

Salisbury University Office of Graduate Studies & Research
Invention Disclosure Form for New Discoveries

INSTRUCTIONS: This form is intended for faculty and researchers to disclose any new discoveries, inventions, or innovations made in university labs or research settings. Full disclosure is required to ensure proper management of intellectual property and compliance with university policies. Submit completed and signed form to Holloway Hall (HH) 262A or cpgriffin@salisbury.edu.

1. Personal Information (Submitter)

Full Name: _____ Department/School: _____
Email Address: _____ Phone Number: _____

2. Discovery Details

Title of Discovery/Invention:

Description of Discovery:

Summarize the description of the new discovery, invention, or innovation. Include relevant technical details, history of development, and a discussion of potential applications and impacts. **Attach** a detailed description with diagrams, drawings, and references.

Date of Discovery:

Documented in Lab Notebook? ☐ Yes / ☐ No

Date Reduced to Practice:

Degree of Development: ☐ Idea ☐ Proof of Concept ☐ Prototype ☐ Working Model ☐ Demo ☐ Fully Developed

3. Commercial Application

Potential Application:

Describe the problem this invention solves, its commercial potential, and the features that make it new or different. Identify the industries or companies most likely to be interested in licensing this technology.

Commercial Interest:

Identify any specific company or organization that is interested in licensing this technology and provide a point of contact.

☐ I/we are interested in being involved with a startup company based on this technology

5. Sponsorship

Funding Source: ☐ Federal ☐ State ☐ Corporate ☐ SU ☐ Nonprofit/Foundation ☐ Other

Name of Sponsor

Grant/Contract #

Project Title

_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Inventors & Collaborators

Identify individuals involved in this discovery, their affiliations, and contribution percentage.

Name: _____	Dept/Co/Org: _____	% _____
Email: _____	Phone: _____	Citizenship: _____
Name: _____	Dept/Co/Org: _____	% _____
Email: _____	Phone: _____	Citizenship: _____
Name: _____	Dept/Co/Org: _____	% _____
Email: _____	Phone: _____	Citizenship: _____
Name: _____	Dept/Co/Org: _____	% _____
Email: _____	Phone: _____	Citizenship: _____
Name: _____	Dept/Co/Org: _____	% _____
Email: _____	Phone: _____	Citizenship: _____

Did you use materials, equipment, or software from another company or institution outside of SU? ☐ Yes / ☐ No

If yes, identify:

5. Publication

Submitted to a Journal: ☐ Yes / ☐ No	Date: ____/____/____	Journal Name: _____
Published: ☐ Yes / ☐ No	Date: ____/____/____	Journal Name: _____
Oral Disclosure: ☐ Yes / ☐ No	Date: ____/____/____	Location: _____ Handouts: ☐ Yes / ☐ No
Poster Presentation: ☐ Yes / ☐ No	Date: ____/____/____	Published abstract: ☐ Yes / ☐ No
Other Disclosure: ☐ Yes / ☐ No	Date: ____/____/____	Describe: _____

8. Inventor's Signature(s)

I/we, the Inventors, hereby certify that the information set forth in this Invention Disclosure Form for New Discoveries is true and complete to the best of my/our ability.

I/w, the Inventors who are subject to the University System of Maryland, Board of Regents Policy and are not under an obligation to assign intellectual property rights to another party, hereby affirm that in consideration for SU's evaluation of commercial potential and a share of income which I/we may receive upon commercialization of my/our invention, I/we on the date of our my/our signature as indicated below do hereby assign and transfer my/our entire right, title and interest in and to the invention described herein unto SU, its successors, legal representatives and assigns.

<u>Inventor Signature</u>	<u>Print Name</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____