

**OKLAHOMA MEDICAL RESEARCH FOUNDATION
REPORT OF INVENTION**

For office use only

TTO # _____

Date Received by TTO _____



Title of invention or discovery:

Contributors:

Full Name (including full middle name), home address and citizenship of those who contributed to the initial concept of the invention

Name: _____ Citizen of: _____

Address: _____ Employee of: _____

Name: _____ Citizen of: _____

Address: _____ Employee of: _____

Full name (including full middle name), home address and citizenship of those who contributed to subsequent development testing

Name: _____ Citizen of: _____

Address: _____ Employee of: _____

Name: _____ Citizen of: _____

Address: _____ Employee of: _____

I am (we are) submitting an invention to be considered by the Oklahoma Medical Research Foundation Biotechnology Transfer Office. Enclosed are:

- A description of the technical field or area of the invention
- The record of invention (reverse side of this form)
- A description of the problem that will be solved by the invention
- A discussion of other known devices or methods tried or used to solve the problem and why those devices or methods failed or were inadequate (prior art)
- A description of the present invention and how the invention solves the problem (include drawings if necessary)
- A brief outline of my (our) views regarding potential commercial application including a list of potential licensees or manufactures or companies active in the area of the invention

CONTRIBUTORS

Contributor signature

Contributor signature

Contributor signature

Contributor signature

WITNESS

I read and understood the above invention description and witnessed the subscribing of the above signature(s)

Typed name and signature of witness

Date

Record of Invention

1. Approximate date of Conception: _____
2. Date of first written description: _____
3. Date of first test (if applicable): _____
4. Names and affiliations of witnesses or collaborators:
Name _____ Affiliation _____
Name _____ Affiliation _____
5. First disclosure to non-OMRF personnel (date submitted or published, place, nature of disclosure)

6. Publication(s) where disclosed (date, title, publisher – attach reprints if available)

7. Disclosures (*publications, abstracts, presentations*) planned at future times (expected date, place, nature of disclosure)

8. Are materials related to this invention required to be placed in a Federal Registry such as the ATCC?
 Yes No
9. Commercial use, sale or offer to sell
 - a. Has the invention been shown, given or advertised for sale or sold to anyone outside of OMRF?
 Yes No
 - b. Date: _____
 - c. Details

10. Identify sources and estimate % support (materials, facilities, salaries) contributing to the development of the invention

OMRF	_____%
Federal Funds (grants and/or contracts)	_____%
HHMI Funds	_____%
Industry Sponsored Research	_____%
Other Institution (s)	_____%
Name (s) _____	_____%
Other Source (s) _____	_____%
11. If developed with Federal Funds
Agency Name _____
Grant Number _____
12. List companies with whom you have discussed this project and append copies, showing dates, of all correspondence relating to their interest

