CONFIDENTIAL

Invention Disclosure Form

This form is an important legal document. Please accurately complete all items that apply to your invention and attach any additional documents you feel would be helpful in assessing the technology. Contact the Intellectual Property Administrator at (205) 652-5459 or jwedgworth@uwa.edu if you have any questions.

Please email a copy of your completed form to: jwedgworth@uwa.edu

Please mail the signed original form to: Intellectual Property Administrator

1. Title of Invention: Please provide a non-confidential title.

UWA, Station 47 Livingston, AL 35470

Full Legal Name	Department or Non-UWA Entity	Email / Phone Number / Station	% Share
1.			
2.			
3.			
4.			
5.			

For Internal Office Use Only:	Date Received by IP Administrator:	IP ID:

3. Invention Related Dates

Date (mm/dd/year)	Does a written record of this date exist? (Yes/No)	If Yes: location of written records If No: List of names with whom you had discussions.
_		(mm/dd/year) record of this date

	Invention / Proof of Concept Established				
4.	Briefly Summarize the Inv			ormation, and append complete de	scriptions as
5.	. What are the Advantages	of your Inve	ntion over the currer	t technology??	
6.	What are the Practical an	d Commercia	al Applications of the	Invention?	
7.	Please Indicate the Stage prototype, product, etc.)	of Developm	nent of your Inventio	n: (e.g. concept, early stage, be	nch
8.	. Does the Invention Posse	ess Disadvan	tages or Limitations	? How Might they be Overcon	ne?

Communicate proceedings presentation persons and and prototypersons	vention been disclosed to any outside of the University of West Alabama, either orally or in writ
proceedings presentation persons and and prototyp	, theses, posters, proceeding abstracts, online pre-prints, online abstracts or descriptions, oral s and handouts of oral presentations that are open to the public, private correspondence to non-UWA entities, sales of the invention, public use of the invention, and some distributions of research material ses.
Yes	
	∐ No
If Yes, plea	ase specify (e.g. date, name, and circumstances)
	end to publicly disclose the Invention in the future either orally or in writing? (e.g. publication, ertation, seminar, poster, meeting abstract, web page)
Yes	□ No

11.	Appointments, Consulting Agreements and Conflict of Interest (COI): Please indicate with an "X" all
	appointments / memberships you may have had at the time of invention. In the COI column, please list the names
	of any companies with whom you had a personal consulting relationship that may possibly be related to the invention
	as well as providing a copy of any IP ownership language in your consulting agreement(s).

	UWA Employee	Other (please specify)	COI*
Inventor 1			
Inventor 2			
Inventor 3			
Inventor 4			
Inventor 5			

^{*} If you have a "significant financial interest" (as defined in the University's Policy on Conflict of Interest) in a business entity that is related to this invention in any way, then contact the Office of Research Compliance at (205) 348-8461.

12. Funding Sources: Please list all funding sources for materials, equipment and / or salaries of all personnel involved in conception and development of the invention.

Funding Source	Name of Department, Company, Agency, etc.	Grant or Contract Number
Unrestricted University or Departmental Funds		
Federal Agency or Other Government Agency		
Private / Public Foundation		
Commercial Entity		
Others (please specify)		

All inventors affiliated with The University of West Alabama during the course of developing information/material disclosed in this document must sign below. By signing this confidential disclosure form, all inventors hereby assign their rights in the invention(s) described in this disclosure to the University.

All statements and information I have made or provided in this Confidential Invention Disclosure Form are true and complete to the best of my knowledge. I understand and agree that all rights, obligations, and financial interests, if any, pertaining to or derived from the invention are as determined under the University of West Alabama's Intellectual Property Policies and Procedures. I agree to assist The University of West Alabama's Intellectual Property Administrator in the evaluation, possible protection and commercialization of the invention as described in this Confidential Invention Disclosure Form.

For each Inventor, please TYPE in all fields, then sign and date.

Primary Contact			
Inventor 1 Name:	Citizenship:		
Home Address:			
Work Address:			
Signature:	Date:		
Inventor 2 Name:	Citizenship:		
Home Address:			
Work Address:			
Signature:	Date:		
Inventor 3 Name:	Citizenship:		
Home Address:			
Work Address:			
Signature:	Date:		
Inventor 4 Name:	Citizenship:		
Home Address:	Citizenship:		
Work Address:			
Work Address:			
Signature:	Date:		
Inventor 5 Name:	Citizenship:		
Home Address:			
Work Address:	· · · · · · · · · · · · · · · · · · ·		
Signature:	Date:		

Space for Additional Inventors / Non-UWA Inventors

Inventor 6 Name:		Citizenship:			
Institution or Company Affiliation / College and Department Info:					
Home Address:					
Work Address:					
Phone:	Email:		Fax:		
			_		
Signature:			Date:		
Inventor 7 Name: Citizenship:					
Institution or Company Affiliation / Colleg	ge and Department Info):			
Home Address:					
Work Address:					
Phone:	Email:		Fax:		
			Date:		
Signature:			Date.		
	<u> </u>				
Inventor 8 Name: Citizenship:					
Institution or Company Affiliation / College and Department Info:					
Home Address:					
Work Address:					
Phone:	Email:		Fax:		
			Date:		
Signature:					
Inventor 9 Name: Citizenship:					
Institution or Company Affiliation / College and Department Info:					
Home Address:					
Work Address:	.		-		
Phone:	Email:		Fax:		
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Signature:					
Inventor 10 Name:		Citizonobino			
		Citizenship:			
Institution or Company Affiliation / Colleg Home Address:	je and Department inic):			
Work Address:					
Phone:	Email:		Fax:		
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Signature:			Date:		

What to expect from the IP Administrator after submitting your Invention Disclosure Form?

Note: These general guidelines are intended to help you and your colleagues better understand the IP Administrator's processes. Please note that every case is unique and you are encouraged to directly contact the IP Administrator if you have any questions about what to expect for your specific invention.

1. Acknowledgement

- Within 5 business days of submitting your Invention Disclosure Form to the IP Administrator, you will receive an acknowledgement email.
- This message will notify you of the invention's unique identification number (IPID).

2. Initial Review

- The IP Administrator will perform an initial review of the invention, which may involve a preliminary literature search to survey the competitive business and intellectual property landscape relative to the invention.
- Inventors are encouraged to forward any potentially relevant references to the IP Administrator.

3. Inventor Interview

- After the initial review, a IP Administration staff member will request a meeting to discuss the invention and potential commercialization opportunities and strategies.
- Your meeting request will be initiated as soon as possible after submitting your Invention Disclosure Form to
 the IP Administrator. Should there be a need to expedite the review process due to an upcoming publication
 or conference presentation; inventors are encouraged to contact the IP Administrator directly since any "public
 disclosures" may impact the ability for the university to obtain broad intellectual property protection.

4. Assessment

- After the completion of the Inventor Interview, the Invention Disclosure Form along with any supplemental
 information will be utilized in the Triage Process. The goal of the triage process is to produce a report
 summarizing the preliminary patentability and market assessment. These reports are shared with the
 inventors, updated as necessary, and provided to the IP Committee.
- Assessment will be completed within 4 weeks after the Inventor Interview.

5. Decision

- Following assessment, The IP Administrator will schedule a time for the technology to be presented to the IP Committee.
- The IP Committee is a five member committee that meets as necessary. At the meeting the inventor(s) are asked to prepare a 10 MINUTE presentation. Inventors are asked to provide the following information for the invention description:
 - i. Clear and concise statement as to what the invention is/does in non-technical terms
 - ii. Brief history of the field/technology focusing on current problems within the field
 - iii. How this technology is different from what is currently available
 - iv. Illustrate why this technology is better.

Following the presentation, the committee discusses the technology and votes on the best path forward. It is important to note that the committee's decision is based mainly on the market potential for a particular technology.