

# 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	s/Engineering	ng Software/Copyright Research To						
BRIEF SUMMARY (Email abstracts, manuscripts, grant apps, additional information, etc.)								
2. PUBLICATION AND PRESENTATIO	N DATE							
Have you revealed the invention in any o	of the following ways	s?						
In print (paper, abstract, posters, manuscript		☐ No	☐ Not Sure	Date:				
Oral Presentation	☐ Yes	□ No	☐ Not Sure	Date:				
Website	☐ Yes	☐ No	☐ Not Sure	Date:				
Discussions outside of IU	☐ Yes	□No	☐ Not Sure	Date:				
Other (please explain)	☐ Yes	☐ No	☐ Not Sure	Date:				
Will you have any of these in the future?	☐ Yes	☐ No	If YES, please e	explain below				
Comments:			· ·	•				
2 FUNDING								
<ol><li>FUNDING List <u>all</u> past and current support related to th</li></ol>	is invention (e.g. CTS	I federal o	rants outside III	etc )				
If <u>no</u> funding, please check NONE	is invention (e.g. e.e	71, 1000.a. g	ilanio, outoido io,	etc. <sub>j</sub>				
Agency or Sponsor	Principal Investigato	r on Grant	Grant	or Contract Number				
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Are there any third party agreements related invention (e.g. collaborative or corporate rese consulting, MTA (incoming or outgoing), software agreements signed personally, etc.)?	earch, Yes	No Br	ief Description:					

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#### 4. COLLABORATORS OUTSIDE OF IU

List all collaborators <u>outside</u> of Indiana University who contributed to the invention.  If <u>no</u> outside collaborators, please check <b>NONE</b>									
Prefix	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	t 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 <u>all</u> IU Collabor ators)

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

Α.											
			(PRII	MARY	ONTACT	INFORMA	TIO	N			
Prefix	First (GIVEN) Name Mic		Middle	e Name	Last (FAMIL	LY) Name			Suffix		
Degree	IU Position	1	IU School	l	IU Department	ent / Division IU Email Address					
IU Phone N	lumber	IU Employee ID	Number	COU	NTRY of Citizen	ship	Hor	ne Email Address			
Home (mailing) Street Address City, State or Prov				Province	Postal Code Home Phone			Mobile Phone			
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Degree	IU Positio		IU School		IU Department /		IU E	mail Address			
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Home (mail	ing) Street <i>i</i>	Address	City, Sta	te or P	rovince	Postal Cod	le	Home Phone	Mobile Ph	none	
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Please ider	ntify the lab	oratory in which	you created t	he inve	ention (if none, in	dicate below	).				
Departmen	Department or Center Optional: Second Department or Center ( <u>IUPUI ONLY</u> )										
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.

<u>u.</u>										
				CON	ITACT INFO	RMATION				
Prefix	First (GI	VEN) Name		Middle	Name	Last (FAMII	_Y) N	Name		Suffix
Degree	IU Positi	on	IU School	•	IU Department	/ Division	IU Email Address			
IU Phone Nur	mber	IU Employee ID	J Employee ID Number COUNTRY of Citizenship Home Email Address							
Home (mailing) Street Address City, State or Province						Postal Co	de	Home Phone	Mobile Phone	
Do you hold an appointment with the Veteran's Administration (VA) with or without compensation? Yes N								es No		
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Please identi	fy the lab	oratory in which y	ou created	the inve	ntion (if none, in	dicate below	/).			
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Degree	IU Positi	on	IU School		IU Department	/ Division	IU I	Email Address		
IU Phone Nur	mber	IU Employee ID	Number	COU	NTRY of Citizer	nship	Hor	me Email Address		
Home (mailing	g) Street /	Address	City, St	ate or P	rovince	Postal Cod	de	Home Phone	Mobile Pho	ne
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			REVEN	UE DIS	STRIBUTION	INFORM	ATI	ON		
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 ( <u>IUPUI ONLY</u> )										
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										
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## CONFIDENTIAL REVENUE DISTRIBUTION

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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.			Home address:
Legal Name (print)	Signature	%	
	 Date signed:		Phone:
			Email:
2.			Home address:
Legal Name (print)	Signature	%	
			Phone:
	Date signed:		Email:
3.			Home address:
Legal Name (print)	Signature	%	
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	Date signed:		Email:
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