



INTELLECTUAL PROPERTY<sup>1</sup>  
LSU EUNICE  
TECHNOLOGY DISCLOSURE FORM

Title of Invention:

\_\_\_\_\_

2a. Inventor's Name

Dr./Mr./Ms. \_\_\_\_\_ Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Position Title: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Current LSU Eunice Address

Department: \_\_\_\_\_ Office: \_\_\_\_\_

Telephone

Office: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Residence Address:

Address & Street: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2b. Inventor's Name

Dr./Mr./Ms. \_\_\_\_\_ Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Position Title: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Current LSU Eunice Address

Department: \_\_\_\_\_ Office: \_\_\_\_\_

Telephone

Office: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Residence Address:

Address & Street: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(IF MORE THAN TWO INVENTORS, PLEASE ADD ADDITIONAL SHEETS)

\_\_\_\_\_

<sup>1</sup> Related to LSU Eunice Policy Statement Number 59.

3. Please give details of the sponsorship that led to the invention. If possible, attach a copy of the contract/ agreement.

Federal (including pass through funds)

Contract No.:

State:

Contract No.:

Industrial Company:

Contract No.:

LSU Eunice:

Contract No.:

Other Sponsors:

Contract No.:

\* Tentative listing of inventor(s) subject to verification by patent counsel in accordance with Federal law.

4a. Brief description of the invention and its advantages (attached additional pages, if necessary):

4b. Possible areas of commercial application of the invention (attached additional pages, if necessary):

5. Brief description of presently used technology and its disadvantages (attached additional pages, if necessary):

6. Is any material used in this invention covered by a material transfer agreement? YES:\_\_\_\_ NO:\_\_\_\_  
(If YES, attach a copy.)

7. Have you made a patent search or a literature search? YES:\_\_\_\_ NO:\_\_\_\_. (If YES, attach copies of the closest references you found.)

8. Is any information related to this disclosure classified? YES:\_\_\_\_ NO:\_\_\_\_. (If YES, attach details.)

9. Has the invention been reduced to practice? YES:\_\_\_\_ NO:\_\_\_\_. (e g, apparatus assembled and tested or modeled)

Are laboratory records and data available? YES:\_\_\_\_ NO:\_\_\_\_

10. Have you made any public disclosure of the invention? YES:\_\_\_\_ NO:\_\_\_\_  
If YES, please list details and EXACT dates. (Public disclosure includes published article or abstract in a journal or proceedings; a presentation or poster at a conference; preprints distributed outside LSU Eunice; a thesis or dissertation cataloged and shelved in a public library; prototype exhibit; posting on Internet; etc.)

A: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

B: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

C: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

If NO, do you plan publication?

\_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

11. (FOR COPYRIGHT ONLY) Have you included copyright notices on all printed information/documentation and displayed copyright notices on the title screen of your software? YES:\_\_\_\_ NO:\_\_\_\_

12. Do you personally wish to take a License under this invention from LSU Eunice? YES:\_\_\_\_ NO:\_\_\_\_

13. If you know of any firms who might be interested in licensing this technology, attach a list with the following information:

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of Inventor(s) Date: \_\_\_\_\_

\_\_\_\_\_  
Witness: (Note: A co-inventor should not be a witness.) Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness Date: \_\_\_\_\_