

ILLINOIS STATE UNIVERSITY
INVENTION DISCLOSURE

DISCLOSURE NO.	
DATE RECEIVED	

General Instructions

The purpose of the disclosure form is to provide a record of your invention disclosure and to provide information from which your technology can be evaluated for patent and commercial potential. Please attach any information, drawings, publications, etc., required to fully describe the invention and/or assist with the evaluation. When the form is complete with required signatures, please send to:

Research and Sponsored Programs
Attn: Kevin Wiand
Campus Box 3040

Title of Invention:

Description (provide a brief, non-technical description of the invention):

Inventor 1:

Name:

Dept/Unit:

Phone:

Fax:

Email:

Inventor 2:

Name:

Dept/Unit:

Phone:

Fax:

Email:

Circumstances of Invention:

Date of conception of invention: Is this date documented in writing? If so, where? Identify the document, page numbers, and location (please attach copies if possible).

When did you first successfully test this invention?

Has the invention been publicly disclosed (oral, written, or electronic)? Briefly describe the circumstances, and the date first disclosed.

Identify any references, patent applications, or other publications pertinent to this invention. Please attach copies if available.

List the funding sources under which this invention was conceived or developed.

Funding Source/Sponsor	Grant Number	Principal Investigator

Commercialization Information:

Provide a detailed description of the invention. What are its novel or unusual features? Is it a new use or improvement on an existing product or process? Attach any documentation necessary.

What are the immediate and/or future implications of this invention? (Identify commercial potential.)

Describe the development status (concept only, laboratory-tested, prototype, etc.). Indicate any further developments which may be necessary.

List companies you believe might be interested in using, developing, or marketing this invention.

