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DISCLOSURE NO. [\(TO BE ASSIGNED BY TTO\)](#)

Name of Lead Contributor(PI):

INVENTION TITLE

DESCRIPTION OF THE DISCLOSURE: Please provide a detailed description of the invention; containing sufficient detail of the invention so that one skilled in the same discipline as yourself could reproduce the invention.
(attach additional pages as needed)

What is the problem this invention addresses?

If a manuscript, poster, presentation or other document explaining the invention has been prepared in draft, submitted, or published form, please attach a copy to this Disclosure form.

NONCONFIDENTIAL ABSTRACT: Briefly describe your invention in the form of an abstract, focusing on the commercial application and benefits, without disclosing inventive methods or other confidential details.

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*****In order for the University to comply with all federal and state requirements, it is the duty of all contributors to provide and keep us updated of all funding sources used to produce the invention/creation disclosed in this for and any future funding related to this work/research. *****

What or who was the funding source that was utilized to produce this disclose? **(Attach a copy of the grant/contract/agreement)**

Federal or State Grant - Name of the outside agency:

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Did any of the contributors use any materials (i.e. instruments, biological, chemical, or physical substance(s)) obtained from others to create this invention?

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PUBLICATIONS

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Has the invention been published ?

Yes No

Do you intend to publish the invention?

Yes No If Yes, please describe (e.g. Journal of.....,8/2015):

Has the invention been publicly disclosed in any other manner? (e.g. conf., seminar, video, poster, social media)

Yes No If yes, please explain:

SIMILAR EXISTING INFORMATION (PRIOR ART)

Are you familiar with any information in print that is similar to the invention disclosed within?

Yes No If the yes, please provide the full title and citation and copies if available citations:

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COMMERCIAL INTEREST :

Has any commercial entity inquired or expressed interest in this invention?

Yes No

If the answer is yes, please provide the company and the contact information:

CONTRIBUTOR(S) :

Inventors should include only those persons that are believed to have contributed to the concepts included in the invention. Please make your best efforts to include all inventors (non-GIT inventors should also be included).

Inventorship is a legal question that is generally determined by the attorney of record at the time the patent application is filed.

Remember to submit this Disclosure form along with all related abstracts, drawings, manuscripts, etc. via e-mail to disclosures@research.usf.edu. All should be in a Word or editable format.

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Contributor I (Lead Inventor)

First Name

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Affiliation (i.e. VA, Moffit)

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Work Phone Number

Work E-mail Address

Home Address

City

State

Zip

Home Phone Number

Other E-mail Address

Please provide details of your contribution to the invention (attach additional pages as needed):

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Home Address

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