



**CONFIDENTIAL**

**LOUISIANA STATE UNIVERSITY AGRICULTURAL CENTER**  
**OFFICE OF INTELLECTUAL PROPERTY**

Invention Disclosure Form

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:**

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.)

Contributor (1) Name:

Position/Title:

Work Address:

Home Address:

Department affiliation at time of invention:

Joint appointment?

Citizenship:

PHONE:

FAX:

MOBILE:

E-MAIL:

Contributor (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:

Details:

Details:

If **NO**, when is the earliest planned publication?

Details:

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:

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Company:

Contact person:

Contact phone number:

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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):

X

Signature

\_\_\_\_\_

Date

X

Signature

\_\_\_\_\_

Date

X

Signature

\_\_\_\_\_

Date

X

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\_\_.

X

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.

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