



Completed form should be submitted via:

- USPS:
  - Ithaca: CTL, 395 Pine Tree Road, Suite 310, Ithaca, NY 14850
  - WCM: CTL, 1155 York Ave, New York, NY 10065
- Campus Mail:
  - CTL, 395 Pine Tree Road, Suite 310
- Fax:
  - 607.254.5454 (original signature copy must be sent separately)
- E-mail:

**CTL ONLY:**

**Docket No.:**

[ctl-disclosures@cornell.edu](mailto:ctl-disclosures@cornell.edu) (original signature copy must be sent separately). If you have any questions, please email [ctl-disclosures@cornell.edu](mailto:ctl-disclosures@cornell.edu) or call 607.254.4698

**I. Title of Invention**

[Empty box for Title of Invention]

**II. Brief Description of Invention\***

[Empty box for Brief Description of Invention]

**\*For a complete description please include an Attachment with the following:**

1. Background of the Invention and Related Technologies
  - a. What problem does your Invention solve?
  - b. To your knowledge, are there existing technologies, products, or solutions that address the same problem?  
Please name and describe them.
  - c. List all relevant publications, patents and competing inventors or labs that you are aware of.
2. Unique Features of the Invention
  - a. List all of the features that distinguish the Invention over the Related Technologies.
3. Detailed Description of the Invention including:
  - a. How to make and use the Invention
  - b. Best way of making the Invention
  - c. Drawings or pictures of all versions of the Invention
4. Possible alternative versions and variations of the Invention
5. Probable uses of the Invention

**Please suggest some keywords/categories for this invention that would be used to identify it:**

[Empty box for keywords/categories]

**III. Funding and/or Sponsorship:** Please include all outside agencies, foundations, organizations, or companies and the applicable contract or grant number(s) that provided funding to any inventor for the research that led to the invention. Please also include any companies that have supplied materials in exchange for intellectual property rights. **(If there is no funding or sponsorship, then mark *None*.)**

<b>None</b> <input type="checkbox"/>	<b>US Government</b> <input type="checkbox"/>	<b>Commercial/Private</b> <input type="checkbox"/>	<b>Cornell University</b> <input type="checkbox"/>	<b>Personal</b> <input type="checkbox"/>	<b>Other</b> <input type="checkbox"/>
Name of Sponsor		Sponsor Project ID		OSP No./OSRA No.	
Was this work done using the Genomics Facility and/or Proteomic Facility of the Biotech Center? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>					
Was this invention developed using funding from a Center for Advanced Technology (CAT) award, administered by Cornell's Institute for Biotechnology? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>					
Please provide the year(s) of the award(s) related to this invention disclosure: _____					
Was any <b>third party Biological Material</b> used in the course of or in the performance of the research that led to the invention? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> If yes, please provide a copy of the Material Transfer Agreement under which the third party's material was transferred to Cornell.					
Was this invention developed using funding or the facilities at the Tri-Institutional Therapeutic Discovery Institute (Tri-I TDI)? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>					
Was any <b>third party Software</b> included in the invention? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> If yes, please provide the information on the source of the third party Software and any constraints on its use in the current invention.					

**IV. Record of Invention (If no information is available, then mark *None*.)**

1.	Date of Conception:	Documented? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	Form of documentation:
			Location of documentation:
2.	Invention Reduced to Practice? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	Date of First Reduction to Practice:	Prototype Available? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>
<b>None</b> <input type="checkbox"/>			

**V. Actual or Anticipated Public Disclosure(s): Please provide a copy of all materials disclosed or anticipated to be disclosed in the near future in any of the following forms. (If no information is available or no plan for disclosure in the near future, please state "*None*".)**

Article Submittal:	Date:	Journal:	Publication Date:	Estimated <input type="checkbox"/> or actual <input type="checkbox"/> ?
Oral Disclosure:	Date:	Occasion:	Handouts? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	
Thesis:	Date:	Shelved: <b>Y</b> <input type="checkbox"/> <b>Date:</b> <b>N</b> <input type="checkbox"/>	Web publication: <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	
News Release:	Date:	Publication:		
Web Sites, blogs etc.:	Date:	URL:		
Discussion with Industry Representatives:	Date:	Venue:	Under NDA? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	
Poster presentation:	Date:	Occasion:	Published Abstract: <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	
			Citation:	
<b>None</b> <input type="checkbox"/>				

**VI. Commercial Interest:** Please list the specific contacts if you have them, or simply list some companies that are the type of company that you think might be interested in this invention.

Company	City/State	Contact Person	Title of Contact Person
<b>No commercial interest known</b> <input type="checkbox"/>			
<b>I am, or another inventor on this form is, interested in pursuing a startup company based on this invention</b> Y <input type="checkbox"/> N <input type="checkbox"/>			

**Inventor Information Section:** Please list all inventors. Inventorship is a matter of law and is different from authorship on a scientific paper. Per Patent Law, **an inventor is someone who contributed intellectually to the conception of the invention as claimed in a patent application.** Neither the expression of the need of an invention, the funding of a project, supervising the execution of a project, nor performing work as a “pair of hands” at other’s instructions to reduce an invention to practice is sufficient to qualify someone as an inventor.

If you have one or more collaborators, whether at Cornell or at other institutions, and you are not absolutely sure they are qualified as inventors according to US patent law, it is advisable to not simply assume all of them as inventors but to list them in a separate attachment to this disclosure (each with contact information) and to describe each individual’s contribution to the work from which this invention arose so that CTL and its counsel may have the opportunity to, based on the facts presented, determine each individual’s contributions to the claims in the eventual patent application for the invention CTL may file. This is a good practice because faulty inventorship may compromise the value of a patent.

**VIIA. Cornell Inventors:**

**Name of Primary Contact for CTL regarding this invention:** \_\_\_\_\_

*Please note that the Primary Contact is the person who will provide information to and interact with CTL regarding the invention, related patent applications, and potential licenses. The Primary Contact can be modified when the circumstance changes in the future.*

**Cornell Inventor Data (1) (Lead inventor)**

Name:		Title:	
NetID:		College	
Campus Address:		Department	
e-mail:		Campus phone:	
Home Address:		Secondary e-mail:	
Home phone:		Country of citizenship:	

**Cornell Inventor Data (2)**

Name:		Title:	
NetID:		College	
Campus Address:		Department	
e-mail:		Campus phone:	
Home Address:		Secondary e-mail:	
Home phone:		Country of citizenship:	

**Cornell Inventor Data (3)**

Name:		Title:	
NetID:		College	
Campus Address:		Department	
e-mail:		Campus phone:	
Home Address:		Secondary e-mail:	
Home phone:		Country of citizenship:	

**Cornell Inventor Data (4)**

Name:		Title:	
NetID:		College	
Campus Address:		Department	
e-mail:		Campus phone:	
Home Address:		Secondary e-mail:	
Home phone:		Country of citizenship:	

**Cornell Inventor Data (5)**

Name:		Title:	
NetID:		College	
Campus Address:		Department	
e-mail:		Campus phone:	
Home Address:		Secondary e-mail:	
Home phone:		Country of citizenship:	

**\*Note: If there are more than five Cornell inventors, please provide additional information on a supplemental sheet.**

Please check one of the following boxes:

I (We) agree this invention is a Cornell Invention and hereby assign all rights, title and interests in and to this invention to Cornell. I (we) further agree to execute all documents as requested to assign my (our) rights to Cornell in and to any patent application or other statutory form of intellectual property protection filed in connection with this disclosure, and to cooperate with the Center for Technology Licensing (“CTL”) at Cornell University in securing protection of the disclosed invention.

I (We) do not believe this is a Cornell Invention as defined in Cornell Policy 1.5 and therefore should not be assigned to Cornell. I (We) hereby request CTL to make a determination of the proper ownership of this invention based on the information I (we) provided in the attachment to this Disclosure Form.

Attach to this Invention Disclosure form a written statement of all the reasons/justifications to support your request. CTL will then examine your request and make a determination based on the information you present as well as other information it may obtain from the various official records. CTL may also request additional information based on your specific case to make a determination. If you disagree with CTL’s determination, you may appeal the determination to the Senior Vice Provost for Research as provided for under Cornell Policy 1.5. If your request is granted, CTL will provide a written disclaimer of ownership to the invention as a matter of official record.

**VIIB. Non-Cornell Inventors** (please read paragraph above VIIA on the previous page before completing this section)

Institution/Company/Organization	Non-Cornell Inventor Name	Address/Email
None <input type="checkbox"/>		

**VIIC. Cornell Inventor Signature(s):** Per the Cornell University Inventions and Related Property Rights Policy 1.5, I (we) hereby disclose this invention to Cornell University (“Cornell”) and declare that this invention disclosure is complete and accurate to the best of my (our) knowledge.

Inventor Name (Printed)	Inventor Signature	Date
(1)		
(2)		
(3)		
(4)		
(5)		