**Research Disclosure  
The University of Mississippi Office of Technology Commercialization**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| ***For Office Use Only:*** | | | | | | | |
| **date received:** | | | **um file number:** | | | | |
| Pre-Disclosure COMMENTS:  Date:  OTC Staff: | | | Invention Disclosure COMMENTS:  Date:  OTC Staff: | | | | |
| **Section A – Project Investigators (Full Legal Names and Contact Information)**   * **list UM investigators and UM employees** * **UM investigators [provide full mailing address for each]**   **Attach page if: you need to list more than five (5) Project Investigators** | | | | | | | |
| **Last**: | **First**: | | | | **Middle**: | | |
| **Title**: | **Department**: | | | | **Office Phone**:  **Email Address**: | | |
| **Last**: | **First**: | | | | **Middle**: | | |
| **Title**: | **Department**: | | | | **Office Phone**:  **Email Address**: | | |
| **Last**: | **First**: | | | | **Middle**: | | |
| **Title**: | **Department**: | | | | **Office Phone**:  **Email Address**: | | |
| **Last**: | **First**: | | | | **Middle**: | | |
| **Title**: | **Department**: | | | | **Office Phone**:  **Email Address**: | | |
| **Last**: | **First**: | | | | **Middle**: | | |
| **Title**: | **Department**: | | | | **Office Phone**:  **Email Address**: | | |
| **Section B – Project Data (Title, Dates, Places, and Other Pertinent Data)** | | | | | | | |
| **1.) Descriptive Title of Research Disclosure:** | | | | | | | |
| **2.) Conception:** | | | | | | | |
| **3.) First Written Description:** | | | | | | | |
| **4.) First Public Disclosure (and circumstances):** | | | | | | | |
| **5.) Confidential Disclosures:** | | | | | | | |
| **6.) Actual and Planned Publication(s) :** | | | | | | | |
| **7.) Is a thesis or a dissertation involved?** | | Yes  No | **7A.)** **Student’s Name**:  **Expected Date of Graduation**: | | | | |
| **8.)** **Please summarize the idea in non-technical terms so its value can be understood by a potential licensee but so as not to disclose the potential patent claims.** | | | | | | | |
| **9.)** **For marketing and federal reporting purposes, please provide five (5) keywords for this technology**. | | | | | | | |
| **10.)** **Please list each investigator and a general description of his/her contributions to this disclosure**. | | | | | | | |
| **11.) Have you completed a patent search and/or literature search?** | | | Yes (please attach results to this form)  No | | | | |
| **12.) How does the idea differ from present technology?** | | | | | | | |
| **13.) Are you aware of any specific company(s) that may have an interest in this technology? If you have a specific contact within the organization, please specify.** | | | | | | | |
| **Section C – Funding and Grant Applications** | | | | | | | |
| ***Sponsors/Sources of FUNDS THAT HAVE SUPPORTED OR ARE CURRENTLY SUPPORTING THE PROJECT*** | | | | | | |  |
| **Sponsor:** | | | **Sponsor’s Grant/Contract No.** | | | | |
| **Grant Title:** | | | | **Award Date:** | | | |
| **Sponsor:** | | | **Sponsor’s Grant/Contract No.** | | | | |
| **Grant Title:** | | | | **Award Date:** | | | |
| ***PENDING Grant Applications Related to the Project*** | | | | | | | |
| **Sponsor:** | | | **Requested Funding Amount: $** | | | | |
| **Grant Title:** | | | | **Submission Date:** | | | |
| **Sponsor:** | | | **Requested Funding Amount: $** | | | | |
| **Grant Title:** | | | | **Submission Date:** | | | |
| ***Grant Applications Related to the Project That Were NOT AWARDED*** | | | | | | | |
| **Sponsor:** | | |  | | | | |
| **Grant Title:** | | | | **Submission Date:** | | | |
| **Sponsor:** | | |  | | | | |
| **Grant Title:** | | | | **Submission Date:** | | | |
| **Section D – Project Description**  **Describe the idea so that it can be thoroughly understood by someone knowledgeable in the technical field (complete all three sections below).** | | | | | | | |
| **Background:** | | | | | | | |
| **Summary of Idea**: | | | | | | | |
| **Detailed Description of Idea**: [to include such items as general purpose or use, novel or unique features, test results, designs, figures, molecular structures, and other supporting data or information] | | | | | | | |
| **Section E – Development Plan** | | | | | | | |
| **Please provide a general description of additional work that needs to be completed over the next 12-18 months. Indicate if the work can be completed at The University of Mississippi or through an external collaboration.** | | | | | | | |
| **Section F – Attesting Signatures** | | | | | | | |
| **I/We assert that the information contained in this Research Disclosure is true, accurate, and complete. I/We acknowledge that the University of Mississippi (“UM”) owns the discovery contained herein pursuant to the UM Patent and Inventions Policy or the UM Copyright Policy.**  **If UM determines to seek patent or other appropriate protection for the discovery described herein, I/We shall cooperate with UM in its efforts to do so and shall sign such documents as may be required for this purpose, including but not limited to an assignment of the discovery to UM in a form that may be recorded, a declaration as to inventorship, and a power of attorney. I/We understand that UM will adhere to the terms of the UM Patent and Inventions Policy (**[**RSP.TM.400.003**](https://secure4.olemiss.edu/umpolicyopen/ShowDetails.jsp?istatPara=1&policyObjidPara=11067049)**) and will distribute any proceeds from the discovery accordingly, unless otherwise agreed to in writing.**  **I/We agree to notify UM’s Office of Technology Commercialization of any change in address, so that I/we can be informed of any developments in the discovery. I/We further understand that if the University decides to not seek protection for the discovery, it will, at its own discretion, and where permitted by Federal law governing discoveries made with Federal funding, offer to release its rights in the discovery to me/us.** | | | | | | | |
| **Investigator Signature** | | | **Date:** | | | **Phone Number:** | |
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| **Investigator Signature** | | | **Date:** | | | **Phone Number:** | |
| **Investigator Signature** | | | **Date:** | | | **Phone Number:** | |

For more information or assistance, contact ORSP Office of Technology Commercialization

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