Invention Disclosure Form

Wesleyan University Office of Corporate, Foundation & Government Grants

Inventor Name	Professional Title or Student Type (e.g. graduate undergrad)	Department Affiliation (Note: At time of invention. If not Wesleyan, list employer)	Email Address	Phone Numbe		
	a description of		f you have one, please invention in more			
Is this invention	Previous Invention Disclosure. Is this invention disclosure related to any earlier invention disclosure here or at another institution?					
□ Yes	□ No					

Improvements to the Art. How does the invention improve upon what was previously known in the field?					
Products and Services. What products or services are made possible by the invention?					
Competing Approaches. Please describe any competing approaches at any stage of development (e.g. existing commercial products or services, R&D, etc.) that your invention may compete with.					
Potential Companies and Contacts for Licensing. Please list any companies you know of that might be interested in this invention.					
		ease list the name ave that you'd like		act information for any with us. Contact Information	
Company Relevant Re	ferences.	ave that you'd like	to share	with us.	
Company Relevant Re Please list an invention. Previous Pul	ferences. y publications of	Name or patents you kno	to share	Contact Information might be relevant to this	
Company Relevant Re Please list an invention. Previous Pul	ferences. y publications of	Name or patents you kno	to share	Contact Information might be relevant to this	
Relevant Re Please list an invention. Previous Pul Has any asp Yes Such public of posters or ora	ferences. y publications of this invention of the presentations of the	Name or patents you known. ntion been publicly des, but is not limit	w of that	ed? might be relevant to this ed?	

9. Upcoming Public Disclosure.

Do you have any plans to make a public disclosure in the next 30 days?					
□ Yes □ No					
If so, when and where?					
	the invention been sponsored or government agency or private for	•			
□ Yes □ No					
If Yes , please provide information.	nation on <u>all</u> funding sources fo	r research that resulted in this			
Sponsor Information (e.g. Gov't Agency, Company, Foundation)	Grant or Contract #	Notes			
REPORT ALL INVENTIO	THE BAYH-DOLE ACT, WE ANS THAT HAVE BEEN FEDER CIES. THIS INFORMATION IS UNDING.	RALLY FUNDED TO			
Third-party Materials or (In this research did you use institution or company?	Confidential Information. any materials or confidential inf	formation provided by anothe			
□ Yes □ No					
was used in connection with	r Agreement (MTA) or a Non-E these materials, please state the attach a copy of the MTA or NE	e name of the provider, their			

	be any orts.						
	If you do not currently have funding	not currently have funding, are you actively seeking it?					
□ Yes □ No							
	If No, please describe.						
13.	Point of Contact. Who should be our primary point o	f contact for discussing the invention	on?				
	Additional Information. Is there anything else you think we	should know?					
	Inventors' Signatures. Please sign below, to indicate (i) you the patenting and marketing processyour signatures.	• • • • • • • • • • • • • • • • • • • •	-				
	Name	Signature	Date				
1.							
2.							
3.							
4.							
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