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Rev. 10/26/07

*BUSINESS*  
CONFIDENTIAL  
*(when completed)*

**Duke University  
Invention Disclosure Form (IDF)**

Please submit completed IDFs to:

**Office of Licensing & Ventures  
Duke University  
2812 Erwin Road, Suite 306, Durham, NC 27705  
Box 90083, Durham, NC 27708  
(919) 681-7578**

**1. Technology Title** [Title should not reveal unique details]:

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**2. Persons Submitting This Disclosure:** We will send all correspondence to the first person listed below. This person will be responsible for communicating correspondence with other submitters. Otherwise, the order in which you list names has no significance. People submitting this disclosure should discuss what contributions they made and indicate how revenue should be divided. As you understand this technology at this point in time, how would you like to see the proceeds split? All of the individuals listed here may not be included in specific patents based on this disclosure. "Inventor" is a specific legal term arising from patent law, and the inclusion of an individual who is not legally an inventor on a patent, will invalidate the patent.

2.1. *Person coordinating submitters' activities with OLV*

First Name: \_\_\_\_\_ Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Is/was this person a Duke employee? YES \_\_\_\_\_ NO \_\_\_\_\_

Department: \_\_\_\_\_ P.O. Box:  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address:  
\_\_\_\_\_

Contribution to invention:[specificity is important]  
\_\_\_\_\_  
\_\_\_\_\_

% Royalty Share: \_\_\_\_\_ Was the work done at Duke University? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, please note address below:  
\_\_\_\_\_  
\_\_\_\_\_

2.2.

First Name: \_\_\_\_\_ Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Is/was this person a Duke employee? YES \_\_\_\_\_ NO \_\_\_\_\_

Department: \_\_\_\_\_ P.O. Box:  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address:  
\_\_\_\_\_

Contribution to invention:[specificity is important]  
\_\_\_\_\_  
\_\_\_\_\_

% Royalty Share: \_\_\_\_\_ Was the work done at Duke University? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, please note address below:

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2.3.

First Name: \_\_\_\_\_ Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Is/was person a Duke employee? YES \_\_\_\_\_ NO \_\_\_\_\_

Department: \_\_\_\_\_ P.O. Box:  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address:  
\_\_\_\_\_

Contribution to invention:[specificity is important]

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% Royalty Share: \_\_\_\_\_ Was the work done at Duke University? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, please note address below:

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2.4.

First Name: \_\_\_\_\_ Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Is/was this person a Duke employee? YES \_\_\_\_\_ NO \_\_\_\_\_

Department: \_\_\_\_\_ P.O. Box:  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address:  
\_\_\_\_\_

Contribution to invention:[specificity is important]

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% Royalty Share: \_\_\_\_\_ Was the work done at Duke University? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, please note address below:

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*(Please photocopy and attach additional pages if needed for more submitters)*

**3. Ownership Category:** Categories A and B are considered the property of the submitter(s) and may be patented and/or commercialized at their expense or assigned to the University on terms acceptable to both. Category C is considered the property of the University. Categories D and E are controlled by the applicable grant, contract, or agreement. Check more than one category if applicable.

- A...resulting from research or other work conducted by the inventor(s) wholly on their own time without use of University funds or facilities
- B...resulting from research or other work conducted by the inventor(s) wholly on their own time but involving some but not significant use of University funds or facilities
- C...resulting from research or other work conducted by the inventor(s) in whole or in part on University time or with significant use of University funds or facilities
- D...arising from research financed by the U.S. Government
- E...resulting from research or other work sponsored by nongovernmental entities and controlled by the terms of the research agreement, if applicable
- F...other

**4. Source of Funds:** Please list all sources of funding related to this invention. [Federal Government, Corporate Sponsor, HHMI, Private Foundations/Other] *A copy of all non-federal government agreements be included so that we can determine whether this invention is subject to any commitments or restrictions arising from the terms of sponsorship. For fellowships or grants, please include brochure regarding rights.*

Sponsor: \_\_\_\_\_ P.I. \_\_\_\_\_  
Federal Grant #: \_\_\_\_\_  
DUMC or ORS Grants & Contracts ID#: \_\_\_\_\_  
Short Title: \_\_\_\_\_  
Research Period - Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Sponsor: \_\_\_\_\_ P.I. \_\_\_\_\_  
Federal Grant #: \_\_\_\_\_  
DUMC or ORS Grants & Contracts ID#: \_\_\_\_\_  
Short Title: \_\_\_\_\_  
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Federal Grant #: \_\_\_\_\_  
DUMC or ORS Grants & Contracts ID#: \_\_\_\_\_  
Short Title: \_\_\_\_\_  
Research Period - Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**5. Source of Materials:** Did you use materials received from any other source?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list the materials, source, date received, and any materials transfer agreements in place for use of said materials. *Please include copies of agreements already in place.*

**6. Other Obligations:**

Do other organizations or individuals have any rights to the technology, and do you or Duke have any obligations to others with respect to this technology? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you consult with any companies that may claim rights to this technology? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, did you sign a Confidential Disclosure Agreement (CDA) with the company before discussing the invention? YES \_\_\_\_\_ NO \_\_\_\_\_  
*Please include copies of any relevant agreements that are in place.*

**7. Technology/Invention Description:** In what follows, we ask for information that will help us decide if this technology is an invention in the legal sense. Your answers will tell us if your technology could be protected by a patent. We may decide to commercialize the technology in other ways.

7.1. Date of conception of the invention: \_\_\_\_\_

Legally, "Conception" means the formation, in the mind of the inventor(s), of a definite and permanent idea of the complete and operative invention as claimed, as it is thereafter to be applied in practice.

7.2. How was this documented? What was the first written record of the invention? (i.e. lab notebook, computer disk, photograph, chart)

7.3 Detailed Invention Description: (separate pages)

Your description should:

- distinguish the invention from prior art such as publications and patents
- describe the most effective way to carry out the invention (e.g. optimum materials, proportions, conditions, parameters, etc.)
- include diagrams, drawings, etc., as required and be as specific as possible
- relevant manuscripts, or related documents

Please include:

*Novelty:* novel features and advantages that differentiate this technology from other available technology.

*Utility:* how this technology could be used to solve an existing problem.

7.4. Has the invention been reduced to practice (i.e. experiments, prototypes, pre-clinical/clinical data demonstrating principles)? If so, when and how:

**8. Disclosure (Including Publications):** Any public, non-confidential disclosure of the details of the invention (orally, in writing, by actual use, demonstration or posters) constitutes disclosure which may bar patent protection. In the US, a publication triggers a one-year period within which a patent application must be filed in order to maintain US rights. Publications or disclosures prior to the US patent application will eliminate patent rights in most foreign countries.

Written publications and abstracts are NOT the only forms of disclosure. A copy of written publications or any other written disclosure MUST be included with this form.

Has this technology been publicly disclosed in any form?  
YES \_\_\_\_\_ NO \_\_\_\_\_

8.1. If Yes, please indicate how this technology has been disclosed. [Use extra sheets as necessary]

8.1.1. Written publications as of date of this invention: [Give full title, reference and date of release]

8.1.2. Other forms of disclosure: [Give venue, form or presentation, date, person disclosing]

8.2. If No, please indicate how you anticipate disclosing this technology. [Use extra sheets as necessary]

8.2.1. For presentations: [Give venue, form of presentation, date, person disclosing]

8.2.2. For publications: [Give anticipated submission date; or, if already submitted, anticipated publication date. If you have a copy of a manuscript or written version of other disclosures, submit with this form.]

8.2.3. Non-Confidential Disclosure. Prepare a brief (one page) NON-CONFIDENTIAL description of your technology. Include a succinct background and how this technology could be used to solve an existing problem. Do not include a detailed description of your technology such that someone in the field would be able to discern your technology.

**SIGNATURES OF ALL SUBMITTERS AND CHAIR MUST BE SECURED BEFORE THE IDF CAN BE PROCESSED.**

This Disclosure Is Submitted By The Following Person(s):

**Submitter(s) signature(s):**

1. \_\_\_\_\_ Date \_\_\_\_\_

2. \_\_\_\_\_ Date \_\_\_\_\_

3. \_\_\_\_\_ Date \_\_\_\_\_

4. \_\_\_\_\_ Date \_\_\_\_\_

*(Note: please photocopy this blank page for cases where there are more than 4 submitter(s).*

**Witnesses:**

The undersigned have read and understood the technology disclosed:

**Department Chair**

By: \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Typed name: \_\_\_\_\_ Title: \_\_\_\_\_

Who also approves this disclosure for the Department of

\_\_\_\_\_

**Invention Manager**

\_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Typed name of Invention Manager:

**Executive Director, Office of Licensing & Ventures**

\_\_\_\_\_ Date \_\_\_\_\_  
Rose Ritts, Ph.D.