

UNIVERSITY OF KENTUCKY

Clinician Invention Disclosure Form

Please complete this form as completely as possible and return to the Von Allmen Center for Entrepreneurship <harvey@uky.edu>. This is a confidential, proprietary, non-public document. Except with respect to obligations to the sponsor(s) of your research and UKRF, its contents may not be communicated in any way without the consent of the inventor.

1. Are you a UK employee? If so, list College and Dept.
 - a. If “yes” has this idea been disclosed to the UK IP Office?

DESCRIPTION OF THE INVENTION:

2. Please describe the invention in as much detail as possible (please be sure to attach any drawings diagrams, photographs, lab book sheets, or other material that will help us understand the invention and its use). If a device or other product, describe the elements of the product; if it is a method describe each step of the method. Please note any variants or different embodiments of the invention.
3. What are the key and novel features of the invention (how is it different from products or methods currently available)?
4. What are the immediate and/or future commercial applications of the invention?

Inventors: List all persons who have directly contributed in developing or conceiving the invention (including students, Post-doctoral candidates, scientist, and on UK personnel). If there are more than 3 inventors please attach additional information to this document. All individuals who have made any inventive contribution must be listed in order for a valid patent to be filed.

<u>TITLE OF INVENTION</u>			
<u>DATE OF INVENTION</u> (Earliest conception date)			
	<u>Inventor 1</u>	<u>Inventor 2</u>	<u>Inventor 3</u>
Full Name			
Position or Title			
Address Work Home			
Phone Work Home Cell			
Email Work Home			
Citizenship			
Signature Date			

Department Chair:	Department:	Signature:	Date: