



INTELLECTUAL PROPERTY¹
LSU EUNICE
TECHNOLOGY DISCLOSURE FORM

Title of Invention:

2a. Inventor's Name

Dr./Mr./Ms. _____ Last: _____ First: _____ Middle: _____

Position Title: _____ Social Security No: _____

Current LSU Eunice Address

Department: _____ Office: _____

Telephone

Office: _____ Fax: _____ E-mail: _____

Residence Address:

Address & Street: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____

2b. Inventor's Name

Dr./Mr./Ms. _____ Last: _____ First: _____ Middle: _____

Position Title: _____ Social Security No: _____

Current LSU Eunice Address

Department: _____ Office: _____

Telephone

Office: _____ Fax: _____ E-mail: _____

Residence Address:

Address & Street: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____

(IF MORE THAN TWO INVENTORS, PLEASE ADD ADDITIONAL SHEETS)

¹ Related to Policy Statement Number 59.

3. Please give details of the sponsorship that led to the invention. If possible, attach a copy of the contract/ agreement.

Federal (including pass through funds)

Contract No.:

State:

Contract No.:

Industrial Company:

Contract No.:

LSU Eunice:

Contract No.:

Other Sponsors:

Contract No.:

* Tentative listing of inventor(s) subject to verification by patent counsel in accordance with Federal law.

4a. Brief description of the invention and its advantages:

4b. Possible areas of commercial application of the invention:

5. Brief description of presently used technology and its disadvantages:

6. Is any material used in this invention covered by a material transfer agreement? YES:____ NO:____
(If YES, attach a copy.)

7. Have you made a patent search or a literature search? YES:____ NO:____. (If YES, attach copies of the closest references you found.)

8. Is any information related to this disclosure classified? YES:____ NO:____. (If YES, attach details.)

9. Has the invention been reduced to practice? YES:____ NO:____. (e g, apparatus assembled and tested or modeled)

Are laboratory records and data available? YES:____ NO:____

10. Have you made any public disclosure of the invention? YES:____ NO:____
If YES, please list details and EXACT dates. (Public disclosure includes published article or abstract in a journal or proceedings; a presentation or poster at a conference; preprints distributed outside LSU Eunice; a thesis or dissertation cataloged and shelved in a public library; prototype exhibit; posting on Internet; etc.)

A:_____ Month:_____ Day:_____ Year:_____

B:_____ Month:_____ Day:_____ Year:_____

C:_____ Month:_____ Day:_____ Year:_____

If NO, do you plan publication?

_____ Month:_____ Day:_____ Year:_____

11. (FOR COPYRIGHT ONLY) Have you included copyright notices on all printed information/documentation and displayed copyright notices on the title screen of your software? YES:____ NO:____

12. Do you personally wish to take a License under this invention from LSU Eunice? YES:____ NO:____

13. If you know of any firms who might be interested in licensing this technology, attach a list with the following information:

Company name:_____

Address:_____

Contact person:_____ Telephone:_____

Signature(s) of Inventor(s) Date:_____

Witness: (Note: A co-inventor should not be a witness.) Date:_____

Signature of Witness Date:_____