

Technology DISCLOSURE FORM

PRIVILEGED AND CONFIDENTIAL

This form is intended for **University of Chicago, UChicago Medicine, Marine Biological Laboratory, & Toyota Technical Institute faculty, researchers, and staff.** Otherwise, if you would like assistance with your technology, consider becoming a member of the **Polsky Exchange** (more information at polsky.uchicago.edu/become-a-member/).

This form requests the **minimum information needed to effectively evaluate your disclosed technology (including software).** As the disclosing inventor, and/or as the recipient of sponsored research, it is your obligation to provide a **thorough and candid disclosure. Note, submitting a *Technology Disclosure* does not provide patent protection.** To learn more about the patent process, or if you have any other questions when completing this form, please contact our office at **773.702.1692** or **inventions@uchicago.edu****.**

**CONFIDENTIALITY NOTICE**

**THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION. IF YOU ARE NOT THE DISCLOSING INVENTOR OR AN INDIVIDUAL GRANTED EXPLICIT ACCESS TO REVIEW AND/OR EDIT THE INFORMATION CONTAINED HEREIN, OR IF YOU BELIEVE YOU MAY HAVE RECEIVED THIS FORM IN ERROR, PLEASE NOTIFY THE POLSKY CENTER IMMEDIATELY AT 773.702.1692 OR PolskyLicensing@uchicago.edu.**

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| 1. **Title of technology**
 |
| Click here to enter text. |
| 1. **TECHNOLOGY INTAKE QUESTIONS**
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| 1. **Thoroughly describe what the technology is (What does the technology do? What is the significance of the technology?).**
 |
| Click here to enter text. |
| 1. **Is the disclosed technology related to any existing technology, published patent applications, and/or academic papers (i.e., potential “prior art”) of which you are aware? If yes, explain.**
 |
| Click here to enter text. |
| 1. **How is the technology an improvement over any existing technologies or prior art?**
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| Click here to enter text. |
| 1. **Have you discussed the technology with any potential commercial partners? If not, do you plan to? If yes, please identify any commercial partners that may be interested in licensing and further developing the technology.**
 |
| Click here to enter text. |
| 1. **additional information & supporting documents**

***Manuscripts, publications, grant proposals, abstracts, posters, results, graphs, drawings, photographs, related patent applications and/or issued patents that may assist in our understanding of the disclosed technology should be attached. Word and/or Powerpoint document format preferred.*** |
| Click here to enter text. |

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| 1. **PUBLIC DISCLOSURE**

***Public Disclosure can be in the form of an abstract, manuscript, poster, or other publication (including manuscript drafts on ARXIV). Be sure to cite all instances of public disclosure.*** |
| 1. **PAST PUBLIC DISCLOSURE**
 |
| 1. **Was any aspect of this technology published, described, or publicly presented IN THE PAST (e.g., web, journal, dissertation, etc.)?**
 | **YES** [ ]  | **NO** [ ]  |
| 1. **If YES, describe below, including relevant dates and locations:**
 |
| Click here to enter text. |
| 1. **ANTICIPATED PUBLIC DISCLOSURE**
 |
| 1. **Will any aspect of this technology be published, described, or publicly presented imminently or within the next twelve months?**
 | **YES** [ ]  | **NO** [ ]  |
| **If YES, describe below, including manuscript/abstract status if applicable (e.g. “submitted” or “accepted”), relevant dates, and locations:** |
| Click here to enter text. |

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| 1. **funding, sponsorship, & other support**
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| 1. **Was the technology conceived or first made under any funding, sponsorship, or other external support (e.g., federal, foundation, corporate)?**
 | **YES** [ ]  | **NO** [ ]  |
| 1. **If YES, please list each funding source and any associated grant numbers or other identifying information below**.

NOTE: Failure to list all appropriate funding – including improperly formatted reference numbers – can result in non-compliance with grant obligations. |
| 1. **SPONSOR NAME:**
 | Click here to enter text. |  |
| 1. **GRANT/SPONSOR #:**
 | Click here to enter text. |  |
| 1. **COMMENTS**
 | Click here to enter text. |  |
|  | *CLICK PLUS (+) TO INCLUDE ADDITIONAL FUNDING.* |  |
| 1. **SPONSOR NAME:**
 | Click here to enter Funding Source. |  |
| 1. **GRANT/SPONSOR #:**
 | Click here to enter text. |  |
| 1. **COMMENTS**
 | Click here to enter text. |  |
|  | *CLICK PLUS (+) TO INCLUDE ADDITIONAL FUNDING.* |  |
| 1. **SPONSOR NAME:**
 | Click here to enter Funding Source. |  |
| 1. **GRANT/SPONSOR #:**
 | Click here to enter text. |  |
| 1. **COMMENTS**
 | Click here to enter text. |  |
|  | *CLICK PLUS (+) TO INCLUDE ADDITIONAL FUNDING.* |  |
| 1. **MATERIALS**
 |  |
| 1. **Has any aspect of this technology been made possible by the use of materials obtained from an institution, company, and/or individual outside the University/affiliates (excluding research reagents purchased from a company)?**

NOTE: Failure to list all appropriate materials can prevent proper review of the University’s contractual obligations and result in legal issues upon licensing. | **YES** [ ]  | **NO** [ ]  |  |
| 1. **IF YES, insert below:**
 |  |
| 1. **EXTERNAL PARTY:**
 | Click here to enter External Party. |  |
| * 1. **DESCRIPTION:**
 | Click here to enter text. |  |
| * 1. **DATE RECEIVED:**
 | Click here to enter text. |  |
| 1. **EXTERNAL PARTY:**
 | Click here to enter External Party. |  |
| * 1. **DESCRIPTION:**
 | Click here to enter text. |  |
| * 1. **DATE RECEIVED:**
 | Click here to enter text. |  |

*CLICK PLUS (+) TO INCLUDE ADDITIONAL MATERIALS.*

# **VIII. contributors to the technology**

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| ***Below, name the individuals who contributed to the technology (potential inventors). IF THERE ARE CONTRIBUTORS OUTSIDE OF THE UNIVERSITY OF CHICAGO, UCHICAGO MEDICINE, MARINE BIOLOGICAL LABORATORY, AND TOYOTA TECHNICAL INSTITUTE, PLEASE INCLUDE THOSE AS WELL. In the event a patent application is filed, a patent attorney will assist with determining inventorship. At that time, each contributor may be asked to describe his/her individual contribution to the technology.*** ***At least one contributor must sign this form confirming the accuracy of the information provided. For additional Contributors, simply copy the table below and paste at the end of the document.*** |
| **contributor(s)** |  |
|  | **Is this the LEAD PRINCIPAL INVESTIGATOR?** | [ ]  | **YES/** [ ]  **NO**  |  |  |  |
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|  | **FIRST** |  | **MI** |  | **LAST** |  |
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|  |  |  |  |  |  |  |
|  | **HOME ADDRESS LINE 1** |  |  |  | **COUNTRY OF CITIZENSHIP** |  |
|  |  |  |  |  |  |  |
|  | **HOME ADDRESS LINE 2** |  |  |  | **TELEPHONE NO. (PRIMARY)** |  |
|  |  |  |  |  |  |  |
|  | **CITY, STATE ZIP** |  |  |  | **EMAIL (PRIMARY)** |  |
|  |  |  |  |  |  |  |
|  | **select all OF THE FOLLOWING that apply:** |  |  |  |  |  |
|  | [ ]  **UCHICAGO FACULTY, RESEARCHER, STAFF****DEPT/DIV:** Click here to enter text. |  |  |  | **☐ UCHICAGO MEDICINE****☐ MARINE BIOLOGICAL LABORATORY (MBL)** |  |
|  |  |  |  |  |  |  |
|  | [ ]  **OTHER AFFILIATION****LIST:**  Click here to enter text. |  |  |  | [ ]  **TOYOTA TECHNICAL INSTITUTE (TTI)** |  |
|  |  |  |  |  | CLICK PLUS (+) TO INCLUDE ADDITIONAL CONTRIBUTORS. |  |
|  | ***BY SIGNING BELOW, I HEREBY CERTIFY THE INFORMATION INCLUDED ABOVE AND ATTACHED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.*** |  |
|  |  |  | Click to enter a date. |  |
|  | **SIGNATURE** |  | **DATE** |  |
|  |