

# **INTELLECTUAL PROPERTY DISCLOSURE FORM FOR TEXAS TECH UNIVERSITY SYSTEM**

The Intellectual Property Disclosure Form (IDF) notifies the Office of Research Commercialization (ORC) of your invention, including any sponsor or other third-party rights, and provides essential details for evaluating intellectual property protection and commercialization strategies. Submitting this form is the first step in protecting your invention, such as through patenting. Please fill out every section as completely as possible. To preserve patent rights, please submit the IDF before any public disclosure. All submitted information, including technical and personal details, is treated as confidential.

This interactive form can be completed and submitted via email to [patents@ttu.edu](mailto:patents@ttu.edu) along with any relevant attachments. For assistance, contact the ORC at 806-742-4105 or email [patents@ttu.edu](mailto:patents@ttu.edu). You may also visit [Who We Are](#), to connect to one of our team members.

## **1. INVENTION TITLE**

Provide a short descriptive title of the invention.

## **2. PUBLIC DISCLOSURES**

Have you disclosed this information to anyone outside of your work group in a non-confidential manner? Are any of the below disclosures or activities contemplated in the near future? If so, please provide the details below as appropriate. Patent rights in most other countries may be lost if public disclosure takes place prior to the filing of a patent application.

	Yes/No	Date	Please indicate journal, conference name, funding agency, or person (as applicable) & attach the disclosed materials.
Submitted for publication and pending publication or do you plan on submitting?			
Has been published (print or online)?			
Included in a grant proposal?			
Presented at a conference or meeting?			
Disclosed to non-university personnel (e.g. industry)?			
Is a thesis or dissertation involved?		Expected Date of Graduation:  Has an embargo been requested? Yes	Student Name:

### 3. FUNDING/SPONSORS

Was the invention conceived or first actually reduced to practice in the performance of work funded, in whole or in part, by any federal grant(s), state/foundation funding, contract(s), subcontract(s), or industry-sponsored research, including general salary support? If yes, please complete the appropriate section below. Funding may carry obligations to the sponsor. If no external funding was used to support the development of the disclosed technology, check the appropriate box below.

I confirm that no external funding was used in making this invention.

Federal funding was used to support the development of the disclosed technology.

Agency	Contract/Grant #	Grant Title
<input type="checkbox"/> DOE		
<input type="checkbox"/> DOD		
<input type="checkbox"/> NIH		
<input type="checkbox"/> NSF		
<input type="checkbox"/> USDA		
<input type="checkbox"/> NASA		
<input type="checkbox"/> Other, Please Specify:		

*\*If applicable, please include subcontract details*

State/Foundation funding was used to support the development of the disclosed technology.

Agency/Foundation/Institute	Contract/Grant #	Grant Title
<input type="checkbox"/> CPRIT		
<input type="checkbox"/> American Heart Association (AHA)		
<input type="checkbox"/> American Cancer Society (ACS)		
<input type="checkbox"/> Other, Please Specify:		

*\*If applicable, please include subcontract details*

University Institute/Center/Department funding was used to support the development of the disclosed technology.

Institute	Contract/Grant #	Grant Title
<input type="checkbox"/> CASFER		
<input type="checkbox"/> RAPID		
<input type="checkbox"/> WHIP		
<input type="checkbox"/> Other, Please Specify:		

Industry funding was used to support the development of the disclosed technology.

Company	Contract/Grant #	Grant Title

Do you have an agreement in place with the company through the Office of Research & Innovation?  Yes  No

If yes, please provide a copy of the agreement as an appendix to this submission.

*\*If applicable, please include subcontract details*

#### 4. EXPORT CONTROL

Is this invention regulated by any U.S. export laws and regulations pertaining to the export of technical data, services, and commodities (i.e., International Traffic in Arms Regulations (ITAR) and/or Export Administration Regulations (EAR)?

Yes  No

#### 5. ARTIFICIAL INTELLIGENCE

Was this invention created, in whole or in part, with any form of AI?  Yes  No

If yes, please describe further here:

#### 6. CHEMICAL ENTITIES AND DRUG DISCOVERY PROJECTS

Does your invention comprise new chemical entities or compounds  Yes  No

If yes, have you conducted a chemical search using CAS SciFinder or another tool?  Yes  No

If yes, please provide a copy of the search results with this form.

If no, would you like assistance in conducting a chemical search?  Yes  No

#### 7. THIRD PARTY MATERIALS

Please note if you have received any materials (including data) from another party.

I HAVE NOT received any third-party materials related to this disclosure.

I HAVE received third-party materials, data, and/or resources related to this invention. Please specify the materials and the third party here. \_\_\_\_\_

**Were any of the following agreements executed in conjunction with this invention and/or third-party materials?**

Please specify the parties the agreement was made with and the date executed.

Material Transfer Agreement (MTA) (e.g., for cell lines, antibodies, plasmids, computer software, compounds, etc.)  
Specify provider and material:

- Confidentiality Agreement
- Consulting Agreement
- Other Agreement(s):

## 8. INVENTION SUMMARY

**A.** Overview: Provide a high level overview of your invention and its purpose or utility. Novel features and benefits are important to highlight. Attach a detailed summary, proposal, presentation, and/or manuscript.

**B.** How would you categorize your invention, specifically the novel aspects of your invention? (Check all that apply)

Process/Method	Application
Composition of Matter	Software Algorithm
Apparatus/Device	Other (Specify Below)

Specify: \_\_\_\_\_

**C.** What problem does it solve?

**D.** How is this problem currently solved?

**E.** How is your idea better than existing solutions? What is novel/unique about it?

**F.** Describe the stage of development. (i.e., theory, proof of concept, prototype, tested) What are your immediate next steps in development, and do you have funding to support the development?

**G.** Keywords. Please list any keywords related to your invention that would allow us to search for related art in the field.

**H.** Please identify any related references in the literature that you are aware of (unless you have included such references in any attachments, e.g., draft manuscript/publication/presentation).

**OR**  I am not aware of any literature references related to this invention.

**I.** Is this technology related to a previous disclosure with our office?

If so, please provide the title and TTUS Ref. No. (e.g., D- XXXX or 20XX-XXX) of the previous disclosure.

## **9. COMMERCIAL APPLICATIONS, POTENTIAL AND LICENSEES**

Please include a summary of possible commercial applications of the invention, including speculative uses.

Please list the closest known product(s) or technology that you are aware of.

Product Name (include web link if available)	Company or Manufacturer

Please list any known companies, investors, or entrepreneurs (e.g., potential licensees) that may be interested in commercializing your invention. Include yourself or your company if you are interested in licensing this technology's use for commercialization.

Name	Contact Information (address, phone, email if available)

## 10. INVENTORS

Please rewrite the invention title: \_\_\_\_\_

**Inventorship** is a legal definition and different from authorship on paper. An inventor is someone who contributed intellectually to the conception of the invention. It does not include someone who performs experiments or collects data under the direction of someone else using skills commonly available in the field. If inventors are incorrectly listed, it can invalidate a patent. University patent counsel can conduct inventorship analysis when needed to help determine inventorship. If there are more than two inventors, please use Section 13, Additional Inventor Information Addendum.

Name (Primary Contact)	Contribution %	
University/Department or Other Organization	Position	
Home Address/City/State/Zip	Phone	Country of Citizenship
Work Address/City/State/Zip	Email Address	
Texas Tech University System Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, employee R#  Do you have a joint appointment? If so, please specify here:	Texas Tech University System Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-TTUS/External <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Contribution %	
University/Department or Other Organization	Position	
Home Address/City/State/Zip	Phone	Country of Citizenship
Work Address/City/State/Zip	Email Address	
Texas Tech University System Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, employee R#  Do you have a joint appointment? If so, please specify here:	Texas Tech University System Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-TTUS/External <input type="checkbox"/> Yes <input type="checkbox"/> No

## 11. GENERAL QUESTIONS

Is this your first invention disclosure to our office?
Have you worked with a technology transfer office in the past?
Are you interested in pursuing a startup company, licensing the technology back from the University and commercializing this technology yourself?

If you answered 'yes' to the previous question, please provide more details here (including whether you have been connected or involved with any programming at the Innovation Hub at Research Park).

## 12. SUBMITTING THE INVENTION DISCLOSURE

Please attach additional information such as manuscripts, white papers, presentations, posters, research data, or additional information available so that we can properly examine the intellectual property potential and market viability of your invention. Once signed and submitted, this Invention Disclosure becomes a legal document, which may be used during patent prosecution. A detailed description of the invention should not be shared with sponsors or other third parties without first consulting with the ORC. The University will notify sponsors with contracted intellectual property rights of this invention in confidence.

### 13. ADDITIONAL INVENTOR INFORMATION ADDENDUM

Name	Contribution %	
University/Department or Other Organization	Position	
Home Address/City/State/Zip	Phone	Country of Citizenship
Work Address/City/State/Zip	Email Address	
Texas Tech University System Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, employee R#  Do you have a joint appointment? If so, please specify here:	Texas Tech University System Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-TTUS/External <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Contribution %	
University/Department or Other Organization	Position	
Home Address/City/State/Zip	Phone	Country of Citizenship
Work Address/City/State/Zip	Email Address	
Texas Tech University System Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, employee R#  Do you have a joint appointment? If so, please specify here:	Texas Tech University System Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-TTUS/External <input type="checkbox"/> Yes <input type="checkbox"/> No

Name		Contribution %	
University/Department or Other Organization		Position	
Home Address/City/State/Zip		Phone	Country of Citizenship
Work Address/City/State/Zip		Email Address	
Texas Tech University System Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, employee R#  Do you have a joint appointment? If so, please specify here:	Texas Tech University System Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-TTUS/External <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name		Contribution %	
University/Department or Other Organization		Position	
Home Address/City/State/Zip		Phone	Country of Citizenship
Work Address/City/State/Zip		Email Address	
Texas Tech University System Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, employee R#  Do you have a joint appointment? If so, please specify here:	Texas Tech University System Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-TTUS/External <input type="checkbox"/> Yes <input type="checkbox"/> No	