**INVENTION REPORT**

**CONFIDENTIAL**

**ABOUT TH­IS FORM**

Thank you for reporting this invention to the Office of Technology Management. This form is the first step in a process that could lead to commercialization of this technology. Completion of the form provides the office with basic information that will help us evaluate and potentially protect and license the intellectual property.

It is not necessary to answer every question in order to submit this form.

Please also note that you can save this form and return to complete it at a later date. Once you submit this form, you will receive an email with the content of your submission. *(online version only)*

We will assign your report to a technology manager who may arrange a meeting with you. The purpose of the meeting will be to acquaint you with our process, gain a more comprehensive understanding of your technology, and define next steps.

Please note that it is the responsibility of the inventor(s) to notify the head(s) of the departments & units listed on the form below that this report has been submitted.

If you do not know an answer, if you have any questions, or would like help completing the form, please contact our office at (217) 333-7862 or [otm@illinois.edu](mailto:otm@illinois.edu).

We look forward to working with you.

Office of Technology Management

319 Ceramics Building, MC-243

105 South Goodwin Avenue

Urbana, IL 61801-2901

(217) 333-7862

otm@illinois.edu

**SECTION I: CONTRIBUTORS**

*For internal use*

Office ID:

Please list all those who helped contribute to the conception of the ultimate working invention, using the broadest spectrum possible when identifying potential inventors. The people you include ultimately may or may not be legal inventors under U.S. patent law. Our office, assisted by outside counsel, will work to determine legal inventorship.

Please place an asterisk (\*) next to the name of the inventor to whom correspondence should be sent. If any person holds a sole or joint appointment with any other university, company, or government agency, please note that fact.

\*Space for additional inventors can be found at the end of this form.

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| --- | --- | --- | --- |
| **A. UNIVERSITY OF ILLINOIS CONTRIBUTORS** | | | |
| Name |  | Email |  |
| UIN |  | Home Address |  |
| Department/Appointment |  | City, State, Zip |  |
| Phone |  | Citizenship |  |
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| Name |  | Email |  |
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| Phone |  | Citizenship |  |
| Department(s) where research was conducted: | | | |
| Department(s) that administered funding, if any: | | | |

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| **B. EXTERNAL CONTRIBUTORS** | | | |
| Name |  | Work City, State, Zip |  |
| Company/Institution |  | Home Address |  |
| Phone |  | Home City, State, Zip |  |
| Email |  | Citizenship |  |
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| Work Address |  |  |  |
| For the research with the above external creators, was this work done under a collaboration agreement, subaward, or sponsored research agreement negotiated by Sponsored Programs Administration (SPA)?  Yes No  If yes, please provide the contract number and/or Banner number: | | | |
| Sponsor Award Number |  | Banner Grant Code |  |

**SECTION II: FUNDING**

|  |  |  |  |
| --- | --- | --- | --- |
| **A. SPONSORSHIP** | | | |
| Please identify all grants, contracts and other sources of funds contributing to the research that led to the invention such as Federal grants or commercially sponsored research agreements.  ADD ADDITIONAL ROWS IF NECESSARY | | | |
| AGENCY/SPONSOR | SPONSOR AWARD NUMBER | BANNER GRANT CODE | Was the project description in this grant directly related to the disclosed work? |
|  |  |  | Yes No |
|  |  |  | Yes No |
|  |  |  | Yes No |
|  |  |  | Yes No |
|  |  |  | Yes No |

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| **B. OTHER AGREEMENTS + INTERACTIONS** |
| Identify any agreements or interactions that you have entered into that are related to the invention and might grant rights to a company or other party outside of the University. For example, material transfer agreements, consortia agreements, consulting agreements etc. |
| Did this invention use any materials that were obtained from a company or another institution?  Yes No  If yes, please provide details:­ |
| Did you transfer any new materials related to the invention to any researcher outside of the University? Examples of such materials include animal models, DNA, peptides, cell lines, vectors, catalysts, antibodies, small molecules and alloys.  Yes No  If yes, please provide details: |
| Are there any contracts with third parties related to this invention, for example consulting agreements or confidentiality agreements?  Yes No  If yes, please provide details: |

**SECTION III: INVENTION**

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| **A. INVENTION TITLE** |
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| **B. INVENTION OVERVIEW** |
| 1. Please provide a short summary of the invention and how it works. What problem does the invention address? |
| 1. What are the invention’s potential commercial uses? |
| iii. To help with our patent analysis, please describe the closest known methods, apparatus, compounds, materials, animal models, etc., as well as the disadvantages of each that are solved by your invention. |

**SECTION IV: DEVELOPMENT**

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| --- | --- |
| **A. DETAILS + SUPPORTING DATA** | |
| Please attach any published or unpublished papers, write-ups, dissertations, figures, or materials that you may have related to this invention.  ADD ADDITIONAL ROWS IF NECESSARY | |
| PAPER/FIGURE/MATERIAL | PUBLISHED? |
|  | Yes No |
|  | Yes No |
|  | Yes No |
|  | Yes No |

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| **B. PRIOR PUBLICATIONS** |
| To help with our patent analysis, please list any publications and patents (your own or other people’s) that describe ideas closely related to your invention.  ADD ADDITIONAL ROWS IF NECESSARY |
| PAPER/FIGURE/MATERIAL |
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| **C. SIGNIFICANT DATES** | |
| Please identify all past and future seminars, talks, abstracts, publications, posters, videos and web postings describing the invention. These may affect the scope of patent protection and the timing of filing.  ADD ADDITIONAL ROWS IF NECESSARY | |
| DATE (MM/DD/YYYY) | SIGNIFICANCE OF DATE |
|  |  |
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| **D. STAGE OF DEVELOPMENT** | |
| SELECT ONE: | |
| Concept / Target Identified | Minimum Viable Product / Phase I Clinical Data |
| Proof of Concept / *In Vitro* Studies | Commercial Alpha/Beta / Phase II & Beyond |
| Bench Prototype / Animal Data | Commercial Launch |
| Other  Please describe: | |

**SECTION V: COMMERCIALIZATION**

|  |  |
| --- | --- |
| **A. POTENTIAL COMMERCIALIZATION PARTNERS** | |
| Please identify companies and individuals you think would be interested in licensing this technology.  ADD ADDITIONAL ROWS IF NECESSARY | |
| COMPANY NAME | CONTACT NAME(S) |
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| **B. FUTURE USE** |
| i. Do you think this technology could provide a foundation for the formation of a start-up company? |
| ii. Do any of the inventors have interest in starting up a company to further develop, market, and support the technology?  Yes. No  Uncertain, I’m interested in learning more  If so, who? |

**SECTION VI: SIGNATURE**

The corresponding inventor should sign and date:

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_

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