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Case No. _____ - _____ - _____

Date Received:

CONFIDENTIAL INVENTION DISCLOSURE FORM

Please answer all questions and should you require any assistance do not hesitate to contact IPM at your earliest convenience.

INVENTION TITLE: _____

1. Please provide an abstract containing a description of your invention (no more than 250 words). In addition, if a more detailed description of the invention is available, please attach it to this form as a separate document.

2. What is the earliest possible date that you can document conception and/or reduction to practice of your invention?
 - a. Date of Conception: _____
 - b. Date of Reduction to Practice, if applicable: _____
3. Where do you see your invention being used in today's marketplace? Please summarize any potential applications.

4. List any external contacts (including former students, colleagues, etc.) that may be interested in licensing your invention?

5. Provide the publication date and a copy of any presentation, abstract, or manuscript containing a description of your invention and/or the supporting data. Use "N/A" if your invention has not been published.
 - a. Publication Date: _____
6. Did your invention arise from a grant or existing sponsored research/license agreement? Yes ___ No ___
If yes, provide grant number _____ and copy of agreement.

7. Does your invention arise out of use of materials provided under a material transfer agreement? Yes ___ No ___
If yes, provide copy of agreement.

8. By signing as an inventor or co-inventor below, I hereby acknowledge that I contributed to making the above described invention, and hereby assign all right, title, and interest in such invention to the University of South Alabama (USA) pursuant to the terms and conditions of my employment and USA's Policies and Procedures.

Inventor: _____
Full Legal Name (Date)

Home Address

Signature

Co- Inventor: _____
Full Legal Name (Date)

Home Address

Signature

Co-Inventor: _____
Full Legal Name (Date)

Home Address

Signature

Co- Inventor: _____
Full Legal Name (Date)

Home Address

Signature

SIGNATURES: _____
(Department Chair) (Date)

(IPM) (Date)