The

**Questions:**

Call: 785-532-5720

Email: Tech.Transfer@ksu.edu

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| **Disclosure Form** | | | | | | | | | | | |
| This Disclosure Form is for use by full- or part-time employees, including students, who create intellectual property related to the scope of their employment while under contract with Kansas State University. Refer to KSU Policy and Procedures Manual Chapter 7095 for complete information: <https://www.k-state.edu/policies/ppm/7000/7095.html>.  Use additional sheets where necessary. | | | | | | | | | | | |
| **1. Overview** | | | | | | | | | | | |
| **Type of Innovation -** the type of discovery being disclosed (*choose one*) | | | | | | | | | | | |
| **Invention  Tangible Property (biological material/plant variety)  Creative Work (copyright/software)** | | | | | | | | | | | |
| **Title -** Provide a short descriptive title of the technology | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Abstract -** *Non-Confidential* summary of invention, creative work, or tangible property (2-4) sentences | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Description Detail -** Detailed description of what this technology *is* and what it *does* (attach diagrams/drawings, results, graphs, manuscripts, or photographs if necessary) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Novel Features -** Identify elements of the invention, creative work, or tangible property that are *novel* when compared to the current state of the artor represent an improvement or advantage | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Key Words -** Indicate any key words or phrases, preferably at least 3, that could be used to search for related prior art or to identify this invention for use in an internal tracking database | | | | | | | | | | | |
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| **Resulting Product -** List any products that can be produced from this invention | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Prior Art/References -** Identify any references, patents, or other publications of which you are aware and which you believe to be pertinent to this invention. *Attach a copy of each reference, if available.* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **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”, provide the name of the center or institution: | | | | | | | | | | | |
| **Project Status -** Indicate the current stage of development of your invention, select all that apply: | | | | | | | | | | | |
| It is only an idea at this time  Preliminary results/data are available  Laboratory scale prototype, sample, or data showing that the invention works as intended is available  Commercially viable prototype, sample, or data showing that the invention works as intended in the field is  available  Other (*explain*): | | | | | | | | | | | |
| **Are you currently conducting research on this invention at K-State?** | | | | | | | | | | | Yes  No |
| If “Yes”, what additional research is needed to complete development and testing of the invention, if any? | | | | | | | | | | | |
| Provide a timeframe or additional developmental milestones you expect to reach: | | | | | | | | | | | |
| **2. Public Disclosures** | | | | | | | | | | | |
| List the titles and dates of **ALL** possible public disclosures and attach copies of published or submitted versions.  If **no** public disclosures have been made or are expected to be made, **check here for NONE** | | | | | | | | | | | |
|  | WHERE | | | STATUS  (e.g., submitted, pending) | | | | | | SUBMISSION DATE | EXPECTED PUBLIC AVAILABILITY DATE |
| Journal Article |  | | |  | | | | | |  |  |
| Conference Abstract |  | | |  | | | | | |  |  |
| Oral Presentation |  | | |  | | | | | |  |  |
| Poster Presentation |  | | |  | | | | | |  |  |
| Grant Proposal |  | | |  | | | | | |  |  |
| Thesis/Dissertation |  | | | Is the thesis sequestered?  Yes  No  Not sure | | | | | |  |  |
| Disclosure to Industry |  | | | Was a confidentiality agreement in place?  Yes  No  Not sure | | | | | |  |  |
| Other (email / website postings / blogs, etc.) |  | | |  | | | | | |  |  |
| **3. Biological Material / Plant Variety** If not applicable, continue to 4. | | | | | | | | | | | |
| **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 |
| If “Yes”, provide patent number or application number (if available): | | | | | | | | | | | |
| **Has the material(s) been described in a previous Invention Disclosure?** | | | | | | | | | | | Yes  No |
| If “Yes”, provide reference number or title of the related invention: | | | | | | | | | | | |
| Source of Material:  Purchased  Gift  Obtained under MTA/Contract | | | | | | | | | | | |
| Explain circumstances: | | | | | | | | | | | |
| **Variety / Germplasm -** Has this disclosure been approved for release by the Plant Genetic Materials Release Committee (PGMRC)? | | | | | | | | | | | Yes  No |
| If “Yes”, state the date of the PGMRC meeting: | | | | | | | | | | | |
| **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”, provide details: | | | | | | | | | | | |
| **4. Creative Work (copyright/software)** If not applicable, continue to 5. | | | | | | | | | | | |
| **Creative Work -** Certain types of work can be claimed for **copyright registration**. Most written works including computer programs are considered “Literary work”. Indicate the type of creative work being disclosed. | | | | | | | | | | | |
| Literary Work  Visual Arts | | Performing Arts  Sound Recording | | | | | | Motion Picture/Audio Visual  Mask Work | | | |
| Year in which creative work was completed: | | | | | | | | | | | |
| **Software -** Does this disclosure include a software element or is software implemented in the Invention? | | | | | | | | | | | Yes  No |
| If “Yes”, indicate the type of software:  Open source  Proprietary | | | | | | | | | | | |
| **Derivation -** Explain software’s original work source and the modifications: | | | | | | | | | | | |
| **Third party content:** Identify any third party content or other elements and their source included in this software. | | | | | | | | | | | |
| Source of Software:  Purchase  Obtained under software agreement/contract  Gift  Independently developed | | | | | | | | | | | |
| Explain circumstances: | | | | | | | | | | | |
| **5. Funding and Contractual Obligations** | | | | | | | | | | | |
| Disclose **ALL** sources of funding related to this technology and attach a copy of each award notice. There may be obligations to report the invention or convey certain rights to the sponsor. **If no funding exists, check here:**  **NONE** | | | | | | | | | | | |
| 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) |
| **Third Party Materials and Other Agreements** | | | | | | | | | | | |
| Was any proprietary material (e.g. antibodies, cell lines, vectors, genes, research animals  knock-out or transgenic animals, equipment, computer code and open source software)  obtained through the University usedin the conception or development of this invention? | | | | | | | | | | | Yes  No |
| If “Yes”, identify the material: | | | | | | | | | | | |
| Specify the agreement type and party involved: | | | | | | | | | | | |
| Agreement Type | | | | | Party to agreement | | | | | | |
| Material Transfer | | | | |  | | | | | | |
| Confidentiality/Non-Disclosure | | | | |  | | | | | | |
| Research/Collaboration | | | | |  | | | | | | |
| Other | | | | |  | | | | | | |
| **Do you have a consulting agreement with a third party related to this Invention?** | | | | | | | | | | | Yes  No |
| If “Yes”, specify the type and party involved: | | | | | | | | | | | |
| **Is any of the disclosed information subject to export control?** | | | | | | | | | | | Yes  No |
| If “Yes”, provide relevant information: | | | | | | | | | | | |
| **6. Commercialization** | | | | | | | | | | | |
| **Potential Commercialization Partners** - Identify companies and individuals you think would be interested in licensing this technology or that could be a partner for further research | | | | | | | | | | | |
| **Company Name** | | | **Contact (if available)** | | | | | | **Phone and/or email** | | |
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| *Note:* *DO NOT DISCLOSE the technology to any company prior to having a confidentiality agreement in place. Doing so may compromise patent rights and available protection.* | | | | | | | | | | | |
| **What commercially available products (if any) address the same problem, at least in part?** List company and product | | | | | | | | | | | |
| **Company Name** | | | | | | | | | | | **Product** |
|  | | | | | | | | | | |  |
|  | | | | | | | | | | |  |
| **Could this technology provide a foundation for the formation of a start-up company?** | | | | | | | | | | | Yes  No |
| Do any of the Contributors have interest in starting up a company to further develop, market, and support the technology?  Yes  No  I’m interested in learning more | | | | | | | | | | | |
| **7. Contributors** | | | | | | | | | | | |
| List all individuals who participated in the conception or development of elements of the invention. *Also include those not at Kansas State University, i.e. Non-KSU.* ***The first individual listed below will be the primary contact for our office****.* | | | | | | | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  KSU Affiliation:  Faculty  Staff  Student  Primary Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Non-KSU  Dept/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dept Head/Unit Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Percentage Contribution: \_\_\_\_\_\_\_\_\_\_  Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  KSU Affiliation:  Faculty  Staff  Student  Primary Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Non-KSU  Dept/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dept Head/Unit Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Percentage Contribution: \_\_\_\_\_\_\_\_\_\_  Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  KSU Affiliation:  Faculty  Staff  Student  Primary Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Non-KSU  Dept/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dept Head/Unit Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Percentage Contribution: \_\_\_\_\_\_\_\_\_\_  Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  KSU Affiliation:  Faculty  Staff  Student  Primary Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Non-KSU  Dept/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dept Head/Unit Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Percentage Contribution: \_\_\_\_\_\_\_\_\_\_  Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **NOTE:**  *Inventorship is a legal determination. The listed contributors may or may not ultimately be legal inventors under U.S. Patent Law. Our patent attorney will make the determination should this disclosure result in a patent application.* | | | | | | | | | | | |
| **8. Submission** | | | | | | | | | | | |
| **Submit the completed Disclosure Form to**: K-State Innovation Partners, [Tech.Transfer@ksu.edu](mailto:Tech.Transfer@ksu.edu)  Our office will contact you to confirm receipt*. A copy will be provided to your department head or unit director.* | | | | | | | | | | | |