**CONFIDENTIAL**

**LOUISIANA STATE UNIVERSITY AGRICULTURAL CENTER**

**OFFICE OF INTELLECTUAL PROPERTY**

Invention Disclosure Form

File Number

To Be Completed by OIP Staff

Please answer all questions on this form.

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

Title of Invention: Click or tap here to enter text.

Please provide a tentative listing of the contributors, 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.)

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| --- | --- |
| Contributor (1) Name: Click or tap here to enter text. | Position/Title: Click or tap here to enter text. |
|  |  |
| Work Address: | Home Address: |
| Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |
| Department affiliation at time of invention: |  |
|  |  |
| Joint appointment? Click or tap here to enter text. | Citizenship: Click or tap here to enter text. |
|  |  |
| PHONE: Click or tap here to enter text. | FAX: Click or tap here to enter text. |
| MOBILE: Click or tap here to enter text. | E-MAIL: Click or tap here to enter text. |

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| --- | --- |
| Contributor (2) Name: Click or tap here to enter text. | Position/Title: Click or tap here to enter text. |
|  |  |
| Work Address: | Home Address |
| Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |
| Department affiliation at time of invention: |  |
|  |  |
| Joint appointment? Click or tap here to enter text. | Citizenship: Click or tap here to enter text. |
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| PHONE: Click or tap here to enter text. | FAX: Click or tap here to enter text. |
| MOBILE: Click or tap here to enter text. | E-MAIL: Click or tap here to enter text. |

\* 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:

Click or tap here to enter text.

Possible area(s) of commercial application\*:

Click or tap here to enter text.

**\* 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:

Click or tap here to enter text.

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: Click or tap here to enter text. | Click or tap to enter a date. |
| Details: Click or tap here to enter text. | Click or tap to enter a date. |
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If **NO**, when is the earliest planned publication?

|  |  |
| --- | --- |
| Details: Click or tap here to enter text. | Click or tap to enter a date. |
|  |  |

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

Company: Click or tap here to enter text.

Contact phone number: Click or tap here to enter text.

Contact person: Click or tap here to enter text.

Company: Click or tap here to enter text.

Contact phone number: Click or tap here to enter text.

Contact person: Click or tap here to enter text.

Company: Click or tap here to enter text.

Contact phone number: Click or tap here to enter text.

Contact person: Click or tap here to enter text.

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):

|  |  |
| --- | --- |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature | Date |
|  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature | Date |
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| Signature | Date |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature | 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.