



NEW TECHNOLOGY DISCLOSURE

Please submit completed form to Campus Research Office

(To fill in check box, right-click on box, choose Properties, and click the button "Checked" under the default value.)

1. Campus submitting this disclosure				
2. Title				
3. Key Words				
4. Type				
<input type="checkbox"/> Invention <input type="checkbox"/> Software <input type="checkbox"/> Video <input type="checkbox"/> Other:				
5. Inventors				
Full Name	Position	Department and Campus Address	% of Inventive Contribution	Phone/Fax/E-Mail
1.				
2.				
3.				
4.				
6. Primary Contact (among developers/inventors)				
7. Date of Conception				
/ /				
8. Date of First Description, Drawing, or Sketch of Invention (Please attach drawings or sketch, if available.)				
/ /				
9. Date of First Model of Invention				
/ /				
10. Date of First Successful Reduction to Practice				
/ /				

11. Outside Sponsorship (Please attach copies of grant or contract documents.)

United States Government Private Industry
 Personal
 Other: _____

Name of Sponsor(s)	% of Contribution to Invention	Research Foundation or Campus Account Number	Sponsored Assigned Identification Number

12. Public Disclosure

Has the description of the technology been published?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Has the description of the technology been submitted for publication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Title of publications:			
Title of Journal/Other (<i>specify</i>)			

Has the technology been presented at a conference or professional meeting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
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13. To whom have you shown or described this work? (e.g. Students, Colleagues)

14. Brief technical confidential description (including its unique features). Attach any manuscripts, reviews, papers, diagrams, charts, etc.

15. Prototypes and/or samples

Is working prototype available for demonstration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are samples (<i>e.g. compounds</i>) available for testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

16. Advantages of the technology (*relative to existing technology*)

17. Possible disadvantages of the technology (*relative to existing technology*)

18. Briefly explain the circumstances that led to this invention:

19. Describe your University duties and their relation to this invention:

Inventor 1:

Inventor 2:

Inventor 3:

Inventor 4:

**20. Non-confidential description of the technology
(*indicate applications and advantages – for marketing purposes*)**

21. Was a biological, chemical or physical material or substance obtained from others used to create this invention? YES NO
If yes, did a Material Transfer Agreement or other document accompany the transfer? YES NO
If yes, please attach a copy of the document.

22. Have Confidentiality Agreements been enacted? YES NO
If yes, with whom?

23. Where would your invention have commercial value? (Check all appropriate countries)

U.S. Australia Other _____
Africa Canada _____
Asia Europe _____
Japan South America _____

24. List companies that you believe would be interested in commercializing the technology.

Company Name	Contact (if any)	Location/Telephone Number

25. Signed by Developer(s) and witness(es)

1. Name: Dr. Mr. Ms.	Home Address:
Social Security No.:	Home Telephone:
Country of Citizenship:	
Developer's Signature:	Date:
Witness's Signature	Date:
<hr/>	
2. Name: Dr. Mr. Ms.	Home Address:
Social Security No.:	Home Telephone:
Country of Citizenship:	
Developer's Signature:	Date:
Witness's Signature	Date:
<hr/>	
3. Name: Dr. Mr. Ms.	Home Address:
Social Security No.:	Home Telephone:
Country of Citizenship:	
Developer's Signature:	Date:
Witness's Signature	Date:
<hr/>	
4. Name: Dr. Mr. Ms.	Home Address:
Social Security No.:	Home Telephone:
Country of Citizenship:	
Developer's Signature:	Date:
Witness's Signature	Date:

26. Signature of Campus Liaison for Technology Transfer

Name of Campus Liaison: _____

Title of Campus Liaison: _____

Signature of Campus Liaison: _____

Date: _____

(Attach additional sheets if there are more developers)

Technology Transfer Office
The Research Foundation
of State University of New York
Post Office Box 9
Albany, New York 12201-0009
Telephone: (518) 434-7167
Fax: (518) 434-9108

FOR TTO USE ONLYDate of Disclosure Received:
_____Date of Complete Disclosure:
