

# NDSU Invention Reporting Form

Submitted By: \_\_\_\_\_

## 1. Title of Invention, Technology, or Copyrightable Material:

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## 2. Status of Project (check all that apply):

Concept/Idea stage       Organizing Research       Conducting Research  
 Prototype design       Prototype Development       Prototype Testing  
 Redesign/Testing       Results reproducible       Ready for market

## 3. Funding: (List all sources of funding used in the development of this invention.)

### Federal Funds

Agency Name: \_\_\_\_\_ Grant Number(s): \_\_\_\_\_

Agency Name: \_\_\_\_\_ Grant Number(s): \_\_\_\_\_

### Other Funding

Institution Name: \_\_\_\_\_ Grant Number(s): \_\_\_\_\_

Institution Name: \_\_\_\_\_ Grant Number(s): \_\_\_\_\_

**4. Description of Invention:** Please describe your invention and its purpose. Use additional pages, if necessary. Please attach any draft manuscripts, publications, or any other materials that help describe the technical details related to your invention.

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5. What are the potential commercial uses for your invention?

6. How does your invention differ from existing technology (what makes it unique and superior, what problems does it solve)?

7. Please list companies that might be interested in this invention. Please include contacts and contact information, if possible.

8. Have you been in contact with any companies regarding this invention, including consulting?  Yes  No  
If yes, please explain.

9. Please estimate the commercial market for your invention:  
 less than \$1 mil.  \$1 mil. - \$10 mil.  \$10 mil - \$100 mil.  >\$100 mil.

Please provide basis for your estimate.

10. Please provide references or copies of articles or patent documents that are closely related to your invention.

11. Scientific and commercial key words: \_\_\_\_\_  
\_\_\_\_\_

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**PUBLIC DISCLOSURE/PUBLIC USE:**

12. Has this invention or components of the invention been previously described in a publication, abstract, presentation, or through any discussions?  Yes  No

If yes, please explain and attach a copy, including the date of the disclosure(s). **Note: Discussions in internal laboratory meetings are not public disclosures as long as no third party is in attendance.**

13. Has a draft manuscript describing the invention been prepared?  Yes  No If yes, please attach.

Has the manuscript been  submitted  accepted for publication?

Journal name: \_\_\_\_\_

Submission date/planned publication date: \_\_\_\_\_

Has any material related to this invention been transferred to a **corporate entity, an academic institution, or any other entity or individual?**  Yes  No

If yes, provide name(s) and contact information:

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

If yes, was the material transferred under an Agreement?  Yes  No

**ACQUISITION OF MATERIALS:**

14. Did you use any third party materials to make this invention that were obtained via an Agreement?  Yes  No If yes, please attach a copy of the agreement.

15. Attach any additional information you feel may be helpful in evaluating this technology.

**16. Signatures/Assignment:**

The information provided to complete this invention reporting form is true, accurate and complete to the best of my knowledge. I hereby agree to assign all of my rights in this invention to NDSU, in accordance with NDSU policies, for good and valuable consideration, the receipt of which is hereby acknowledged. I acknowledge and agree that all of my laboratory materials, notebooks, and reports generated while I am an employee and/or student of NDSU remain the property of NDSU. Further, I agree that financial consideration, if any, will be distributed amongst all inventors/contributors pursuant to NDSU policy.

\_\_\_\_\_  
Contributor's Signature Printed Name Date

\_\_\_\_\_  
Contributor's Signature Printed Name Date

\_\_\_\_\_  
Contributor's Signature Printed Name Date

\_\_\_\_\_  
Contributor's Signature Printed Name Date

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**Contributor Information: (if more than four contributors please append additional sheets)**

Full Name: _____	Title: _____	% Contribution _____
College: _____	Department: _____	
Work Address: _____		
Work Phone: _____	Work email: _____	
Home Address: _____		
Home Phone: _____	Home email: _____	
Citizenship: _____		

Full Name: _____	Title: _____	% Contribution _____
College: _____	Department: _____	
Work Address: _____		
Work Phone: _____	Work email: _____	
Home Address: _____		
Home Phone: _____	Home email: _____	
Citizenship: _____		

Full Name: _____	Title: _____	% Contribution _____
College: _____	Department: _____	
Work Address: _____		
Work Phone: _____	Work email: _____	
Home Address: _____		
Home Phone: _____	Home email: _____	
Citizenship: _____		

Full Name: _____	Title: _____	% Contribution _____
College: _____	Department: _____	
Work Address: _____		
Work Phone: _____	Work email: _____	
Home Address: _____		
Home Phone: _____	Home email: _____	
Citizenship: _____		

Please return completed form and any attachments to:

NDSU Office of Technology Transfer  
1735 NDSU Research Park Drive, Suite 124  
Fargo, ND 58105

Please call 701-231-6659 if you have any questions.