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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 | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Project Status** | | | | | | | | | | What additional research is needed to complete development and testing of the intellectual property? | | | Yes  No  If 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  No  If 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](mailto: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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |