

CONFIDENTIAL

LOUISIANA STATE UNIVERSITY AGRICULTURAL CENTER

OFFICE OF INTELLECTUAL PROPERTY

Invention Disclosure Form

File Number

Please answer all questions on this form.

This form may also be downloaded at: <http://www.lsuagcenter.com/intellectual/forms.asp> .

Title of Invention: _____

Please provide a tentative listing of the inventors, i.e., those individuals who conceived the invention, or who contributed to the conception of the invention. If there is a joint appointment with another campus, university, a company, a government agency, etc., please indicate. (Please note that this tentative designation of inventor(s) is subject to verification by patent counsel in accordance with the strict requirements of federal law.)

Inventor (1) Name: _____ Position/Title: _____

Work Address:

Home Address:

Department affiliation at time of invention: _____

Joint appointment? _____

Citizenship: _____

PHONE:

FAX:

MOBILE:

E-MAIL:

Inventor (2) Name: _____ Position/Title: _____

Work Address:

Home Address:

Department affiliation at time of invention: _____

Joint appointment? _____

Citizenship: _____

PHONE:

FAX:

MOBILE:

E-MAIL:

* If there are more than two inventors, please attach additional sheets.

** If there is an undergraduate or graduate student inventor, please provide a permanent address.

Please attach additional pages if necessary

Brief description of the invention:

Possible area(s) of commercial application*:

*** Please also attach a non-confidential summary of the invention to this form for use in future marketing efforts.**

Brief description of presently used technology and its disadvantages:

Is any material used in this invention covered by a material transfer agreement? **YES NO**
(If Yes, attach a copy.)

Have you made any public disclosure of the invention? **YES NO**

(Public disclosure is broader than traditional "publication," and can include such things as published articles or abstracts in a journal or proceedings; a presentation or poster at a conference; preprints distributed outside LSU; a thesis or dissertation that has been catalogued and shelved; abstracts distributed before a conference; material posted on the Internet; etc.)

If **YES**, please give details and **EXACT** dates. Accurate information about **EXACT** dates can be crucial.

Details: _____ Month _____ Day _____ Year _____

Details: _____ Month _____ Day _____ Year _____

Details: _____ Month _____ Day _____ Year _____

If **NO**, when is the earliest planned publication? Month _____ Day _____ Year _____

Has the invention been reduced to practice? **YES NO**
(e.g., experimentally tested, demonstrated, or verified.)

If **YES**, are laboratory records and data available? **YES NO**

SPONSORED FUNDING:

Give details of any sponsored funding that supported the development of this invention, whether government or private. Without this information, this disclosure **will NOT** be processed. If **NONE**, so state.

SPONSOR

CONTRACT NUMBER

AgCenter Account Number

If you know any commercial entity that might be interested in licensing this technology, please identify:

Company: _____ Contact person: _____

Contact phone number: _____

Company: _____ Contact person: _____

Contact phone number: _____

Company: _____ Contact person: _____

Contact phone number: _____

Any communications with a potential licensee concerning business matters should be handled by the AgCenter Office of Intellectual Property. Please contact us if there are any questions, or to discuss further.

SIGNATURE(S) OF INVENTOR(S):

_____ Date:

_____ Date:

_____ Date:

_____ Date:

EXECUTION BY WITNESS: (**Note:** A co-inventor should not be a witness.)

The above invention was disclosed to and understood by me on the ___ day of _____, 20__.

Signature

Printed name of witness

Return the completed form to the Office of Intellectual Property, 104 Efferson Hall.
If you have any questions, please call (225) 578-6030.