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|  | Disclosure Form |  |



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| Please submit Disclosures to: Kansas State University Research Foundation, Tech.Transfer@ksu.edu |
| 1. **Overview**
 |
| **Type of Innovation --** the type of information to be disclosed (*choose one*) |
| **[ ] Invention** **[ ] Creative Work (copyright/software)** **[ ] Tangible Property (biological material/plant variety)** |
| **Title –** Please provide a short descriptive title below or plant variety name |
|  |
| **Abstract –** *Non-Confidential* summary of invention, creative work, or tangible property (3-4) sentences |
|  |
| **Features –** Identify elements of the invention, creative work, or tangible property that are *novel* when compared to the current state of the art |
|  |
| **Description Detail –** Detailed description of what this technology *is* and what it *does* (attach additional pages, diagrams/drawings, results, graphs, manuscripts, or photographs if necessary) |
|  |
| **References –** List relevant journal citations, patents, general knowledge or other public information that you believe may be material to the patentability of your invention (i.e. closest art) attach additional pages if necessary |
|  |
| 1. **Specifics**
 |
| **Biological Material –** Does this disclosure include biological material? | **[ ]** Yes **[ ]**  No |
| Is the structure of this material protected by any patents or patent applications? | **[ ]** Yes **[ ]**  No |
| Does the material contain any 3rd Party material? | **[ ]** Yes **[ ]**  No |
| If “Yes” please provide 3rd Party material information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have the material(s) been described in a previously submitted Invention Disclosure to KSURF? | [ ]  Yes [ ]  No |
| If “Yes” please provide reference number or Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Variety/Germplasm –** Has this disclosure been approved for release by PGMRC? | [ ]  Yes [ ]  No |
| Has the Variety/Germplasm been sold or Offered for Sale to a third party? | [ ]  Yes [ ]  No |
| If Yes, specify the date and circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is the Variety/Germplasm a Genetically Modified Plant? | [ ]  Yes [ ]  No |
| If Yes, please provide further details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Software –** Does this disclosure include a software element or is software implemented in the Invention? | **[ ]** Yes **[ ]**  No |
| **Derivation –** Explain software’s original work source and the modifications (attach additional pages if necessary) |
|  |
| **Third party content –** Identify and third party content or other elements and their source included in software (i.e. open source, freeware, etc.) |
|  |
| **Creative Work –** Certain types of work can be claimed for copyright registration. Most written works including computer programs are considered “Literary work. “ Please make selection below. |
| [ ] Literary Work[ ] Visual Arts | [ ] Performing Arts[ ] Sound Recording | [ ] Motion Picture/Audi Visual[ ] Mask Work |
| Year creative work was completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Encumbrance**
 | **None** |
| Please provide funding source information related to this technology. |
| Funding Entity | Award/Contract Number | **\***Type of Funding |
|  |  | [ ] Federal Sponsor(s) [ ] Commercial Funding  | [ ] University Funding[ ] Other (explain) |
|  |  | [ ] Federal Sponsor(s) [ ] Commercial Funding  | [ ] University Funding[ ] Other (explain) |
|  |  | [ ] Federal Sponsor(s) [ ] Commercial Funding  | [ ] University Funding[ ] Other (explain) |
|  |  | [ ] Federal Sponsor(s) [ ] Commercial Funding  | [ ] University Funding[ ] Other (explain) |
|  |  | [ ] Federal Sponsor(s) [ ] Commercial Funding  | [ ] University Funding[ ] Other (explain) |
| **\*Please attach a copy of each award notice.** If the PI is not included on this disclosure, KSURF will provide a copy of the completed form to the PI to comply with agency reporting obligations. |
| **Agreement Support** |
| Were any materials, equipment or software under a special agreement, such as material transfer agreements, purchase agreements, sponsored research agreements, or the like used? | **[ ]** Yes **[ ]**  No |
| Does an Inventor have a consulting agreement related to the Invention? | **[ ]** Yes **[ ]**  No |

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| **Project Status** |
| What additional research is needed to complete development and testing of the intellectual property? | **[ ]** Yes **[ ]**  NoIf Yes, please provide the time frames and estimated budget for completion of each step below. |
|  |
| **Disclosures –** Below provide any prior or anticipated disclosures/creative works [ ] No Disclosures at this time |
| Title | Type of Disclosure | **\***Date of Initial Disclosure | Published Yes or No? (if yes, please include all journal citations & reprints) | **\***Country Published? |
|  | [ ] Abstract(s)[ ] Seminar(s) | [ ] Publication(s)[ ] Presentation(s) | [ ] Other\_\_\_\_\_\_\_\_\_ |  | **[ ]** Yes **[ ]**  No |  |
|  | [ ] Abstract(s)[ ] Seminar(s) | [ ] Publication(s)[ ] Presentation(s) | [ ] Other\_\_\_\_\_\_\_\_\_ |  | **[ ]** Yes **[ ]**  No |  |
|  | [ ] Abstract(s)[ ] Seminar(s) | [ ] Publication(s)[ ] Presentation(s) | [ ] Other\_\_\_\_\_\_\_\_\_ |  | **[ ]** Yes **[ ]**  No |  |
|  | [ ] Abstract(s)[ ] Seminar(s) | [ ] Publication(s)[ ] Presentation(s) | [ ] Other\_\_\_\_\_\_\_\_\_ |  | **[ ]** Yes **[ ]**  No |  |
| **\*Required for creative works submission(s)** |
| **Center** |
| Was this Invention or Material developed within a specific KSU Center or Institute (e.g. Johnson Cancer Research Center; Wheat Genetics Resource Center; Biosecurity Research Institute, etc.) | **[ ]** Yes **[ ]**  NoIf Yes, please provide the name of the center or institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Inventor Information**
 |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Non-KSU **[ ]** Secondary Appointment: KAES **[ ]**  JCRC **[ ]**  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Percentage Contribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_KSU Affiliation: Faculty **[ ]** Staff **[ ]**  Student **[ ]** Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Non-KSU **[ ]** Secondary Appointment: KAES **[ ]**  JCRC **[ ]**  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Percentage Contribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_KSU Affiliation: Faculty **[ ]** Staff **[ ]**  Student **[ ]** Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Non-KSU **[ ]** Secondary Appointment: KAES **[ ]**  JCRC **[ ]**  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Percentage Contribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_KSU Affiliation: Faculty **[ ]** Staff **[ ]**  Student **[ ]** Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Non-KSU **[ ]** Secondary Appointment: KAES **[ ]**  JCRC **[ ]**  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Percentage Contribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_KSU Affiliation: Faculty **[ ]** Staff **[ ]**  Student **[ ]** Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Non-KSU **[ ]** Secondary Appointment: KAES **[ ]**  JCRC **[ ]**  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Percentage Contribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_KSU Affiliation: Faculty **[ ]** Staff **[ ]**  Student **[ ]** Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **NOTE:** Inventor contribution provides for potential revenue and cost sharing. Therefore, KSU Inventor percentages ***must TOTAL 100%.*** |
| 1. **Commercialization**
 |
| **Companies that may be Interested –** List any proposed uses.  |
|  |
| **Resulting Product –** List any products that can be produced from this invention.  |
|  |
| Is research continuing on this invention at K-State? | **[ ]** Yes **[ ]**  No |
| 1. **Submission**
 |
| Your submission is complete**. Please submit Disclosures to:** Kansas State University Research Foundation, Tech.Transfer@ksu.edu, and our office will contact you to confirm receipt and to obtain any signatures through email. |
| Primary Contact for this Invention Disclosure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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