...)	
<input type="text"/>	
Department/ORU	
<input type="text"/>	
Work Address	
<input type="text"/>	
Telephone	
<input type="text"/>	
Facsimile	
<input type="text"/>	
Email	
<input type="text"/>	
Joint or Non-UCSB Employer, if applicable	
<input type="text"/>	
Home Address (required for patent applications):	
<input type="text"/>	
Country of Citizenship (required for patent applications):	
<input type="text"/>	

Signature	Date
<input type="text"/>	<input type="text"/>
Name	
<input type="text"/>	
Position (faculty, staff, student, post doc...)	
<input type="text"/>	
Department/ORU	
<input type="text"/>	
Work Address	
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Telephone	
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Facsimile	
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Email	
<input type="text"/>	
Joint or Non-UCSB Employer, if applicable	
<input type="text"/>	
Home Address (required for patent applications):	
<input type="text"/>	
Country of Citizenship (required for patent applications):	
<input type="text"/>	

**UCSB INVENTORS CONTINUED**

Complete for UCSB employees or students who made an *intellectual contribution* to the conception or reduction to practice of the invention.

Signature	Date
<input type="text"/>	<input type="text"/>
Name	
<input type="text"/>	
Position (faculty, staff, student, post doc...)	
<input type="text"/>	
Department/ORU	
<input type="text"/>	
Work Address	
<input type="text"/>	
Telephone	
<input type="text"/>	
Facsimile	
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Email	
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Joint or Non-UCSB Employer, if applicable	
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Home Address (required for patent applications):	
<input type="text"/>	
Country of Citizenship (required for patent applications):	
<input type="text"/>	

Signature	Date
<input type="text"/>	<input type="text"/>
Name	
<input type="text"/>	
Position (faculty, staff, student, post doc...)	
<input type="text"/>	
Department/ORU	
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Facsimile	
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Email	
<input type="text"/>	
Joint or Non-UCSB Employer, if applicable	
<input type="text"/>	
Home Address (required for patent applications):	
<input type="text"/>	
Country of Citizenship (required for patent applications):	
<input type="text"/>	

2. **INVENTORS NOT AFFILIATED WITH UCSB AT THE TIME OF INVENTION**

Complete for all Non-UCSB individuals who made an *intellectual contribution* to the conception or reduction to practice of the invention who were not affiliated with UCSB at the time of invention. **Please note that signatures for Non-UCSB inventors are preferred, but not required.**

Signature (NON-UCSB Signature Optional      Date)
<input type="text"/>
Name
<input type="text"/>
Title
<input type="text"/>
Employer
<input type="text"/>
Work Address
<input type="text"/>
Telephone
<input type="text"/>
Facsimile
<input type="text"/>
Home Address (required for patent applications):
<input type="text"/>
Country of Citizenship (required for patent applications):
<input type="text"/>
Country of Citizenship (required for patent applications):
<input type="text"/>

Signature (NON-UCSB Signature Optional      Date)
<input type="text"/>
Name
<input type="text"/>
Title
<input type="text"/>
Employer
<input type="text"/>
Work Address
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Telephone
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Facsimile
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Home Address (required for patent applications):
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Country of Citizenship (required for patent applications):
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Country of Citizenship (required for patent applications):
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3. **WITNESSES**

The signatures of two technically qualified witnesses (use UC employees when possible), who have reviewed and understood your invention, are required:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Submit this form with **ORIGINAL SIGNATURES FOR ALL UCSB AFFILIATED INVENTORS** directly to:

Director  
Office of Technology and Industry Alliances (TIA)  
342 Lagoon Rd., Mail Code 2055  
University of California, Santa Barbara  
Santa Barbara, CA 93106-2055

If you do not receive an acknowledgment within 30 days, please call TIA at 805-893-5196

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Retention: 7 years after last patent expires or 10 years after the date of the last action, whichever is later.  
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