UMBC
AN HONORS UNIVERSITY

OTD Internal Use Only:

Ref. No. _____

Office of Technology Development

Invention Disclosure Form

Submit Completed Form to:

Office of Technology Development
1000 Hilltop Circle, ENG Bldg., Suite 329
Baltimore, MD 21228
Email: otd@umbc.edu Phone: 410.455.1414

Title of Invention

Brief Description of Invention

Detailed Description of the Invention

Please attach a detailed description of your invention, or a copy of a relevant manuscript describing your invention, complete with diagrams or drawings and copies of any relevant references.

Sponsorship

Funding Source: Federal ☐ State ☐ Corporate ☐ UMBC ☐ Other ☐

Name of Sponsor/Grantor	Grant/Contract Number	UMBC Account #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Collaborating Institution/Company or Other Research Support

Collaborating Institution/Company Name: _____

Collaborating Investigator's Name: _____

Did you use materials, equipment, or software from another company/institution? Yes ☐ No ☐

Record of Invention

Date of Conception: ___/___/_____

Documented in Lab Notebook: Yes ☐ No ☐

Invention Reduced to Practice: Yes ☐ No ☐

Date of First Reduction to Practice: ___/___/_____

Publication

a) Submitted to a Journal: Yes ☐ No ☐ Date: ___/___/_____ Journal Name: _____
b) Published: Yes ☐ No ☐ Date: ___/___/_____ Journal Name: _____
c) Oral Disclosure: Yes ☐ No ☐ Date: ___/___/_____ Location: _____ Handouts: Yes ☐ No ☐
d) Poster Presentation: Yes ☐ No ☐ Date: ___/___/_____ Published abstract: Yes ☐ No ☐
e) Other Disclosure: Yes ☐ No ☐ Date: ___/___/_____ Describe: _____

Commercial Interest

Company Name	Contact Person	Phone Number/E-mail
_____	_____	_____
_____	_____	_____

Inventor Data / Primary Contact Person

Name: _____ Campus Address/Dept.: _____
Home Address: _____ Title: _____
City/Zip: _____ Citizenship: _____
E-mail: _____ Home Phone: _____ Office Phone: _____ Fax: _____

Inventor Data

Name: _____ Campus Address/Dept.: _____
Home Address: _____ Title: _____
City/Zip: _____ Citizenship: _____
E-mail: _____ Home Phone: _____ Office Phone: _____ Fax: _____

Inventor Data

Name: _____ Campus Address/Dept.: _____
Home Address: _____ Title: _____
City/Zip: _____ Citizenship: _____
E-mail: _____ Home Phone: _____ Office Phone: _____ Fax: _____

Inventor Data

Name: _____ Campus Address/Dept.: _____
Home Address: _____ Title: _____
City/Zip: _____ Citizenship: _____
E-mail: _____ Home Phone: _____ Office Phone: _____ Fax: _____

Inventor's Signature(s)

In order for this Invention Disclosure Form to be complete, and to be processed by OTD, it must be signed and dated by all inventors.

I/we, the Inventors, hereby certify that the information set forth in this Invention Disclosure Form is true and complete to the best of my/our knowledge.

I/we, the Inventors who are subject to University System of Maryland, Board of Regents Policy and are not under an obligation to assign intellectual property rights to another party, hereby affirm that in consideration for UMBC's evaluation of commercial potential and a share of income which I/we may receive upon commercialization of my/our invention, I/we on the date of my/our signature as indicated below do hereby assign and transfer my/our entire right, title and interest in and to the invention described herein unto UMBC, its successors, legal representatives and assigns.

Inventor Signature	Print Name	Date
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____