

# Office of Technology Development Tulane University

---

1430 Tulane Ave SL13  
New Orleans, LA 70112

Tel: 585-6962  
Fax: 584-2473

## INVENTION DISCLOSURE FORM

© Copyright 2001 Tulane University

The following information is necessary for the Office of Technology Development to make a proper analysis of the commercializability of your new invention. Please be very specific in your answers and enclose photographs, drawings, or other pertinent data. Return completed form to the Office of Technology Development by mail at SL-13 or in person in room M761 in Medical School.

**All information is strictly confidential.**

DATE:

Name and Title of Inventor(s):

Department:

Primary Contact:

E-mail:

Tel:

Office Location:

TITLE OF INVENTION:

1. Summary of the Invention:

2. Discuss possible uses and commercial applications of this invention:

3. Why is this invention novel or unusual compared to present technology? What are the advantages over present technology (cheaper, faster, more efficient, breakthrough)?

4. What are the disadvantages of this invention? (costly to implement, difficult to manufacture, small market)?

5. Is there a prototype or demonstration of this invention? YES      NO

Please describe:

6. Is any experimental data available? YES      NO

Please describe:

7. Have you ever seen or read about a similar invention? YES NO

If YES, then provide: a) Name & date of publication/presentation

b) Explanation of why this invention is different or better

8. Has this invention been published or otherwise disclosed in either written or oral form?

YES NO

If yes, when and in what forum or journal? (Please include a copy of the article or a description of the oral or poster presentation)

9. Are there any plans to publish or otherwise disclose this invention in either written or oral form?

YES NO

If so, when and in what forum or journal?

10. Has this invention been disclosed to industry representatives? YES NO

If yes, complete the following:

- Date of disclosure \_\_\_\_\_
- Company \_\_\_\_\_
- Contact/title \_\_\_\_\_
- Phone \_\_\_\_\_

11. List any other firms or industries that may have a commercial interest:

12. Has the work been sponsored under a grant or contract?      YES              NO

If so, please attach a copy of the agreement or contract and complete the following:

Sponsoring organization(s):

Contract or grant number:

13. Were any biological, chemical, or physical materials that contributed to this invention obtained from other investigators or from industry?      YES              NO

If YES, was a material transfer agreement signed?      YES              NO  
Please attach any such agreement.

**SIGNATURES OF ALL INVENTOR(S):**

Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date