# FAYETTEVILLE STATE UNIVERSITY INVENTION DISCLOSURE FORM

All individuals, either alone or in association with others, who develop an invention at any time during the period of their employment or enrollment and whose inventions are covered by Fayetteville State University’s Patent and Invention policy are obligated to disclose their inventions promptly in accordance this Policy. The invention shall be formally disclosed on this disclosure form to the Chair of the Patents and Inventions Committee (PIC).

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| **1. Inventor(s):** *(inventorship subject to legal review)* |
| Full Name **[1st Inventor]** |  |
| Position (Faculty, Student) |  |
| Affiliation (if not with FSU) |  |
| College, Dept. (if applicable) |  |
| Home Address |  |
| Telephone |  |
| Email Address |  |
| Citizenship |  |
| Full Name |  |
| Position (Faculty, Student) |  |
| Affiliation (if not with FSU) |  |
| College, Dept. (if applicable) |  |
| Home Address |  |
| Telephone |  |
| Email Address |  |
| Citizenship |  |
| Full Name |  |
| Position (Faculty, Student) |  |
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| College, Dept. (if applicable) |  |
| Home Address |  |
| Telephone |  |
| Email Address |  |
| Citizenship |  |

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| **2. Title of Invention:** *(should be brief and descriptive)* |
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| **3. Sponsorship:***(Identify any and all sponsors below who have contributed cash and/or in-kind funding/assistance for the efforts associated with this invention. If none, write “n/a” in all spaces provided.)* |
| Sponsor Name(s) |
| Agency Grant No. |
| Funding Period |
| Principal Investigator (PI) |

***PATENT PRIMER***

Pursuant to Fayetteville State University’s (FSU) Patent and Invention Policy, The University of North Carolina Patent and Copyright Policies, and all other FSU employment and intellectual property policies and procedures, I/we hereby disclose details about the following invention.

\*Please attach a MS Word copy of any manuscripts, grant applications, or other documents describing the invention. If appropriate, you may write, “see attached” in the fields below.

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| **4. Invention Abstract:***(Insert or Attach a one paragraph summary description of your invention. Identify whether invention is a new process, composition of matter, a device, software, one or more products, a new use for or an improvement to an**existing product or process.)* |
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| **5. Field of the Invention:** *(Describe to what field the invention relates.)* |
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| **6. Description of Related Art:** *OPTIONAL**(Describe all known related, prior art, including published literature, commercial products, and related patents and other forms of intellectual property, and conclude with a summary listing of all known related art.)* |
|  |
| **7. Detailed Description of Invention (insert below or attach):***(Describe in detail the nature, operation, preferred embodiment, and applications of the invention. What technical problem**does this invention solve, and for whom is this a problem? Include details of how this invention is nonobvious to those skilled in the art, novel, and useful – how does it differ from the prior art?)* |
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| **8. Publication and Presentation:***(Note that public disclosure of an invention initiates a twelve (12) month window in which to file for patent protection within the**U.S. In general, any public disclosure or placement on sale precludes foreign filing rights.)* |
| **a. Prior:***(Indicate details of any full or partial disclosure of this invention by any of the inventors, including but not limited to: manuscript, article, report, grant application, thesis/dissertation, abstract, demonstration, sales catalog, news release, or oral (private or public) presentation. Please indicate which you have available, and if possible, provide a copy with this**Invention Report. Include all relevant dates of disclosure and recipient names or those in attendance (for presentation.))* |
|  |
| **b. Planned:***(Indicate details of any planned disclosure of this invention by any of the inventors. Include all planned dates of disclosure, as**well as recipient names or planned attendance.)* |
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| **9. Conflicts of Interest***Disclose any current or foreseeable conflict of interest/commitment.* |
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| **10. Inventor Signatures:***(By signing below, I acknowledge that I am one of the inventors of the invention reported herein. I understand that Fayetteville State University generally owns the rights to, and may obtain protection for, all intellectual property developed by its students, staff and faculty subject to the provisions of University policies and procedures. By signing below, I hereby agree to execute a formal assignment of all rights to the invention to the University, unless so noted below in Section 19 “Request for Waiver”.)* |
| Sign Name |  |
| Date |  |
| Sign Name |  |
| Date |  |
| Sign Name |  |
| Date |  |
| Sign Name |  |
| Date |  |
| Sign Name |
| Date |
| Sign Name |
| Date |
| **11. Signature of Person Witnessing This Disclosure:***(Obtain the signature of a colleague knowledgeable in the subject matter of this invention, who has read and understands the concepts presented herein, and who may be called upon to support the claims herein throughout the patent process.)* |
| Sign Name |  |
| Date |  |
| **12. Department Chairperson***(Obtain the signature of your department’s Chairperson to acknowledge his/her understanding of this disclosure and the interrelationship between this invention, any related sponsored research, potential conflicts of interest, and University duties.)* |
| Sign Name |  |
| Date |  |

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| **13. Patents and Inventions Committee Chair’s Signature and Date Recorded:** |
| Sign Name |  |
| Date |  |  |
| **14.Inventor Request for Waiver:***(Optional: If you believe that the invention was made outside the general scope of your University duties, conceived without the use of University time, facilities, staff, materials, University information not available to the general public, and without the use of funds administered by the University, check the space below, sign and date where shown (in addition to signing above), and provide a short explanation of the circumstances under which the invention was made and developed, resources employed, and your University duties at the time of the making of the invention. If you would like the University to consider patent prosecution of this invention in its name, check the appropriate space below as well.)* |
| ☐ | I/we hereby request a waiver of University rights to this invention. This invention was created on my own time, outside of my University duties, and without external funding or use of University facilities/resources. |
| ☐ | I/we would like the University to consider prosecution of patent applications*(I/we understand that assignment of my/our rights will be required)* |
| Sign Name |  |
| Date |  |  |
| Brief explanation of why you are requesting the waiver or release |

# Once completed, please submit the invention report by email to the following individuals:

**Mr. Gregory McElveen**

**Chair, Patents and Inventions Committee** **gmcelvee@uncfsu.edu**

**Dr. Daryush Ila**

**Associate Vice Chancellor for Research and Technology Transfer**

**dila@uncfsu.edu**