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UNIVERSITY OF OKLAHOMA OFFICE OF TECHNOLOGY DEVELOPMENT TECHNOLOGY DISCLOSURE FORM

NOTE: The information provided in this form could be confidential, and should not be divulged to others without prior approval from the Office of Technology Development. Except for individuals engaged in the evaluation and approval process, the information will not be divulged to others without proper confidentiality agreements in place, except as required by law. The objective of the form is to document the invention and make a determination on intellectual property protection and potential commercialization. Please submit this form once completed to rashaffer@ou.edu and Rmcnabb@ou.edu. Completion of this form does not guarantee that a patent shall be pursued by OTD.

INFORMATION

- 1. TITLE: (Non-confidential title of the work) [Enter Title here]
- 2. KEYWORDS: *Please, list three to five descriptive keywords/phrases that describe the invention*: [Enter Keywords here]
- 3. NON-CONFIDENTIAL ABSTRACT of the Invention: Please provide 2-3 sentences MAXIMUM, describing the technology. This description WILL BE PUBLISHED and used to market the technology to potential commercial partners. This description should NOT include specific inventive aspects, compositions, methods or other confidential details.

[Enter non-confidential abstract here]

OFFICE of TECHNOLOGY DEVELOPMENT

Norman Campus
Four Partners Place, Suite 3120
301 David L. Boren Boulevard
Norman, Oklahoma 73019
Telephone (405) 325-3800
Fax (405) 325-7162

HSC Campus 975 NE 10th Street BRC, Suite 1101 Oklahoma City, OK 73104 Telephone (405) 271-7725 Fax (405) 271-8651 4. INVENTORS: include all individuals who would be listed as inventors on a patent application, should a patent application be filed; please list LEAD inventor first. (An inventor is someone who has contributed to the **conception** of the invention. Should there be a question as to what constitutes inventorship, please consult with OTD.) If additional individuals (non-inventor contributors) are intended to receive a % of revenue should the invention be commercialized, please list those individuals herein and indicate the information accordingly.

Individual(s) Full Name	OU Empl Y/N?	OU Department*	Home Address	Contact Info (Phone #/Email)	Citizenship	Inventor Y/N?	% Royalty Share
[Full Name]	[Y/N]	[Campus Dept.]	[Home Address]	[Phone/Email]	[Citizenship]	[Y/N]	[% Share]

5. BACKGROUND: Describe currently available technologies in this field. Provide examples and names of existing technologies and explain their shortcomings/disadvantages. (Attach additional sheets as needed.)
[Background]

^{*}NOTE: If Non-OU Contributor/Inventor, indicate Institution affiliation here.

^{*}NOTE: If any OU Contributor/Inventor has other affiliations (i.e. receives salary from another party, works in other facilities other than University facilities), please list it here.

6. COMMERCIAL DESCRIPTION OF TECHNOLOGY

A. IMPROVEMENTS OVER STATE OF THE ART:

B. Please provide a summary of the inventive concepts and how the invention differs from currently available technologies. Please include how this invention specifically improves upon existing commercial products/services (Attach separate sheets as needed). If available, include data to support that the invention is feasible.

[Improvements]

C. WHAT TYPES OF COMPANIES WOULD USE YOUR TECHNOLOGY & HOW WOULD THEY USE IT?

Please provide a summary, in layman's terms, of the primary applications of this technology, including how this invention would be used to create a commercial product, or service. Include specific companies that would use the technology and how they would use it.

[Companies]

D. FUTURE OF TECHNOLOGY

Outline any further research and development that would greatly enhance the state of development of the invention and make it more attractive to potential licensees.

[Future]

7. DETAILED DESCRIPTION OF THE INVENTION: (Attach separate sheets/documents as needed).

Please provide a FULL detailed description of the invention that would teach someone skilled in the art how to practice the invention. Include essential elements, features, benefits, concepts, algorithms, data, or new results as applicable, and identify elements that are considered novel. Attach (or email separately) relevant data, ALL publications, presentations, or manuscripts (drafted, submitted, or published electronically or in written form), including written, electronic, or oral presentations, abstracts, journal articles, preprints, poster presentations, industry presentations, or other materials that fully describe and enable the invention.

PART B: BACKGROUND INFORMATION

1. IMPORTANT DATES: For the following events relating to the conceptions and reduction to practice of the invention, please list the corresponding date and explanation. Describe the current state of development of the invention (prototype, product developed, samples, etc.):

Event	Date	Explanation
	[Date]	•
Initial Idea		
First Oral/Written	[Date]	
Description of Invention		
Level of Testing Completed	[Date]	
(Lab Scale, Prototype, etc.)		
	[Date]	
Prototype Completed		

First experiment demonstrating the invention.	[Date]	
Enabling Data (proof of concept, etc.)	[Date]	
First Publication (Written or Oral) Date	[Date]	
(Written of Oral) Date	[Date]	
Public Disclosures of information both oral or written	[Date]	
Planned and future	[Date]	
publications/thesis/dissertation/presentation	[2]	
in inventions. Please identify any th	aird parties (governmental age	and research sponsors often have rights incies, industrial sponsors, foundations t. List all sources, including matching
Agency/Sponsor/Company	Principal Investigator	Agency Grant/ Project No.
[Agency/Sponsor/Company]	[Principal Investigator]	[Agency Grant/Project No.]
[Agency/Sponsor/Company]	[Principal Investigator]	[Agency Grant/Project No.]
[Agency/Sponsor/Company]	[Principal Investigator]	[Agency Grant/Project No.]
[Agency/Sponsor/Company]	[Principal Investigator]	[Agency Grant/Project No.]
	olease list any potential licen y.	tors that wish to participate in the sees that inventors may have already 0]:
Do one of the Insen	tous house Conflict of Interest	Vac□ Na □
·	tors have a Conflict of Interest? rm been filed with the Provost?	
5. MATERIALS: Were chemical and/outside the Univers	or physical material(s) and/or sity) used in the creation of this	<u> </u>
If yes, was a Materia	als Transfer Agreement or simil	lar document used to
obtain the material of		Yes No

6. EXPORT CONTROLS:	
a. Does your invention have military, satellite o	r intelligence applications? Yes No
b. Does your invention have encryption capabil	ities? Yes No
c. Was your invention, in whole or in part, deve Control Plan (TCP)?	eloped pursuant to research subject to a Technology Yes No
*	part, technology that was developed subject to any foreign national access had to be approved, or only U.S. Yes No
e. Was your invention developed, in whole or in dissemination of information required to conduct	•
7. INVENTORS'/CONTRIBUTORS' SIGNAT 7 (a) This section is to signed by inventors and non-ithe University of Oklahoma at the time of invention.	
This Disclosure is submitted under the University of Paragraph 1.1.	Oklahoma Intellectual Property Policy, Patents,
required by University policy as a condition of en owns the full right, title and interest to all invention inventors and further I will and do hereby assign all discoveries and inventions to the Board of Rege intellectual property rights associated with or result the undersigned warrants and represents by significant control of the second control of the control o	Intellectual Property Policy, acceptance of which is aployment, I herein acknowledge that the University ons/discoveries/works disclosed herein by University I of my right, title and interest in and to the disclosed nts of The University of Oklahoma, including any alting from the disclosed discoveries and inventions. In this Disclosure that to the best of his and/or her urate, truthful, and have been vetted, acknowledged, Disclosure.
Signature	[Date] Date
Signature	[Date] Date
Signature	[Date] Date

Signature	[Date] Date	
Signature	[Date] Date	
7 (b). This section is to be signed by the inventors a at the University of Oklahoma at the time of invention	nd non-inventor contributors who were not employed n.	
	ng this Disclosure that to the best of his and/or her urate, truthful, and have been vetted, acknowledged, Disclosure.	
Signature	[Date] Date	

NOTE: If you need to include additional information, please begin a new page to enter information or attach any appropriate documentation.

Thank you for submitting your disclosure. We look forward to working with you on this project.