**Creighton Invention Disclosure Form**

Thank you for disclosing your invention/technology to the Creighton University Intellectual Resource Management office (IRM). IRM’s mission is to assist and support Creighton University inventors by protecting and commercializing their research.

This disclosure form is the first step in a process that could potentially lead to commercialization of your invention/technology. Completion of this form is very important and assists IRM in multiple ways:

* This form acts as a written, dated record of your invention/technology.
* It also provides IRM with the information needed to determine the notification requirements of any organization(s) that funded your work related to your invention/technology.
* It provides IRM with the basic information necessary to evaluate your invention/technology and subsequently assess patentability and commercial viability of your invention/technology.

It is important that you provide the most comprehensive and complete invention disclosure possible so that IRM can make an informed decision on whether or not to protect the invention/technology. *Please attach additional pages as necessary*.

***Please note that this form must be completed in its entirety. Incomplete disclosure forms cannot be accepted.*** Each inventor must sign and date the disclosure form. Please submit your signed disclosure form, along with any supporting documentation, electronically to Darlene Golden at [dgolden@creighton.edu](mailto:dgolden@creighton.edu).

Upon receipt of the completed disclosure form, we will contact you to schedule a meeting to discuss your invention in more detail. The purpose of this meeting will be to acquaint you with IRM's evaluation process, to gain a more comprehensive understanding of the invention/technology and to determine and define the next steps.

If you have any questions relating to this form or the disclosure process, please feel free to contact Stuart Martens at [stuartmartens@creighton.edu](mailto:stuartmartens@creighton.edu).

# INVENTION DESCRIPTION

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| **1. Title of invention:** Please provide a title for your invention. Do not include any information in the title that should remain confidential. |
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| **2. Detailed description of the invention:** Please describe your invention, including those aspects which make it unique from other work, so that a layperson could understand it. Also include data showing that the invention works, along with any keywords that may help in database searches. *Attach additional pages as necessary*. If any part of your invention is described in a manuscript, published paper or presentation, please also provide copies of all such material. |
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| **3. Status of invention:** Do you have a working prototype, a sample, or data showing that the invention works as intended?  YES  NO, but I have preliminary results  NO, it is only an idea at this time |
| If NO, when would be a good date to check on your progress? |

# INVENTION DOCUMENTATION

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| **4. Proprietary materials, computer code, data, or confidential information:** Did you use proprietary materials, computer code, data or confidential information from other labs (within or outside Creighton) to develop your invention?  YES  NO  UNSURE of proprietary status Proprietary materials include, but are not limited to: antibodies, cell lines, vectors, genes, research animals, knock-out or transgenic animals, equipment, computer code and some open-source software. | |
| Please list agreements relating to any proprietary materials or confidential information: | |
| **Type of agreement**  (e.g., material transfer, confidentiality, consulting, sponsored research) | **Other parties to agreement** |
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| **5. Public disclosure(s):** Have you or are you planning to write or talk about any aspect of the invention, in whole or parts thereof, publicly? Forms of public disclosure include abstracts, presentations, posters, dissertations or theses, proceedings, publications (including early online publication), public use of the invention and discussions with persons outside Creighton.  YES  NO | |
| If YES, please cite or briefly describe each instance of public disclosure, whether past or planned. | |
| **Public disclosure** | **Date** |
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| **6. Funding sources**: Have you received any funding for this invention, including funding for inventors’ salaries. It is important that all funding sources be disclosed, because sponsors may have intellectual property rights through federal law or University contracts.  YES  NO If YES, please list all sources of funding below. Attach additional pages as necessary. | | |
| **Funding Source** | **Agency, Company or Department** | **WBS or Grant Number** |
| Federal/Other Government |  |  |
| Corporate |  |  |
| Private/Public Foundation |  |  |
| University/Department |  |  |
| Other (Please Specify) |  |  |
| Other (Please Specify) |  |  |

**INVENTOR INFORMATION**

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| **7. List of Potential Inventor(s):** This is an extremely important section, as listing the incorrect inventors may results in the invalidation of a patent. Please list all potential inventors who contributed to the conception of the invention. If you are unsure whether someone contributed to the conception of the invention, please list them and IRM will assist in determining the proper listing of inventors. Please also describe each potential inventor's contribution with regard to this invention. Attach additional pages if necessary.   |  |  | | --- | --- | | **PRIMARY CONTACT** |  | | Dr.  Mr.  Ms.  Other | Citizenship: | | Full Name: | Home Address: | | School/Dept: | Home City/State/Zip: | | Office Address: | Home Phone: | | Office Phone: | Home email: | | Office email: | Creighton Inventor  Non-Creighton Inventor | | Do you hold an appointment with any school or campus in addition to Creighton? If so, please list. | |  |  |  | | --- | --- | | **ADDITIONAL INVENTORS** |  | | Dr.  Mr.  Ms.  Other | Citizenship: | | Full Name: | Home Address: | | School/Dept: | Home City/State/Zip: | | Office Address: | Home Phone: | | Office Phone: | Home email: | | Office email: | Creighton Inventor  Non-Creighton Inventor | | Do you hold an appointment with any school or campus in addition to Creighton? If so, please list. | |  |  |  | | --- | --- | | Dr.  Mr.  Ms.  Other | Citizenship: | | Full Name: | Home Address: | | School/Dept: | Home City/State/Zip: | | Office Address: | Home Phone: | | Office Phone: | Home email: | | Office email: | Creighton Inventor  Non-Creighton Inventor | | Do you hold an appointment with any school or campus in addition to Creighton? If so, please list. | | |

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| **8. Signature(s):** The witness cannot be any individual directly involved in the invention. (Copy this section as needed.)  ALL POTENTIAL INVENTORS AFFILIATED WITH CREIGHTON UNIVERSITY DURING THE CONCEPTION OF ANY ELEMENT OF THE INVENTION MUST SIGN BELOW. BY SIGNING THIS INVENTION DISCLOSURE FORM YOU HEREBY CONFIRM YOUR ASSIGNMENT, FOR GOOD AND VALUABLE CONSIDERATION THE SUFFICIENCY OF WHICH IS HEREBY AGREED, AND ASSIGN TO CREIGHTON UNIVERSITY AND ITS SUCCESSORS AND ASSIGNS, ALL INTELLECTUAL AND TANGIBLE PROPERTY RIGHTS, TITLES AND INTERESTS IN AND TO THIS INVENTION INCLUDING, WITHOUT LIMITATION, THE RIGHT TO SUE FOR AND RETAIN DAMAGES RELATING TO PAST, PRESENT AND FUTURE INFRINGEMENT THEREOF. To the best of my knowledge all statements and information provided in this Invention Disclosure Form are true and complete. I understand and agree that all rights, obligations, and financial interests pertaining to or derived from the invention are as determined under the Creighton University Policies and Procedures, including, but not limited to Chapter 4.2.3. I also understand and agree that the Policies may change from time to time, including the percentage of net royalties paid to me by Creighton University, which are currently derived only from consideration in the form of money or equity received by Creighton University under a license, option, or material transfer agreement for licensed rights. I agree to assist Creighton University in the evaluation, possible copyrighting or patenting, and commercialization of any invention described in this form.  **Creighton Potential Inventor(s) Witness**  Signature: Signature:  Printed Name: Printed Name:  Date: Date:  Signature: Signature:  Printed Name: Printed Name:  Date: Date:  Signature: Signature:  Printed Name: Printed Name:  Date: Date: |

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| **9. Signatures of non-Creighton potential inventor(s):** The witness cannot be any individual directly involved in the invention. (Copy this section as needed.)  To the best of my knowledge all statements and information provided in this Invention Disclosure Form are true and complete.  **Non-Creighton Potential Inventors Witness**  Signature: Signature:  Printed Name: Printed Name:  Date: Date:  Signature: Signature:  Printed Name: Printed Name:  Date: Date: |