



Cal Poly State University
Research and Graduate Programs
One Grand Ave., 38-154
San Luis Obispo, CA 93407

DISCLOSURE AND RECORD OF INVENTION FORM

NOTE: When completed, this *Disclosure and Record of Invention Form* is an important legal document. Care should be taken in its preparation. Please refer to accompanying instructions. If you desire assistance, call the Research and Graduate Programs Office at 805/756-1508. Information contained in this document is maintained by the Research and Graduate Programs Office in confidence and normally will not be released to others except with attorney-client privilege, to research sponsors as required by contract, or under appropriate secrecy agreements, until a patent application is filed, the information is published, a determination not to file a patent application is made, or as may be required by law. The information contained should not be disclosed to others outside the University, except as described in Section 9, without the approval of the University. At this time, it is *not* the practice of *California Polytechnic State University* to send your *Record of Invention* to other University employees for peer review. This form is available from the Research and Graduate Programs website at <http://www.rgp.calpoly.edu/InventionForm.pdf>.

1. Previous Disclosure

Is this invention related to a previous invention disclosed to Cal Poly (yes/no) _____. If so, please describe the date disclosed and description of the previous invention.

2. Invention Description

Please provide a short descriptive **title** of the invention.

A. Briefly summarize the invention here. Include the novel features and advantages.

B. Detailed description of the invention using additional sheets as necessary and attached as appendix.

3. **Cal Poly Resources**

Have Cal Poly funds, facilities or labs been used in whole or in part to conceive, make, test, or develop the invention (yes/no)? _____.
If so, please describe.

4. **Sponsored Research**

Did this invention result from sponsored research (yes/no)? _____.
If so, please describe.

5. **Funding Sources**

List the funding source(s) for the project under which this invention was made. If applicable, identify by contract or grant number and name the Principal Investigator/Supervisor of each.

Funding Source/Sponsor	Contract or Grant Number	Principal Investigator/Supervisor

6. **Employment**

For any "Inventor" named (item 13) who is not employed full-time by *California Polytechnic State University*, please identify other employers, the percent of salary time funded by such other employer, and the nature of the other employment (such as research, teaching or technical duties).

7. **Obligation to Third Parties**

Are you obligated to a third party, or by any other agreement, pertaining to this invention (yes/no)? _____. If so, please describe and provide a copy of any such agreement.

8. **Conception of the Invention**

- A. When and where did you first conceive this invention?
- B. When did you first successfully test this invention?
- C. What was the outcome of the test(s)?
- D. What documentation do you have about the outcome of the test(s)?
- E. Is work on the invention continuing (yes/no)? _____. If so, please describe.
- F. What is the stage of development and percentage of completion?
- G. What plans, if any, do you have to further develop the invention?

9. **Records**

- A. What is the date of the first written record (notebook, letter, proposal, drawing, etc.) of this invention?
- B. Identify the document, page numbers involved, and location of the document.

- C. Identify in the table below the key dates related to the invention.

	Date	Relevant Document(s)
Initial Idea Conceived		
First Test of the Invention		
First Public Disclosure		
Planned Public Disclosure in Future		

10. **Disclosure of Invention**

If you have disclosed this invention to non-university personnel (including research sponsor) then indicate when, under what circumstances, and to whom. Note: **U.S. Patent law requires that patent applications be filed within twelve months after first public disclosure of the invention or patent rights may be lost. Any public disclosure prior to filing foreign patent applications will jeopardize patent rights in most foreign countries.**

A. Orally:

B. In Writing:

C. By actual use, demonstration, or posters:

D. Report, Abstract, Paper or Thesis

Have you submitted or do you plan to submit a report, abstract, paper or thesis relating to this invention for publication, for presentation at a conference, or to a research sponsor?

11. Prior Art

Identify any references, patents, patent applications, or other publications of which you are aware and which you believe to be pertinent to this invention. Please attach a copy of each of these references, if available.

12. Proprietary Material

If any proprietary material (e.g. cell line, antibody, plasmid, computer software, chemical compound) obtained from outside your laboratory was used to develop this invention under a restrictive written or oral transfer agreement (other than a normal purchasing agreement), please attach a copy or summary of that agreement.

13. Commercial Potential

A. List companies you believe might be interested in using, developing or marketing this invention.

B. What problem does the invention solve?

C. What are the advantages of the invention over conventional technologies/products?

14. Signatures, Names and Address of Inventors

a) Print Full Name:

b) Print Full Name:

Relative contribution of
inventor by percentage?

Relative contribution of
inventor by percentage?

Signature/Date

Signature/Date

U.S. Citizen (yes/no)? _____
If not, country of citizenship?

U.S. Citizen (yes/no)? _____
If not, country of citizenship?

College

College

Department

Department

Room & Building

Room & Building

City/State/Zip

City/State/Zip

Telephone

Telephone

Email

Email

NOTE: If there are more inventors, please provide signatures, names, addresses, and relative contribution of each, on an additional sheet of paper.

15. Witnesses

Technically Qualified Witnesses (two required) - invention disclosed to and understood by:

<hr/>	<hr/>
<i>Signature/Date</i>	<i>Signature/Date</i>
 <hr/>	 <hr/>
<i>Print Name</i>	<i>Print Name</i>
Address:	Address:
Phone:	Phone:
Email:	Email:

Please Note: You are responsible for notifying Research and Graduate Programs in writing of any change or addition to the information on this form on a continuing basis.

Submit this form with ORIGINAL SIGNATURES directly to:

**Office of Research and Graduate Programs
California Polytechnic State University**

**Building 38, Room 154
San Luis Obispo, CA 93407**

If you do not receive an acknowledgement within 30 days, please call the office at 805/756-1508.

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Retention: 7 yrs. after last patent expires or
10 yrs. after the date of the last
action, whichever is later.