



CONFIDENTIAL INVENTION DISCLOSURE

ICO USE

ICO Track Code _____

Commercialization Mgr _____

Date Received _____

This space reserved for ICO Commercialization Manager

What type of invention?

Life Sciences

Physical Sciences/Engineering

Software/Copyright

Research Tool

1. BRIEF SUMMARY (Email abstracts, manuscripts, grant apps, additional information, etc.)

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2. PUBLICATION AND PRESENTATION DATE

Have you revealed the invention in any of the following ways?				
In print (paper, abstract, posters, manuscripts, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	Date:
Oral Presentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	Date:
Website	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	Date:
Discussions outside of IU	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	Date:
Other (please explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	Date:
Will you have any of these in the future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, please explain below	
Comments:				

3. FUNDING

List all past and current support related to this invention (e.g. CTSI, federal grants, outside IU, etc.)				
If <u>no</u> funding, please check NONE				
Agency or Sponsor	Principal Investigator on Grant		Grant or Contract Number	
Are there any third party agreements related to this invention (e.g. collaborative or corporate research, consulting, MTA (incoming or outgoing), software license, other agreements signed personally, etc.)?	Yes	No	Brief Description:	

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4. COLLABORATORS OUTSIDE OF IU

List all collaborators **outside** of Indiana University who contributed to the invention.

If **no** outside collaborators, please check **NONE**

Prefix	Legal Name	Email Address	Institution/Company

BACKGROUND INFORMATION

5. DESCRIPTION OF THE INVENTION

What does it do?

6. THE PROBLEM BEING SOLVED

What potential product, process, or service could develop out of this invention? What customer problem would it help to solve (e.g. what is the need)?

7. HOW IT WORKS

Describe how your invention functions, including details so that anyone with your level of skill could make/carry out the invention. Attach drawings, white papers, sketches, photographs, flow charts, etc., to illustrate the invention and/or its components.

8. STAGE OF DEVELOPMENT

Describe the current stage of development (concept, proof of concept, prototype, animal data, etc.) and any plans for any additional development or testing.

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CREATOR INFORMATION (include all IU Collaborators)

Instructions: All fields are required and must be answered for each IU Collaborator listed in A through D

A.

(PRIMARY) CONTACT INFORMATION						
Prefix	First (GIVEN) Name	Middle Name	Last (FAMILY) Name		Suffix	
Degree	IU Position	IU School	IU Department / Division	IU Email Address		
IU Phone Number	IU Employee ID Number	COUNTRY of Citizenship		Home Email Address		
Home (mailing) Street Address		City, State or Province		Postal Code	Home Phone	Mobile Phone
Do you hold an appointment with the Veteran's Administration (VA) with or without compensation? Yes No						
REVENUE DISTRIBUTION INFORMATION						
Under the intellectual Property Policy, each campus determines campus share of revenue and its distribution between the campus and department. The IUPUI campus allows you to designate more than one department or center Please identify the laboratory in which you created the invention (if none, indicate below).						
Department or Center			Optional: Second Department or Center (IUPUI ONLY)			
The laboratory share of revenue goes to the laboratory or other applicable research, teaching, or service project entity in which you created the invention. This is often the laboratory of the PI. If there is no laboratory, this share goes to the department or center.						
Laboratory:			No laboratory to receive distribution			

B.

CONTACT INFORMATION						
Prefix	First (GIVEN) Name	Middle Name	Last (FAMILY) Name		Suffix	
Degree	IU Position	IU School	IU Department / Division	IU Email Address		
IU Phone Number	IU Employee ID Number	COUNTRY of Citizenship		Home Email Address		
Home (mailing) Street Address		City, State or Province		Postal Code	Home Phone	Mobile Phone
Do you hold an appointment with the Veteran's Administration (VA) with or without compensation? Yes No						
REVENUE DISTRIBUTION INFORMATION						
Under the intellectual Property Policy, each campus determine how the campus share of any revenue is distributed between the campus and department. The IUPUI campus allows you to designate more than one department or center. Please identify the laboratory in which you created the invention (if none, indicate below).						
Department or Center			Optional: Second Department or Center (IUPUI ONLY)			
The laboratory share of revenue goes to the laboratory or other applicable research, teaching, or service project entity in which you created the invention. This is often the laboratory of the PI. If there is no laboratory, this share goes to the department or center.						
Laboratory:			No laboratories to receive distribution			

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CREATOR INFORMATION

C.

CONTACT INFORMATION						
Prefix	First (GIVEN) Name	Middle Name	Last (FAMILY) Name		Suffix	
Degree	IU Position	IU School	IU Department / Division	IU Email Address		
IU Phone Number	IU Employee ID Number	COUNTRY of Citizenship		Home Email Address		
Home (mailing) Street Address		City, State or Province	Postal Code	Home Phone	Mobile Phone	
Do you hold an appointment with the Veteran's Administration (VA) with or without compensation? Yes No						
REVENUE DISTRIBUTION INFORMATION						
Under the intellectual Property Policy, each campus determine how the campus share of any revenue is distributed between the campus and department. The IUPUI campus allows you to designate more than one department or center. Please identify the laboratory in which you created the invention (if none, indicate below).						
Department or Center		Optional: Second Department or Center (IUPUI ONLY)				
The laboratory share of revenue goes to the laboratory or other applicable research, teaching, or service project entity in which you created the invention. This is often the laboratory of the PI. If there is no laboratory, this share goes to the department or center.						
Laboratory:		No laboratory to receive distributions				

D.

CONTACT INFORMATION						
Prefix	First (GIVEN) Name	Middle Name	Last (FAMILY) Name		Suffix	
Degree	IU Position	IU School	IU Department / Division	IU Email Address		
IU Phone Number	IU Employee ID Number	COUNTRY of Citizenship		Home Email Address		
Home (mailing) Street Address		City, State or Province	Postal Code	Home Phone	Mobile Phone	
Do you hold an appointment with the Veteran's Administration (VA) with or without compensation? Yes No						
REVENUE DISTRIBUTION INFORMATION						
Under the intellectual Property Policy, each campus determine how the campus share of any revenue is distributed between the campus and department. The IUPUI campus allows you to designate more than one department or center. Please identify the laboratory in which you created the invention (if none, indicate below).						
Department or Center		Optional: Second Department or Center (IUPUI ONLY)				
The laboratory share of revenue goes to the laboratory or other applicable research, teaching, or service project entity in which you created the invention. This is often the laboratory of the PI. If there is no laboratory, this share goes to the department or center.						
Laboratory:		No laboratory to receive distribution				

CONFIDENTIAL REVENUE DISTRIBUTION

ICO USE
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Revenue sharing: Under Indiana University's Intellectual Property policy, all **IU Creators (only)** share equally in the Creator portion of revenue generated from their intellectual property. IU Creators may agree to a different allocation of this revenue by completing and signing this Revenue Distribution Form. To do so, all IU Creators must sign below.

Contact the Innovation & Commercialization Office (ICO) or your Commercialization Manager to clarify any questions.

Please complete the information below with the names and **signatures** of each IU Creator(s) and other IU Contributor(s), if any, that the IU Creator wishes to include in revenue sharing.

Printed Name IU Creators/Contributors only	Signature & Date Signed	Revenue Distribution Percentage %	Please list current information (if different from disclosure form)
1. _____ Legal Name (print)	_____ Signature _____ Date signed:	_____ %	Home address: _____ _____ Phone: _____ Email: _____
2. _____ Legal Name (print)	_____ Signature _____ Date signed:	_____ %	Home address: _____ _____ Phone: _____ Email: _____
3. _____ Legal Name (print)	_____ Signature _____ Date signed:	_____ %	Home address: _____ _____ Phone: _____ Email: _____
4. _____ Legal Name (print)	_____ Signature _____ Date signed:	_____ %	Home address: _____ _____ Phone: _____ Email: _____
5. _____ Legal Name (print)	_____ Signature _____ Date signed:	_____ %	Home address: _____ _____ Phone: _____ Email: _____