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|  |  | OTC Use Only  UC Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Licensing Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**RECORD OF INVENTION (ROI) DISCLOSURE FORM**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information contained in this ROI is **CONFIDENTIAL** and **PROPRIETARY**. For assistance, please call the Office of Technology Commercialization at 951-827-7941. This ROI will normally not be released to others by OTC except under attorney client privilege, to research sponsors as required by contract, under appropriate agreements, or as may be required by law. **This ROI should not be disclosed to others without the approval of OTC.**

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1. **Title of Invention**

Create a short title describing the invention without revealing the specific details that would enable others to make and use it.

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| **A. Short Title (less than 30 characters, including spaces):** |
| **B. Long Title:** |

1. **UCR Inventor(s)**

The first person listed will be the “lead,” which is OTC’s point of contact for the invention. Actual inventorship will be determined as a matter of law. Royalties resulting from the commercialization of this invention will be split equally among the inventors unless the inventors agree in writing otherwise. Add additional UCR inventors as appropriate.

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| --- | --- | --- | --- |
| **Name**: | **Position at UCR**: | **Cooperative Extension (CE) Spec**:  **If yes, CE Appointment %:** | **Yes**  **No** |
| **School or Division**: | **Department**: | **Date(s) hired/employed at UCR**: | |
| **Campus Address with zip code**: | | **Work Phone:**  **Mobile Phone (optional)**: | |
| **Home Address**: | | **UCR Email**:  **Other email**: | |
| **Emergency Contact and Address**: | | **Email**:  **Phone**: | |

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| --- | --- | --- | --- |
| **Name**: | **Position at UCR**: | **Cooperative Extension (CE) Spec**:  **If yes, CE Appointment %:** | **Yes**  **No** |
| **School or Division**: | **Department**: | **Date(s) hired/employed at UCR**: | |
| **Campus Address with zip code**: | | **Work Phone:**  **Mobile Phone (optional)**: | |
| **Home Address**: | | **UCR Email**:  **Other email**: | |
| **Emergency Contact and Address**: | | **Email**:  **Phone**: | |

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| --- | --- | --- | --- |
| **Name**: | **Position at UCR**: | **Cooperative Extension (CE) Spec**:  **If yes, CE Appointment %:** | **Yes**  **No** |
| **School or Division**: | **Department**: | **Date(s) hired/employed at UCR**: | |
| **Campus Address with zip code**: | | **Work Phone:**  **Mobile Phone (optional)**: | |
| **Home Address**: | | **UCR Email**:  **Other email**: | |
| **Emergency Contact and Address**: | | **Email**:  **Phone**: | |

1. **INVENTOR(S) NOT AFFILIATED WITH UCR**

If an inventor is not a UCR employee or student, please provide information below.

|  |  |  |
| --- | --- | --- |
| **Name**: | **Position**: | **Relationship with UCR**: |
| **Employer**: | **Work Phone**:  **Mobile Phone (optional)**: | **Work Email**:  **Other email**: |
| **Work Address**: | | |

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| --- | --- | --- |
| **Name**: | **Position**: | **Relationship with UCR**: |
| **Employer**: | **Work Phone**:  **Mobile Phone (optional)**: | **Work Email**:  **Other email**: |
| **Work Address**: | | |

1. **Funding Sources**

|  |  |
| --- | --- |
| **Was this invention funded/sponsored?** | **Yes** **No** |

If yes, list the funding source(s). If applicable, identify by contract or grant number and name the Principal Investigator / Supervisor of each.

|  |  |  |
| --- | --- | --- |
| FUNDING SOURCE / SPONSOR  (sponsor that funded this project) | CONTRACT OR GRANT NUMBER  (grant #, not department FAU) | PRINCIPAL INVESTIGATOR / SUPERVISOR  (PI of the grant that funded this project) |
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1. **AGREEMENTS**

Please list any agreement(s) that might affect ANY rights or interest in the invention. Check all applicable agreements and list name of other party. Please attach copies of the agreements, if available.

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE OF AGREEMENT |  |  | NAME OF OTHER PARTY |
| Consulting Agreement | Yes | No |  |
| Assignment Agreement | Yes | No |  |
| Material Transfer Agreement | Yes | No |  |
| Other Agreement | Yes | No |  |

1. **SOFTWARE COMPONENT**

Is there an integral software component to this invention?

|  |  |
| --- | --- |
| Yes, software is an integral component to this invention. | If so, please complete the rest of this form **and** attach a completed copy of “UCR Software/Copyright Disclosure Form” found on OTC’s website.  UCR Software/Copyright Disclosure Form is attached: Yes No |
| Software is not an integral component of this invention. |  |

1. **PROPRIETARY MATERIALS**

If any proprietary material (e.g., cell line, antibody, plasmid, computer software, or chemical compound) obtained from outside your laboratory was used to develop this invention, please check the box below and attach a copy of that agreement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE OF PROPRIETARY MATERIAL** |  |  | **DESCRIPTION** | **PROVIDER NAME** |
| **Proprietary database (e.g., Celera)** | Y | N |  |  |
| **Proprietary assay, microarray, etc.** | Y | N |  |  |
| **Affymetrix chips** | Y | N |  |  |
| **A material obtained via a Material Transfer Agreement** | Y | N |  |  |
| **Other** | Y | N |  |  |

1. **RELEVANT DATES**

|  |  |  |
| --- | --- | --- |
| EVENT | DATE | WHERE RECORDED & TO WHOM DISCLOSED |
| **Initial Conception** |  |  |
| **First description of complete invention (oral or written)** |  |  |
| **First Successful Operation (first actual reduction to practice)** |  |  |

1. **PUBLIC DISCLOSURES**

The invention has been or is:  planned to be disclosed, to a:  journal,  thesis, committee

submitted, or  conference,  and/or library?

accepted, or meeting,

already published/presented

|  |  |
| --- | --- |
| If so, what is the **earliest** date the information will be or was publicly available? |  |
| Name of journal, conference, or meeting: |  |

Other than the above, was the invention made public or disclosed to non-UCR personnel (including research sponsor)?  Yes  No

|  |  |
| --- | --- |
| If so, to whom? |  |
| When was the **earliest** date disclosed? |  |

Please append copies of any publications, presentations and disclosure(s) to this form.

1. **DESCRIPTION OF THE INVENTION**

If you have written a manuscript that describes your invention, please attach a copy to this form. Also attach copies of the most pertinent

references as well.

1. **FIELD OF THE INVENTION**

Unless readily apparent from the title, please (1) list a broad field of the technology (ie chemistry, pharmacology, medical device,

automotive, agricultural, software gaming, etc.) and (2) state a very concise field or goal (ie “Pharmacology: A drug for treating and

preventing the onset of Alzheimer’s disease”).

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Has a patent search been performed (www.google.com/patents, www.uspto.gov, etc.)?

Yes  No If yes, by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has a literature search been performed?  Yes  No If yes, by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **BACKGROUND OF THE INVENTION/DISCUSSION OF PRIOR ART**

Here, discuss the context of the invention: (1) the problem; (2) current solutions (”prior art”) if any; and (3) the disadvantages, limitations

and shortcomings of the prior art. This section B is for background/prior art only. Your invention itself will be discussed in sections C-F.

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1. **SUMMARY OF THE INVENTION**

In layman terms, please give a brief overview of the invention itself. Include how it is to be used and/or why it is useful.

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1. **DETAILED DESCRIPTION OF THE INVENTION**

Please describe in as much detail as possible the invention itself. Start with what is the unique and novel feature. Include details

on how to actually make, assemble, synthesize, or build the invention and details on how it is used once it is made. Include data,

drawings, figures, supporting literature, your thoughts and logic behind it. If the invention involves chemistry or biology, provide

proof that the process or compound exists and functions in the way you claim.

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1. **COMPARATIVE BENEFITS/ADVANTAGES**

Point out how your invention overcomes the disadvantages, limitations and shortcomings of the prior art described in section B. Use comparative terms such as “less expensive”, “more efficient”, “faster”, “less energy consuming”, “safer”, “less side effects” etc and quantify the advantages, if possible.

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1. **STAGE OF DEVELOPMENT OF THE INVENTION**

Unless stated above, describe the stage of development of the invention (e.g., concept stage, experimental stage, computer model

simulation stage, working prototype stage, etc.). Please include data, photographs, etc., indicating the stage of development.

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1. **FUTURE STEPS/PLANS FOR THE INVENTION**

What are your immediate and future developmental or commercial steps/plans for the invention, and what is the approximate time frame for each?

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1. **POTENTIAL LICENSEES OR RESEARCH & DEVELOPMENT SPONSORS**

List the companies or industries that you believe might be interested in making, using, or selling this invention. Please list any contact

information that we may use to market your invention. List potential market/products.

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1. **KEYWORDS**

List any keywords that will identify this invention for use on a search engine or database

|  |
| --- |
|  |

1. **REASON FOR SUBMITTING INVENTION DISCLOSURE**

Please check the reason(s) that best describe why you submitted this invention disclosure.

|  |  |
| --- | --- |
|  | I/we believe that the invention has significant commercial potential. |
|  | I/we believe that this invention is a platform and/or pioneering technology. |
|  | I/we are aware of a specific company that is interested in licensing the technology. |
|  | I/we are interested in being involved with a start-up company based on this technology. |
|  | To comply with requirements of an existing research agreement or University policy. |
|  | Other (please specify): |

1. **INVENTORS’ SIGNATURES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Inventor Signature |  | Inventor Printed Name |  | Date Signed |  |
|  |  |  |  |  |  |
| Inventor Signature |  | Inventor Printed Name |  | Date Signed |  |
|  |  |  |  |  |  |
| Inventor Signature |  | Inventor Printed Name |  | Date Signed |  |
|  |  |  |  |  |  |
| Inventor Signature |  | Inventor Printed Name |  | Date Signed |  |

1. **WITNESSES**

Two technically qualified witnesses are required.

Invention disclosed and understood by:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Witness Signature |  | Witness Printed Name |  | Date Signed |  |
|  |  |  |  |  |  |
| Witness Signature |  | Witness Printed Name |  | Date Signed |  |

Submit this Record of Invention (ROI) with SIGNATURES by:

Email

(1) the MS Word copy and (2) a scan pdf of the signed document

To [brian.suh@ucr.edu](mailto:brian.suh@ucr.edu) and our group e-mail at [ipdocs@ucr.edu](mailto:ipdocs@ucr.edu).

If you do not receive an acknowledgment within 10 business days,

please contact Brian Suh at [brian.suh@ucr.edu](mailto:brian.suh@ucr.edu).

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