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| File #: |
| Submitted to  Funding Agency: |

**OFFICE OF TECHNOLOGY MANAGEMENT  
 TECHNOLOGY REPORT**

**1. TITLE OF TECHNOLOGY:**

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| **2. CREATOR(S) INFORMATION:** |
| Please list the full name of all UTHealth employees or students and any non-UTHealth personnel who have contributed to the development of the technology by conceiving or elaborating on the idea, designing experiments, evaluating experimental results, contributing features while building a device or performing a method, or otherwise directly contributing to the technology beyond merely providing funds, work space, materials, or entirely directed labor.  Joint appointment with any other university, a company, or governmental agency or the like must be noted below. |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Employer: | UTHealth  Other (Name): | | |
| School: |  | | | % Time Employed by UTHealth | | % | |
| Title: |  | | | % Time Employed by Other | | % | |
| Department: |  | | | Other Appointment | None  Clayton   Other: | | |
| Work Address: |  | | | Home Address: |  | | |
| Work Phone: |  | | | Home Phone: |  | | Citizenship: |
| Work Email: |  | | | Personal Email: |  | | |
| % Contribution: | % | | **Note: OTM should be informed of any changes to the above information** | | | | |
| Describe this individual’s contribution: | |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Employer: | UTHealth  Other (Name): | | |
| School: |  | | | % Time Employed by UTHealth | | % | |
| Title: |  | | | % Time Employed by Other | | % | |
| Department: |  | | | Other Appointment | None  Clayton   Other: | | |
| Work Address: |  | | | Home Address: |  | | |
| Work Phone: |  | | | Home Phone: |  | | Citizenship: |
| Work Email: |  | | | Personal Email**:** |  | | |
| % Contribution: | % | | **Note: OTM should be informed of any changes to the above information** | | | | |
| Describe this individual’s contribution: | |  | | | | | |

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| Name: |  | | | Employer: | UTHealth  Other (Name): | | |
| School: |  | | | % Time Employed by UTHealth | | % | |
| Title: |  | | | % Time Employed by Other | | % | |
| Department: |  | | | Other Appointment | None  Clayton   Other: | | |
| Work Address: |  | | | Home Address: |  | | |
| Work Phone: |  | | | Home Phone: |  | | Citizenship: |
| Work Email: |  | | | PersonalEmail: |  | | |
| % Contribution: | % | | **Note: OTM should be informed of any changes to the above information** | | | | |
| Describe this individual’s contribution: | |  | | | | | |
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| If necessary, please attach an Additional Creator Addendum to include more co-creators (form can be found [here](http://www.uth.tmc.edu/otm/for-inventors/additional-creator-addendum-to-technology-report.docx)).  **Name of Creator (from above) that should be the principal contact person:**  Have non-UTHealth contributors listed above made disclosure to their respective employer?  Yes No  N/A | | | | | | | |

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| **3.  FUNDING SOURCE:** | | | |
| **Was any government funding used in the creation of the technology?**  Yes  No  ***Complete and accurate funding source information is necessary for UTHealth to comply with mandatory reporting requirements.* Please list all sources:** | | | |
| Federal Funds | Percent:      % | Name: |  |
| Grant #: |  |
| UTHealth Funds (Endowment, Startup Funds, Gifts, etc.) | Percent:       % | Name: |  |
| State Funds (CPRIT, ETF, TIF) | Percent:       % | Name: |  |
| Other Institutions | Percent:       % | Name: |  |
| Other Sources (Sponsored Research, Foundations, etc.) | Percent:       % | Name: |  |
| Contract #: |  |

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| **4. CONCEPTION AND DEVELOPMENT OF THE TECHNOLOGY:** |
| **When:**  Date of conception:  Do you have documentation to support this date?  Yes  No  If yes, what type of documentation (lab notebooks, other documentation, etc.):  Date the first drawing or sketch was made:  Date first construction or model was made:  How has the technology been tested?  Experimentally Routinely Not tested  Give date and results of test: |
| **Where:**  Was any of this work performed at UTHealth, or using any UTHealth resources?  Yes  No  Was any of this work performed at another university, institution or company?  Yes  No |
| **Related IP:**  Is there any pre-existing intellectual property of relevance (for example from a prior employer)?  Please list any other university or company where work was performed or that may hold prior IP: |

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| **5. MATERIALS:** |
| Does the technology make use of any biological material obtained from any outside source, or was any such material used in the development of the technology? (**including such things as Cre-Lox, GFP, Tet-on, etc.**)?  Yes  No  If yes, identify the material and its source? |
| Was a Materials Transfer Agreement in place between the outside source and UTHealth?  Yes  No  If yes, name of institution/company:      (PLEASE ATTACH A COPY) |
| Is there an active clinical study or sponsored research agreement related to this technology?  Yes  No  If yes, name of sponsor/company and title of study: |
| Is a clinical study or additional research directed towards the further development of this technology anticipated within the next 12 months?  Yes  No  If yes, name of sponsor/company and title of study: |

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| **6. PUBLIC DISCLOSURE:** | |
| **Prior Disclosure:** Has the technology been disclosed or described in any manner (publication, abstracts, student thesis or dissertation, World Wide Web, oral presentation, etc.)?  Yes  No  **If yes please answer the following:**  Date of first disclosed to others:  To whom was the technology disclosed:  Date of the first written disclosure: |
| **Future Disclosures:** Are there any planned disclosures?  Yes  No  If yes, list all planned disclosure and expected date of disclosure: | |

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| **7. DESCRIPTION OF THE TECHNOLOGY:** |
| Type:  Device  Drug  Method  Composition  Other: |
| Status:  Idea   Prototype  Sufficient experimental data collected to make use of the technology |
| 1. **Attach an abstract and a detailed scientific write up of the technology, including any materials and methods, results with figures/captions, data, drawings, photos, formulas, or other supporting materials to the end of this form (i.e. draft manuscript)** 2. **Please also answer the following questions, being as specific as possible:** |
| What is your invention? |
| What is the purpose and use of the technology (**Specifically, describe the problem solved**)? |
| What are similar technologies currently in use and what are the advantages of your technology over current practice (**Specifically, how is this technology different from the known prior art?**) |
| What are the commercial possibilities of the technology & who are potential licensees, especially any companies that may have a particular interest in the technology and in what manner they might commercialize it? Have you been in contact with any people or companies about this technology? |
| Please provide any key words or phrases useful in computer searches for other relevant products, processes, or devices: |

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| **9. SIGNATURES:** |
| **LEGAL STANDARD FOR INVENTORSHIP:**  Conception is the touchstone of inventorship.(1)  The inventor is the person or persons who conceived the patented invention.  Conception is the formation in the mind of the inventor, or the minds of the inventors, of a definite and permanent idea of the complete and operative invention, as it is to be applied in practice.  Conception must encompass all limitations of the claimed invention.  It is completed only when the idea is so clearly defined in the mind of the inventor, or minds of the inventors, that only ordinary skill would be necessary to reduce the invention to practice, without extensive research or experimentation.  A bare idea is not enough for conception.  The idea must be definite and permanent in the sense that it involves a specific approach to the particular problem at hand.  The idea must be sufficiently precise that a skilled artisan could carry out the invention without undue experimentation.  In some cases, an invention results from the collective effort of multiple inventors.  This is referred to as “joint inventorship.”  Joint inventorship may occur among multiple inventors even though (1) they did not physically work together or at the same time, (2) each did not make the same type or amount of contribution, or (3) each did not make a contribution to the subject matter of every claim of the patent.  Thus, if a patent application has fifty (50) claims, and each claim has five (5) limitations, totaling two hundred and fifty (250) limitations in all, someone may be a joint inventor on that patent application if he or she contributed to the conception of only a single claim limitation.  1  *Sewell v. Walters*, 21 F.3d 411, 415 (Fed. Cir. 1994). 2  *C.R. Bard, Inc. v. M3 Systems, Inc.*, 157 F.3d 1340, 1352 (Fed. Cir. 1998). 3  *Singh v. Brake*, 222 F.3d 1362, 1367 (Fed. Cir. 2000). 4  *Id.* 5  *Burroughs Wellcome Co. v. Barr Lab, Inc.*, 40 F.3d 1223, 1229-’30 (Fed. Cir. 1994). 6   *Id.* at 1227; 35 U.S.C. §116. |
| **By my signature I certify that the above is a reasonably complete and detailed description as required by Article 2, Section 2.1 of the Board of Regents of The University of Texas System Rules and Regulations Series 90102 and that I have exercised reasonable due diligence to ensure that all information is true and accurate.**  **I read and understood the Legal Standard for Inventorship in this Section 9. Furthermore I understand and agree that any financial consideration received by UTHealth from commercialization of any invention contained in this disclosure will be distributed pursuant to the University of Texas Health Science Center at Houston Intellectual Property Policy (“Policy”) and that the “percent contribution” listed in Section 2 for each Creator shall be the percentage used in allocating each Creator’s respective portion of any such financial consideration. These percentages cannot be changed after all Creators have signed this Report Form without written agreement among all Creators.**  **I further agree that in the event that UTHealth elects to file a patent for the discoveries contained in this Report Form, I will execute the relevant documents and hereby do assign all of my rights in this invention to The Board of Regents of the University of Texas System pursuant to the Regents Rules governing intellectual property.**  **ALL UTHEALTH CONTRIBUTORS LISTED ABOVE MUST SIGN THIS REPORT.**   |  |  |  | | --- | --- | --- | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name: | Date: \_\_\_\_\_\_\_\_\_\_ | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name: | Date: \_\_\_\_\_\_\_\_\_\_ | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name: | Date: \_\_\_\_\_\_\_\_\_\_ |   **If necessary, please attach an Additional Creator Addendum to include more co-creators. An Additional Creator Form can be found** [**here**](http://www.uth.tmc.edu/otm/for-inventors/additional-creator-addendum-to-technology-report.docx)**.** |

**Please return the original signed report along with any additional attachments that might further explain the discovery (e.g.. manuscripts, reprints, related publications, etc.) to:**

**The Office of Technology Management: UCT 720**

**Phone 713.500.3369 Fax 713.500.0331** [**uthsch-otm@uth.tmc.edu**](mailto:uthsch-otm@uth.tmc.edu)

**EMAILED OR FAXED COPIES MUST BE CONFIRMED WITH A SIGNED ORIGINAL.**

**Supplemental information**

**PRIOR ART:**  You are encouraged to conduct a preliminary search and consider your findings relevant to the technology disclosed in this report. Multiple patent databases exist that are free to search, including:

[US Patent and Trademark Office](http://www.uspto.gov/)

[World Intellectual Property Office](http://www.wipo.org/)

[Google Patents](http://www.google.com/patents)

[Free Patents Online](http://www.freepatentsonline.com/)