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| **DOCKET NUMBER**(RF SUNY USE ONLY) |
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**New Technology Disclosure**

This form should be submitted to your campus Technology Transfer Office by SUNY faculty, staff, students and their collaborators to disclose inventions and discoveries. Forms submitted must contain **original signatures** and preferably will be accompanied by an **electronic copy** of the form and any attachments.

Publication or presentation prior to patent application filing in the US Patent & Trademark Office may jeopardize foreign patent rights, even if the publication is electronic (i.e. websites or email) or the presentation is not accompanied by slides or handouts. Please submit this form to your technology transfer office at least one month before submitting manuscripts, abstracts, etc. that are related to this technology.

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| **1. Title of Disclosed Technology** (a brief, descriptive title that does not reveal unique features) |

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| **2. Campus Location**  |

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| **3. Public Disclosures** (Previous and/or Future Public Disclosures of the Technology) |
|  | Has the technology been presented or will it be presented in any of the following ways? If you answer yes to any, please attach print and/or submit electronic copies of the relevant presentation(s). |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **Date (Actual or Expected)** | **Journal(s), Location(s) or Company/Institution Name(s)** |  |
|  |  | A) Submit for Publication (manuscript or abstract) | [ ]  YES | [ ]  NO |       |       |  |
|  |  | B) Publish (abstract, journal article, website, etc.) | [ ]  YES | [ ]  NO |       |       |  |
|  |  | C) Poster Presentation | [ ]  YES | [ ]  NO |       |       |  |
|  |  | D) Oral Presentation (conference, seminar, etc.) | [ ]  YES | [ ]  NO |       |       |  |
|  |  | E) Thesis Defense | [ ]  YES | [ ]  NO |       |       |  |
|  |  | F) Grant Proposal | [ ]  YES | [ ]  NO |       |       |  |
|  |  | G) Disclose to Industry | [ ]  YES | [ ]  NO |       |       |  |
|  |  | H) Offer for sale or in use by others | [ ]  YES | [ ]  NO |       |       |  |
|  |  | I) Other Public Dissemination | [ ]  YES | [ ]  NO |       |       |  |

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| **4. Funding** (Sponsorship) |
|  | What funds supported the work leading to this technology? (Please include federal, non-federal, foundation and industry funding, gifts, UB funds, etc.) The university has legally mandated reporting requirements, which are handled through RF SUNY. Please list **ALL** sources of funding for the technology. |  |
|  |  | **Name of Sponsor or Company** | **Investigator** | **Grant/Contract Number** | **Project Task Award Number** |  |
|  |  |       |       |       |       |  |
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| **5. Third Party Obligations** |
|  | Are you a party to any other agreement(s) pertaining to the technology? (Material Transfer, Collaboration, Confidentiality, Facilities Use, etc.)? | [ ]  Yes | [ ]  No |  |  |
|  | If yes, please list **Company or Institution, Type of Agreement, and Date** (Please submit copies of these agreements with this form):      |

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| **6. Marketing Targets** |
|  | List companies that would be interested in or have already inquired about commercializing the technology.Attach additional sheets if necessary. |
|  |  | **Company Name** | **Contact Name** | **Email** |  |
|  |  |       |       |       |  |
|  |  |       |       |       |  |
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| **7. Prototypes and/or Samples** |
|  | Are prototypes and/or samples available for demonstration and/or testing? | [ ]  Yes | [ ]  No |  |  |  |

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| **8. Description of the Technology**  |
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|  | **A.** | **Problem solved or need addressed by the technology.** |  |
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|  | **B.** | **Detailed description of the technology.**  Identify clearly what you consider your technology to be, as well as materials/methods used, operation, and utility of the technology, focusing on **unique features** that distinguish your technology from existing technologies. The technology should be discussed in such detail as to **enable a person skilled in the art to make and use the technology**. Additional considerations include:* Describe the “best mode” for practicing the technology
* If known, identify substituents, equivalents and/or ranges for each inventive step
* Explain what didn’t work as well as the challenges and obstacles that had to be overcome

Pictures, data tables, manuscripts or anything that broadens the scope of the technology and makes the disclosure complete should be included. If applicable, provide nucleotide or amino acid sequences. |  |
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|  | **C.** | **Potential Products/Services.**  In order of decreasing likelihood, list as many **actual or hypothetical** products and/or services you can think of that might benefit from your technology and identify the end user(s) for each. Be creative; attempt to think of broader and narrower applications for the technology than those that immediately come to mind, as well as applications that are outside of your own field.  |  |
|  |  |       |
|  | **D.** | **Competitive and Alternative Products.**List as many existing products and/or services that you can think of which meet essentially the same product or service goals as those listed above; also, if possible, please indicate the company that provides each such product or service. |  |
|  |  |       |
|  | **E.** | **Advantages.** Please list and/or describe all of the advantages (e.g. more efficient, cheaper, faster, etc.) that this technology possesses compared to alternative/competing products, processes or services. |  |
|  |  |       |
|  | **F.** | **Disadvantages.**  Please list and/or describe all of the disadvantages (e.g. costly to implement, difficult to manufacture, small market, etc.) that this technology possesses compared to alternative/competing products, processes or services. Can these be overcome? If yes, how? |  |
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| **9. Background Information** |
|  | A. Is the technology related to a previous disclosure? | [ ]  Yes | [ ]  No |  |  |  |
|  | B. Has a disclosure been submitted to another campus/Institution? | [ ]  Yes | [ ]  No |  |  |  |
|  | C. Does the technology contain a software modification of existing work? | [ ]  Yes | [ ]  No |  |  |  |
|  | D. Does the technology incorporate third party software including Open Source? | [ ]  Yes | [ ]  No |  |  |  |

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| **10. Disclosing Parties** |
|  | **For potentially patentable technologies:**List **only those who have contributed to the conception** of the technology. Under United States patent law, an “inventor” is one who makes a material contribution to the subject matter of at least one claim of the patent. Inventors do not include those who merely suggest an idea of a result rather than the means of accomplishing it, nor do they include those who merely carry out experiments planned wholly by another. Therefore, a final determination of who to list as “inventors”, both on any patent application and on any patent that ultimately issues, will be made by UB’s patent counsel applying the legal standards for inventorship.List names in the order that they should appear in a patent application, if filed.Original signatures and complete contact information are required.Percent contributions to the technology should sum to 100.caution2**In case of computer software:** Identify **ALL** individuals who have shared in the authorship of the software, and made a significant intellectual contribution to what are believed to be the novel or non-obvious aspects of the software described in the disclosure.**Agree to Assign:**All inventors with an obligation to assign to The Research Foundation for The State University of New York do hereby assign their right, title and interest in any intellectual property resulting herefrom to The Research Foundation for The State University of New York.Also, all inventors hereby agree to cooperate fully with The Research Foundation to investigate sponsorship, inventorship, facilities use, and any other facts or matters deemed necessary by the Foundation to manage effectively the intellectual property described herein. |  |
| 1. | Primary Contact Name | [ ]  Dr. [ ]  Mr. [ ]  Ms. |       |  |
|  | SUNY Affiliation | [ ]  Faculty [ ]  Staff [ ]  Student | Other Affiliation(s) |       |  |
|  | Job Title |       | Citizenship |       |  |
|  | Department, Center or Institute |       | Street AddressCity, State, Zip |       |  |
|  | Dean |       | Home Phone |       |  |
|  | Chair |       | Mobile Phone |       |  |
|  | % contribution to the technology (sum to 100) |       | Campus/Work Address |       |  |
|  | Nature of contribution |       | Campus/Work Phone |       |  |
|  | Campus/Work Fax |       |  |
|  | Email |       |  |
|  | Signature |  | Date |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. | Name | [ ]  Dr. [ ]  Mr. [ ]  Ms. |       |  |
|  | SUNY Affiliation | [ ]  Faculty [ ]  Staff [ ]  Student | Other Affiliation(s) |       |  |
|  | Job Title |       | Citizenship |       |  |
|  | Department, Center or Institute |       | Street AddressCity, State, Zip |       |  |
|  | Dean |       | Home Phone |       |  |
|  | Chair |       | Mobile Phone |       |  |
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|  | Nature of contribution |       | Campus/Work Phone |       |  |
|  | Campus/Work Fax |       |  |
|  | Email |       |  |
|  | Signature |  | Date |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. | Name | [ ]  Dr. [ ]  Mr. [ ]  Ms. |       |  |
|  | SUNY Affiliation | [ ]  Faculty [ ]  Staff [ ]  Student | Other Affiliation(s) |       |  |
|  | Job Title |       | Citizenship |       |  |
|  | Department, Center or Institute |       | Street AddressCity, State, Zip |       |  |
|  | Dean |       | Home Phone |       |  |
|  | Chair |       | Mobile Phone |       |  |
|  | % contribution to the technology (total = 100) |       | Campus/Work Address |       |  |
|  | Nature of contribution |       | Campus/Work Phone |       |  |
|  | Campus/Work Fax |       |  |
|  | Email |       |  |
|  | Signature |  | Date |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. | Name | [ ]  Dr. [ ]  Mr. [ ]  Ms. |       |  |
|  | SUNY Affiliation | [ ]  Faculty [ ]  Staff [ ]  Student | Other Affiliation(s) |       |  |
|  | Job Title |       | Citizenship |       |  |
|  | Department, Center or Institute |       | Street AddressCity, State, Zip |       |  |
|  | Dean |       | Home Phone |       |  |
|  | Chair |       | Mobile Phone |       |  |
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|  | Nature of contribution |       | Campus/Work Phone |       |  |
|  | Campus/Work Fax |       |  |
|  | Email |       |  |
|  | Signature |  | Date |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Campus OM Signature

Name

Title

Date

Last revised: 2014.2.10