



**Time-Sensitive Material – Please Expedite**

**All information and data disclosed to WiSys in this document is considered proprietary and will be held confidential.**

**WiSys operates as a private non-profit supporting organization of the UW System and serves as the designated technology transfer office for the 11 Comprehensive Campuses, 13 Colleges and the UW-Extension.**

Please send the completed, signed form and all attachments to:

WiSys Technology Foundation, Inc.  
Attn: WiSys Disclosures  
P.O. Box 7365  
Madison, WI 53707-7365  
Phone: (608) 316-4034 Fax: (608) 262-6104

- The purpose of this form is to provide a written, dated notice of your invention disclosure. A disclosure is necessary to enable the University and WiSys to comply with most industry contractual requirements, as well as the requirements of the U.S. Federal Government laws and regulations as they are applied to university grants and contracts.
- WiSys will use the information contained within this form to assess the opportunities available to protect the invention (e.g., through patenting, copyright, trademark, etc.) as well as assess the commercial and market potential of the invention disclosed.
- An invention disclosure should be completed when something new and useful has been conceived or developed or when unusual, unexpected, or unobvious research results have been achieved and can be utilized.
- After receipt of the completed disclosure form by WiSys, the researchers may be asked to provide reasonable assistance (e.g., equity review, participate in patent and literature searches, review patent drafts, and assist in discussions with industry contacts).
- The person completing this Disclosure Form should provide a complete copy to all those individuals listed in the inventor section.
- For assistance on completing this form or for additional information, please contact WiSys Disclosures at [disclosures@wisys.org](mailto:disclosures@wisys.org).



Please type. If more space is required, please attach additional pages with reference to the continued item. This form is available as an electronic file which can be downloaded from the [WiSys](#) website.

**Invention Summary**

**Title of invention:**

**Technical abstract of the invention** (or attach a publication or draft, highlighting specific sections that more specifically address the invention). This will be provided, when required, to sponsoring agencies.

**The invention was conceived of at least as early as:**

**When did you first demonstrate this invention to work?**

**Public Disclosure(s):** Have you disclosed this invention to anyone in a non-confidential manner? If so, when and to whom? If not, do you anticipate such a disclosure in the next six months (when and to whom)?

| Disclosure type (please attach copies)   | Yes | No | Date (m/d/yr) | Citation or Explanation |
|--|-----|----|---------------|-------------------------|
| A. Has the invention been published or a manuscript been submitted for publication?            |     |    |               |                         |
| B. If not, will a manuscript for the invention be submitted in the future? Approx. when?       |     |    |               |                         |
| C. Has the invention been presented in a public forum (e.g. speech, conference, poster, etc.)? |     |    |               |                         |



**BACKGROUND INFORMATION**

**SPONSORSHIP**

Identify and list all grants, contracts, and other sources of funds contributing to or possibly contributing to the conception and/or development of the invention. Please note that accurate and complete sponsorship information is required to fulfill the obligations of the University of Wisconsin under sponsored research grants and contracts.

| Agency or Sponsor | Grant/Contract/Other Number | University Account Number |
|-------------------|-----------------------------|---------------------------|
|                   |                             |                           |
|                   |                             |                           |

**OTHER AGREEMENTS**

Are you party to any other agreement(s) that are related to this invention and might grant rights of any sort in this invention to a third party outside of the University? Please check all that apply.

| Check Here               | Agreement Type                      | Other parties to agreement, and description of agreement |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | Material transfer agreement (MTA)   |  |
| <input type="checkbox"/> | Confidentiality agreement (CDA/NDA) |  |
| <input type="checkbox"/> | Collaboration agreement             |  |
| <input type="checkbox"/> | Research agreement                  |  |
| <input type="checkbox"/> | Consortia agreement or funding      |  |
| <input type="checkbox"/> | Consulting agreement                |  |
| <input type="checkbox"/> | Other                               |  |

If none, check here \_\_\_\_\_  
(expand as needed for more sources)

**STAGE OF DEVELOPMENT**

**Describe the development status (i.e. concept only, laboratory tested, prototype, etc.). Indicate what further development may be necessary.**

**Do you require further funding to develop this technology? Indicate approximate budget and period of development.**



### COMMERCIAL APPLICATIONS AND POTENTIAL LICENSEES

Describe some of the technical problem(s) the invention solves? What are the possible commercial applications?

What makes this invention superior to existing technology? What product might this invention become?

Please list the companies, industries or end users that are most likely to be interested in this technology?

Please check at least one of the reason(s) you submitted this invention disclosure:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | I/we believe that the invention has significant commercial potential                  |
| <input type="checkbox"/> | I/we believe that this invention is a platform and/or pioneering technology           |
| <input type="checkbox"/> | I/we are aware of a specific company that is interested in licensing this invention   |
| <input type="checkbox"/> | I/we are interested in being involved with a start-up company based on this invention |
| <input type="checkbox"/> | To comply with the requirements of an existing research agreement                     |
| <input type="checkbox"/> | Other (please specify):   |

How did you hear about us?

WiSys Regional Associate      Yes \_\_\_\_\_ No \_\_\_\_\_  
 WiSys Student Ambassador    Yes \_\_\_\_\_ No \_\_\_\_\_  
 Other \_\_\_\_\_



**Confidential**  
**INVENTION DISCLOSURE FORM**

**Names of Inventors:** Please include the names of all University of Wisconsin and any non-University personnel who conceived or contributed to an essential part of the invention and/or its reduction to practice. Merely following instructions to make or practice an invention may not be a sufficient contribution to qualify as an inventor. Inventorship is not the same as authorship on a scientific publication. Inventorship is determined according to U.S. patent law criteria by the patent attorney at the time of application drafting.

**Inventor A**

|                                  |  |
|----------------------------------|--|
| First name:                      |  |
| Middle name, or indicate 'none': |  |
| Last name:                       |  |
| Title and Department:            |  |
| Campus/Organization:             |  |
| Citizenship:                     |  |
|                                  |  |
| Work address:                    |  |
| Work phone number:               |  |
|                                  |  |
| Home address:                    |  |
| Home phone number:               |  |
| E-mail address:                  |  |

**Inventor B**

|                                  |  |
|----------------------------------|--|
| First name:                      |  |
| Middle name, or indicate 'none': |  |
| Last name:                       |  |
| Title and Department:            |  |
| Campus/Organization:             |  |
| Citizenship:                     |  |
|                                  |  |
| Work address:                    |  |
| Work phone number:               |  |
|                                  |  |
| Home address:                    |  |
| Home phone number:               |  |
| E-mail address:                  |  |

(expand as needed for more researchers)

**THIS CONFIDENTIAL DISCLOSURE MUST BE SIGNED AND DATED BY AN INVENTOR AND RETURNED TO THE WISYS TECHNOLOGY FOUNDATION.**

**Signature:**

**Date:**

In signing this form you are accepting the responsibility for the accuracy of the information supplied and for ensuring that all inventors will be provided with copies of this form.

Submit this report to the WiSys Technology Foundation:

- By e-mail to [disclosures@wisys.org](mailto:disclosures@wisys.org)
- Through the WiSys website at <http://www.wisys.org/researchers/index.jsp?cid=8>
- By mail Attn: WiSys Disclosures P.O. Box 7365 Madison, WI 53707