

## M.I.T. TECHNOLOGY DISCLOSURE FORM INSTRUCTIONS

- I. The Technology Licensing Office (TLO) reviews all Technology Disclosure forms as they are received from members of the M.I.T. community. Where appropriate, the TLO endeavors to license M.I.T. inventions to industry for further development and commercialization. Any royalties derived from any such license are shared with the inventor(s) and their departments according to M.I.T. Policy (see § 4.7 of the "Guide to the Ownership, Distribution and Commercial Development Of M.I.T. Technology").

The purpose of this form is to notify the TLO of your potential invention and any relevant sponsorship and publication history. The form also serves to establish a legal record of the date of conception of the invention. This form should be submitted to the Technology Licensing Office (NE25-230) when something new and useful has been conceived or developed, or when unusual, unexpected or unobvious research results have been achieved and can be used.

- II. The following instructions apply to the correspondingly numbered sections on the reverse side:
  1. Use a brief descriptive title to aid in identifying the technology.
  2. In describing the technology, attach material which covers the following points:
    - a. General purpose
    - b. Technical description
    - c. Advantages and improvements over existing methods, devices or materials
    - d. Commercial applications (economic potential, etc.)
  3. Include the names of any co-inventors. A co-inventor is an individual who has conceived or contributed an essential element of the invention, either independently or jointly with others, during the evolution of the technology concept or reduction to practice.
  4. If a participant is supported by Howard Hughes Medical Institute, list both HHMI and the department. If the invention was made in connection with any sponsored research, the appropriate OSP project numbers, corresponding grant numbers, and the principal investigator **must** be listed.
  5. Significant use of M.I.T.-administered resources - whether funds or facilities - will normally give rise to M.I.T. ownership rights in an invention. See M.I.T. *Policies and Procedures* for further discussion of significant use.
  6. In the United States, a patent application must be filed no later than one year after public availability of a printed publication disclosing the invention in detail (presentations including slides, use of overheads or blackboards, or website postings may be considered written disclosures). In other countries, filing must take place before either oral or printed publication is made available to the public; however, where there has been a U.S. filing before any oral or printed publication, the applicant has one year from the original U.S. filing to file for foreign patents. Complete all parts of section 6 in view of the following:
    - a. Conception, in the patent-law sense, involves the formulation, in the mind of the inventor, of the complete means for solving a problem. The mere recognition of a desirable result, or of a problem, or of a general approach to solving the same, without the mental formulation of the physical structure to accomplish that result or to solve the problem, will not suffice to constitute conception.
    - b. The term "first publication" means the first time any member of the general public (those outside the M.I.T. community), without restriction of confidentiality, would have been able to legally gain access to your written or

printed enabling description of the invention. This includes a thesis submitted to M.I.T. Libraries after the thesis has been catalogued.

- c. "First public oral disclosure" means the same as 6B, but only as to oral presentation to the general public (those outside the M.I.T. community).
  - d. The anticipated date of publication, (as described in 6B above), should be entered here, as well as the date any documentation was submitted for review for possible publication. This includes a thesis submitted to M.I.T. Libraries.
7. Reduction to practice, according to patent law, involves actual and complete use of the invention for its intended purpose. Such reduction to practice generally involves physical construction of the invention and testing the physical embodiment to determine whether it performs as contemplated, but this is not always necessary if the invention can be fully described.
  8. A list of commercial entities that may be interested in the invention will assist the TLO in identifying potential licensees for the technology. Please include names and addresses of specific contacts if known.
  9. This section is specifically intended for M.I.T. inventors, as well as Visiting Scientists who have made significant use of M.I.T. funds and/or facilities. Non-M.I.T. inventors, on the other hand, should complete Section 11 of the Technology Disclosure form, thereby assigning their rights (in the invention(s)) to their respective companies/institutions.
  10. Your lab books and/or other records of your technology should be witnessed by a person who has read and understood your disclosure. It is required that this form also be witnessed. If the principal investigator is not an inventor/author, he or she is often the best witness.
  11. In completing this section, non-M.I.T. inventors should provide not only their address and signature, but also the address and signature of the appropriate contact person at their company/institution.

III. For further information see M.I.T. *Policies and Procedures* or the *Guide to the Ownership, Distribution and Commercial Development of M.I.T. Technology*, available at the following website address: <http://web.mit.edu/tlo/www/community/policies.html>, or contact the TLO at (617) 253-6966, Five Cambridge Center, M.I.T. Room NE25-230

When completed submit to:  
 Technology Licensing Office  
 Room NE25-230  
 617-253-6966

**Massachusetts Institute of Technology**  
**TECHNOLOGY DISCLOSURE**

Case No. (this space for TLO use only)

All MIT inventors **must sign** the technology disclosure before it is submitted.

1. TITLE OF INVENTION:

2. PLEASE ATTACH DESCRIPTION OF TECHNOLOGY

3. INVENTOR(S) – **Please list ALL inventors (including non-MIT inventors) and place an asterisk (\*) next to the primary contact (attach additional sheets if necessary)**

NAME	POSITION	DEPARTMENT	MIT ROOM#	EXT.

4. What funds supported the work leading to this invention? (Please include federal, non-federal, foundation and industry funding, gifts, etc.)

GRANT/CONTRACT NO(S)	O.S.P PROJECT NO(S)	SPONSOR(S)	PRINCIPAL INVESTIGATOR

**Please note that accurate and complete grant and contract information is necessary. If a participant is supported by the Howard Hughes Medical Institute, list both HHMI and the institution where the participant has their primary research appointment. The Technology Licensing Office will use this information to determine any sponsor rights in the invention and to comply with all requirements under sponsored research agreements and federal law.**

5. If no contract or grant, was there significant use of M.I.T. administered funds or facilities as defined in Instructions?  
 YES  NO

6. DATES OF CONCEPTION and PUBLIC DISCLOSURE (accurate data is essential as prior disclosure may affect the possibility of obtaining patent rights)

	DATE	REFERENCES/COMMENTS Please include names of periodicals/journals. (use separate sheet if necessary)
A. Date of conception of invention. Has this date been documented? If so, where?		
B. First publication containing sufficient description to enable a person skilled in this field to understand and to make or use the invention. (include theses, and the date submitted)		
C. First public oral disclosure of invention sufficient to enable a person skilled in this field to understand and to make or use the invention.		
D. If unpublished and undisclosed, provide the anticipated publication or public oral disclosure date and any submissions made for potential publication.		

7. Has the invention been reduced to practice? YES  NO   
 If yes, please give date of first reduction to practice:

8. Please attach list of any commercial entities that may be interested in this invention. (provide as much detail as possible)

**9. This section is intended for only M.I.T. inventors.** Non-M.I.T. inventors should instead complete the relevant portions of Section 11 (on page 4 of the Technology Disclosure form).

<b>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true.</b>					
<b>I (We) hereby assign all right, title and interest to this invention to M.I.T. and agree to execute all documents as requested, assigning to M.I.T. our rights in any patent application filed on this invention, and to cooperate with the M.I.T. Technology Licensing Office (the "TLO") in the protection of this invention. M.I.T. will share any royalty income derived from the invention with the inventor(s) according to its standard policies, as may be updated from time to time.</b>					
Inventor's Signature			Date		
First Name			Middle Name		Last Name
Home Address					
City:		State:		Zip:	
MIT ID # (required)*		Country of Citizenship		Birth Month / Day*	
Email: Do you wish to be copied on Patent Prosecution Correspondence? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Inventor's Signature			Date		
First Name			Middle Name		Last Name
Home Address					
City:		State:		Zip:	
MIT ID # (required)*		Country of Citizenship		Birth Month / Day*	
Email: Do you wish to be copied on Patent Prosecution Correspondence? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Inventor's Signature			Date		
First Name			Middle Name		Last Name
Home Address					
City:		State:		Zip:	
MIT ID # (required)*		Country of Citizenship		Birth Month / Day*	
Email: Do you wish to be copied on Patent Prosecution Correspondence? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Inventor's Signature			Date		
First Name			Middle Name		Last Name
Home Address					
City:		State:		Zip:	
MIT ID # (required)*		Country of Citizenship		Birth Month / Day*	
Email: Do you wish to be copied on Patent Prosecution Correspondence? YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>*Please note that MIT is now collecting MIT ID numbers and month and day of birth rather than social security numbers for security and privacy reasons. This information as well as country of citizenship required. Absence of this information may hinder distribution of the inventors' share of any royalties that may result from this technology. Non-MIT inventors are not required to sign this form, but their contact information must be provided. Non-MIT inventors without MIT ID numbers may be contacted by the TLO. If there are more than six inventors, please attach additional form.</b>					

**10. Technology disclosed to and understood by:**

Signature of Non-Inventor Witness \_\_\_\_\_ Date \_\_\_\_\_

Name and Title of Witness (please type or print) \_\_\_\_\_

**11. This information page is reserved for non-MIT inventors.**

**I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true.**

I hereby agree to assign to: (company/institution)			I hereby agree to assign to: (company/institution)		
Inventor's Signature _____ Date _____			Inventor's Signature _____ Date _____		
First Name _____ Middle Name _____ Last Name _____			First Name _____ Middle Name _____ Last Name _____		
Home Address _____			Home Address _____		
City: _____	State: _____	Zip: _____	City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____		Telephone: _____	Email: _____	
<u>Intellectual Property Contact Person at above-named company/institution:</u>			<u>Intellectual Property Contact Person at above-named company/institution:</u>		
<u>Company/Institution Address:</u>			<u>Company/Institution Address:</u>		
<u>Contact Person's Telephone:</u>			<u>Contact Person's Telephone:</u>		
<u>Contact Person's Email:</u>			<u>Contact Person's Email:</u>		
Inventor's Signature _____ Date _____			Inventor's Signature _____ Date _____		
First Name _____ Middle Name _____ Last Name _____			First Name _____ Middle Name _____ Last Name _____		
Home Address _____			Home Address _____		
City: _____	State: _____	Zip: _____	City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____		Telephone: _____	Email: _____	
<u>Intellectual Property Contact Person at above-named company/institution:</u>			<u>Intellectual Property Contact Person at above-named company/institution:</u>		
<u>Company/Institution Address:</u>			<u>Company/Institution Address:</u>		
<u>Contact Person's Telephone:</u>			<u>Contact Person's Telephone:</u>		
<u>Contact Person's Email:</u>			<u>Contact Person's Email:</u>		