 **Disclosure of Invention**

This form should be submitted to the Office of Research and Sponsored Programs (ORSP) by SF State faculty, staff, students and their collaborators to disclose inventions and discoveries. Forms submitted must contain original signatures and preferably will be accompanied by an **electronic copy** of the forms and any attachments.

Publication or presentation prior to patent application filing in the US Patent & Trademark Office may jeopardize foreign patent rights, even if the publication is electronic (websites, email, etc.) or the presentation is not accompanied by slides or handouts. Please submit this form to ORSP at least one month before submitting manuscripts, abstracts, etc. related to this technology.

**1. Title of Disclosed Technology/ Invention**

Please provide a brief, descriptive title that does not reveal unique features.

**2. Primary Contact**

This individual will be the point person for all correspondence related to the technology. Please list this person in Section 10.

**3. Previous and /or Future Public Disclosures of the Technology/Invention**

Has the technology been presented or will it be presented in any of the following ways? If you answer yes to any, please attach print and/or electronic copies of the relevant presentation(s).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **Date (Actual or Expected)** | **Journal(s), Location (s) or Company/Institution Name(s)** |
| Submit for Publication (manuscript or abstract) | YES | NO |  |  |
| Publish (abstract, journal article, website, etc.) | YES | NO |  |  |
| Poster Presentation | YES | NO |  |  |
| Oral Presentation (conference, seminar, etc.) | YES | NO |  |  |
| Thesis Defense | YES | NO |  |  |
| Grant Proposal | YES | NO |  |  |
| Disclosure to Industry | YES | NO |  |  |
| Offer for sale or in use by others | YES | NO |  |  |
| Other Public Dissemination | YES | NO |  |  |

**4. Prototypes and/or Samples**

Are prototypes and/or samples available for demonstration and/or testing?  Yes  No  N/A

**5. Key Words**

List approximately 5 key words related to the technology to be used for the purposes of patent searching and/or marketing of the technology

**6. Sponsorship and Third-Party Obligations**

What funds supported the work leading to this technology? (Please include federal, non-federal, foundation and industry funding, gifts, SF State funds, including start up funds, etc.) Please list ALL sources of funding for the technology.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Sponsor or Company** | **% Contribution to Technology** | **Project ID** | **Grant No or Agreement Number** | **Project Period (Dates)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Are you a party to any other agreement(s) pertaining to the technology? (Material Transfer, Collaboration, Confidentiality, Facilities Use, etc.)

NO  YES If yes, please list and attach copies of these agreements to this form.

|  |  |  |
| --- | --- | --- |
| **Company or Institution** | **Type of Agreement** | **Date** |
|  |  |  |
|  |  |  |

**7. Description of the Technology/Invention**

1. **Describe the problem solved or need addressed by the technology.**

1. **Detailed description of the technology.**

Identify what you consider your technology to be, mentioning materials/methods used, operation, and utility of the technology, and focus on **unique features** that distinguish your technology from existing technologies. The technology should be discussed in such detail as to **enable a person skilled in the art to make and use the technology.** Additional considerations include:

* + Describe the “best mode” for practicing the technology
  + If known, identify substituents, equivalents and/or ranges for each inventive step

Pictures, data tables, manuscripts or anything that broadens the scope of the technology and makes the disclosure complete should be included. If applicable, provide nucleotide or amino acid sequences.

**8. Background**

Are you aware of or familiar with any related work, publications or patents in this area by others? If yes, please provide additional details below.

YES  NO

If the technology is software, is it a modification/improvement to an existing work or does it incorporate program code, data, files or other elements that are not original to the developer(s)? If yes, please provide additional details below.

YES  NO  N/A

**9. Technology Portfolio**

Is this technology related to or does it build upon technologies that have previously been disclosed to and/or patented by San Francisco State University or any other institution(s)?

YES  NO

If yes, please list any previous disclosures and, if applicable, identify the other institution(s).

**10. Disclosing Parties**

For potentially patentable technologies list only those who have contributed to the conception of the technology. Under United States patent law, an “inventor” is one who contributes to the conception of an invention.

List names in the order that they should appear in a patent application, if filed.

Original signatures and complete contact information are required.

Percent contributions to the technology should sum to 100.

Attach additional disclosure forms if more than three inventors.

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Contact Name | Dr.  Mr.  Ms. | | |
| SF State Affiliation | Faculty  Staff  Student | | |
| Other Affiliation(s) |  | | |
| Job Title |  | Citizenship |  |
| Department, Center or Institute |  | Home Address |  |
| Dean |  | Home Phone |  |
| Chair |  | Mobile Phone |  |
| % contribution to the technology (sum to 100) |  | Campus/Work Address |  |
| Nature of Contribution |  | Campus/Work Phone |  |
|  |  | Campus/Work Fax |  |
|  |  | Email |  |
| **Signature** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Dr.  Mr.  Ms. | | |
| SF State Affiliation | Faculty  Staff  Student | | |
| Other Affiliation(s) |  | | |
| Job Title |  | Citizenship |  |
| Department, Center or Institute |  | Home Address |  |
| Dean |  | Home Phone |  |
| Chair |  | Mobile Phone |  |
| % contribution to the technology (sum to 100) |  | Campus/Work Address |  |
| Nature of Contribution |  | Campus/Work Phone |  |
| Campus/Work Fax |  |
| Email |  |
| **Signature** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Dr.  Mr.  Ms. | | |
| SF State Affiliation | Faculty  Staff  Student | | |
| Other Affiliation(s) |  | | |
| Job Title |  | Citizenship |  |
| Department, Center or Institute |  | Home Address |  |
| Dean |  | Home Phone |  |
| Chair |  | Mobile Phone |  |
| % contribution to the technology (sum to 100) |  | Campus/Work Address |  |
| Nature of Contribution |  | Campus/Work Phone |  |
| Campus/Work Fax |  |
| Email |  |
| **Signature** |  | **Date** |  |

Please submit completed form to the following address. You may submit electronically, but this must be followed by a hard copy with original signatures.

**San Francisco State University**

Office of Research and Sponsored Programs (ORSP)

1600 Holloway Ave, ADM 471

San Francisco, CA 94132

(415) 338 – 7094

Fax: (415) 338 – 2493