

Louisiana State University Health Sciences Center
Technology Disclosure Form

Received _____
Date

FILE # _____
Office Use Only

1. Title of Invention: _____

2.a. Inventor's Name*: _____
Dr. Mr. Ms. Last First Middle
Position / Title: _____ Citizenship _____ Social Security #: _____

Current LSUHSC Address: _____
College / Center Department Campus
Phone #: _____ Fax #: _____ E-mail: _____

Department Affiliation at Time of Invention: _____

Home Address: _____
Street Address Apt. #

City State Zip code

2.b. Second Inventor's Name*: _____
Dr. Mr. Ms. Last First Middle
Position / Title: _____ Citizenship _____ Social Security #: _____

Current LSUHSC Address: _____
College / Center Department Campus
Phone #: _____ Fax #: _____ E-mail: _____

Department Affiliation at Time of Invention: _____

Home Address: _____
Street Address Apt. #

City State Zip code

(IF MORE THAN TWO INVENTORS, PLEASE ADD ADDITIONAL SHEETS.)

3. Please give details of the sponsorship that led to the invention. If possible, attach a copy of the contract / agreement or grant number. [Note: Without this information, this disclosure will not be processed. If none, so state.]

Federal: _____ Contract Number: _____

State: _____ Contract Number: _____

Industrial Company: _____ Contract Number: _____

LSUHSC: _____ Contract Number: _____

Other Sponsors: _____ Contract Number: _____

* Tentative listing of inventor(s) subject to verification by patent counsel in accordance with Federal Law.

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9. Has the invention been reduced to practice? Yes No (e.g., Apparatus assembled, tested, or modeled)

10. Have you made any public disclosure of the invention? Yes No

If YES, please list details and EXACT dates. (Public disclosure includes published article or abstract in a journal or proceedings; a presentation or poster at a conference; preprints distributed outside LSUHSC; a thesis or dissertation cataloged and shelved in a public library; prototype exhibit; posting on Internet; etc.)

a. _____ Month _____ Day _____ Year _____

b. _____ Month _____ Day _____ Year _____

c. _____ Month _____ Day _____ Year _____

If NO, when is your earliest planned publication?

_____ Month _____ Day _____ Year _____

11. (FOR COPYRIGHT ONLY) Have you included copyright notices on all printed information / documentation and displayed copyright notices on the title screen of your software? Yes No

12. Do you personally wish to take a License under this invention from LSUHSC? Yes No

13. If you know of any firms which might be interested in licensing this technology, attach a list with the following information:

Company Name: _____

Address: _____

Contact person's name: _____ Phone: _____

Signature(s) of Inventor(s)*

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Execution by Witness: (**Note:** A co-inventor may not be a witness.)

The above invention was disclosed to and understood by me on the _____ day of _____, _____
Month Year

Signature of Witness

Please deliver this form to:

Louisiana State University Health Sciences Center
Director of Technology Development
Office of Vice Chancellor Academic Affairs
Resource Center Building, 8th Floor
433 Bolivar Street
New Orleans, LA 70112
Phone (504) 568-4804 Fax (504) 568-5588