

# Georgia Tech Research Corporation Invention Disclosure Form

Georgia Institute of Technology  
 Office of Technology Licensing  
 Mail Code: 0415  
 926 Dalney Street, NW  
 Atlanta, GA 30332-0415

|                     |
|---------------------|
| <b>OTL USE ONLY</b> |
| Login Date:         |
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Please complete all fields and return to the above address. If you have any questions, please call (404)894-6287.

| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Title of Invention:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        |                                |
| Previous Invention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                |
| Is this invention related to a previous invention disclosed to the OTL? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, GTRC ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                |
| Inventors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        |                                |
| <ul style="list-style-type: none"> <li>❖ Inventors should include only those persons that are believed to have contributed to the concepts included in the invention. Please make your best effort at this time to include all inventors (non-GIT inventors should also be included). Should OTL proceed with patent filing, patent counsel will separately investigate and make a final legal determination of inventorship of patent applications in accordance with applicable patent laws.</li> <li>❖ The "Contribution %" should reflect each inventor's contribution to the concepts of the invention and be agreed upon by all inventors. If the inventors cannot agree to contribution percentages, OTL will assume an equal distribution.</li> <li>❖ Use additional sheets as necessary.</li> </ul> |                                                                                                                        |                                |
| Full Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Citizenship:                                                                                                           | Employer at time of invention: |
| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Department:                                                                                                            |                                |
| Mail Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Contribution %:                                                                                                        |                                |
| Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Home Address:                                                                                                          |                                |
| Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone:                                                                                                                 |                                |
| Fax:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Fax:                                                                                                                   |                                |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Email:                                                                                                                 |                                |
| <b>Execution by Inventor(s):</b><br>I/We inventor(s) hereby solemnly swear and affirm under oath that I/we am/are the only inventor(s) of this invention and that I/we have not knowingly omitted the inclusion of any other inventor(s) besides me/us, and that the information provided in this disclosure is, to the best of my/our knowledge, true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature:<br><br><input type="checkbox"/> Disclosure to be included in the Industrial Partners Program, if applicable | Date:                          |
| Full Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Citizenship:                                                                                                           | Employer at time of invention: |
| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Department:                                                                                                            |                                |
| Mail Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Contribution %:                                                                                                        |                                |
| Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Home Address:                                                                                                          |                                |
| Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone:                                                                                                                 |                                |
| Fax:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Fax:                                                                                                                   |                                |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Email:                                                                                                                 |                                |
| <b>Execution by Inventor(s):</b><br>I/We inventor(s) hereby solemnly swear and affirm under oath that I/we am/are the only inventor(s) of this invention and that I/we have not knowingly omitted the inclusion of any other inventor(s) besides me/us, and that the information provided in this disclosure is, to the best of my/our knowledge, true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature:<br><br><input type="checkbox"/> Disclosure to be included in the Industrial Partners Program, if applicable | Date:                          |



### Source of Support

Did this invention result from sponsored research?  Yes  No

If NO, how was this work funded, including salaries, charges of time, materials, supplies, equipment?

If YES, please provide information on all:

Sponsor: GIT Project Number/PeopleSoft No.:

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Was this project funded through a Center with Industry Membership? For example, PRC, IPST, GEDC, etc.

Yes  No If YES, list name of Center. \_\_\_\_\_

Did you use any material obtained from another party in developing this technology?

Yes  No If YES, please provide all appropriate licenses and agreements.

### Establishment of Invention History

❖ Please provide your best estimate for the date when the following occurred (will occur):

|                 |                                                                                                                                                                                                      |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date:(mm/dd/yy) | A. Conception of invention                                                                                                                                                                           |
|                 | B. First written description (please attach a copy if available)                                                                                                                                     |
|                 | C. First public disclosure giving an enabling description of your invention (e.g. abstract, proposal, paper submission, talk, or meeting with industry – please attach a copy if available) to whom: |
|                 | D. Completion of model or prototype                                                                                                                                                                  |
|                 | E. First successful operational test                                                                                                                                                                 |
|                 | F. Is a publication, paper or other disclosure planned within the next 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                            |

### Prior Art

Please conduct a literature and patent search and attach a list of all relevant patents and publications. Two useful sites for patents searches are:

- 1) [www.uspto.gov/patft/index.html](http://www.uspto.gov/patft/index.html)
- 2) [www.surfip.gov.sg](http://www.surfip.gov.sg)

Please explain differences or advantages over prior art.

### Commercialization Potential

- A. What are the commercial applications for the invention?
- B. What are the limitations that must be overcome prior to practical application?
- C. What are the advantages of the invention versus present technologies?
- D. Please provide any available data or information on market potential/size.
- E. Is work on the invention continuing?  Yes  No If Yes, please provide source of on-going funding:
- F. Do you know of any appropriate industrial organizations that may be interested in licensing this technology? (Please attach additional sheet if more space is required.)

| Company Name | Contact Person | Contact Information |
|--------------|----------------|---------------------|
|              |                |                     |
|              |                |                     |

### Execution by Witnesses

❖ This disclosure should be witnessed by two individuals who are not co-inventors and who are technically qualified to understand the subject matter.

|                                                                                                            | Print Name | Signature | Date |
|------------------------------------------------------------------------------------------------------------|------------|-----------|------|
| I have read this invention disclosure (including attached pages, if any) and understand its subject matter |            |           |      |
| I have read this invention disclosure (including attached pages, if any) and understand its subject matter |            |           |      |