

**UNIVERSITY OF PUERTO RICO  
VICEPRESIDENCY FOR RESEARCH AND TECHNOLOGY  
OFFICE OF INTELLECTUAL PROPERTY**

**UPR Docket Number:** \_\_\_\_\_

Dear Inventor,

The University of Puerto Rico is an institution of the Commonwealth of Puerto Rico. The contribution of its employees, faculty and students are not only related to activities associated with the University but also with activities involving interaction with industry, businesses, government and other academic institutions. Historically, research has been directed toward the development of new knowledge, technology and its uses for the benefit of the humanity. This knowledge or technology can have a commercial value and, consequently, must to be treated as an asset that can be used, preserved or applied in such a way as to generate income for the inventor and the university. The University of Puerto Rico supports any effort of collaboration and mutual benefit among academic, government and private sectors and the university establishes ownership, patenting, licensing and protection rights to inventions derived from such knowledge or technology.

Consistent with the above-stated mission and objectives, the University of Puerto Rico established the *Institutional Policy for Patents, Inventions and Their Commercialization* (UPR Board of Trustees Certification No. 132, 2002-2003 and registered at the Department of State of the Commonwealth of Puerto Rico under Registration Number 6617 of May 16, 2003) and the University of Puerto Rico's Policy of the President *To Establish the Distribution of the Net Income that Results from the Commercialization of the Patents of the University of Puerto Rico* (Document No. R-0304-17). These policies were created to regulate and standardize the procedures and obligations between the inventor and the university for every invention, patent and its commercialization. All individuals who make discoveries and inventions under the *Institutional Policy for Patents, Inventions and Their Commercialization* are required to disclose them immediately to the person or entity responsible for administering the patent policy by means of an Invention Disclosure Form for the appropriate evaluation. The *Institutional Policy for Patents, Inventions and Their Commercialization* requires that each inventor execute all the disclosures, declarations, assignments, or other documents as may be necessary in the course of the evaluation of the invention and the obtainment or protection of patent rights, to ensure that title to such inventions be held by the University when this policy indicates that the university should hold said title. In exchange, the University will share with the inventors a percentage of the net income generated by the commercialization of the invention as detailed in the University of Puerto Rico's Policy of the President *To Establish the Distribution of the Net Income that Results from the Commercialization of the Patents of the University of Puerto Rico*.

# UPR INVENTION DISCLOSURE FORM

Disclose only one invention for each form.

Use attachments as necessary.

Number of attachments:

List each attachment on page provided.

Date Submitted: \_\_\_\_\_

IF ANY ASPECT OF THE INVENTION WILL BE PUBLISHED OR PUBLICLY PRESENTED WITHIN THE NEXT 60 DAYS, CHECK HERE

IF BOX ABOVE IS CHECKED, PLEASE CONTACT THE OFFICE OF TECHNOLOGY TRANSFER AT (787) 523-5305 AS SOON AS POSSIBLE.

## I. INVENTION TITLE

## II. INVENTORS INFORMATION

### Inventor 1

Primary contact for application.

Name (last, first middle/MI):

Office Phone:

Office Fax:

Office:

Campus:

Address:

City/State:

Home Phone:

Mobile:

Home Address:

City/State

Citizenship:

E-mail:

Please sign and date after reviewing and understanding each section of this document.

INVENTOR'S SIGNATURE

DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

# UPR INVENTION DISCLOSURE FORM

## Inventor 2

Name (last, first middle/MI):

Office Phone:

Office Fax:

Office:

Campus:

Address:

City/State:

Home Phone:

Mobile:

Home Address:

City/State

Citizenship:

E-mail:

*Please sign and date after reviewing and understanding each section of this document.*  
INVENTOR'S SIGNATURE DATE

## Inventor 3

Name (last, first middle/MI):

Office Phone:

Office Fax:

Office:

Campus:

Address:

City/State:

Home Phone:

Mobile:

Home Address:

City/State

Citizenship:

E-mail:

*Please sign and date after reviewing and understanding each section of this document.*  
INVENTOR'S SIGNATURE DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

## UPR INVENTION DISCLOSURE FORM

### Inventor 4

Name (last, first middle/MI):

Office Phone:

Office Fax:

Office:

Campus:

Address:

City/State:

Home Phone:

Home :

Home Address:

City/State

Citizenship:

E-mail:

*Please sign and date after reviewing and understanding each section and attachments of this document.*

INVENTOR'S SIGNATURE

DATE

### Inventor 5

Name (last, first middle/MI):

Office Phone:

Office Fax:

Office:

Campus:

Address:

City/State:

Home Phone:

Home :

Home Address:

City/State

Citizenship:

E-mail:

*Please sign and date after reviewing and understanding each section and attachments of this document.*

INVENTOR'S SIGNATURE

DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

## UPR INVENTION DISCLOSURE FORM

### III. SPONSORSHIP AND SUPPORT

**IF THE RESEARCH THAT LED TO THE INVENTION WAS SPONSORED, PLEASE FILL IN THE DETAILS AND ATTACH A COPY OF THE CONTRACT OR AGREEMENT**

**A.** Government agency name:

Contract/grant number:

Period of grant:

**B.** Name of industry, university, foundation or other sponsor:

**C.** Has the invention been disclosed to industry representatives?

Yes \_\_\_ (Please provide details, including the names of companies and their representatives)

No \_\_\_

**D.** Has the inventor disclosed the invention to the sponsor agency?

Yes \_\_\_ (Please include a copy of the document)

No \_\_\_ Why?

### IV. TECHNICAL BACKGROUND OF INVENTION

**A.** Describe the technical problem(s) overcome by the invention:

**B.** Closest related art:

### V. THE INVENTION

**A.** Describe the invention:

*Describe and show all features necessary for an operative embodiment. Include drawings with reference numbers correlated to the description. Software disclosures should include a flowchart. Also include alternative embodiments, including the one you consider to be the best mode of practicing your invention or attachment of draft paper or article.*

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

***UPR* INVENTION DISCLOSURE FORM**

Disclose only one invention for each form.




---

SIGNATURE OF WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

---

SIGNATURE OF WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

# UPR INVENTION DISCLOSURE FORM

Disclose only one invention for each form.

## B. Describe alternative elements:

*Describe equivalents that can be substituted for elements described above.*


## C. Explain contribution of people involved:

*Explain the involvement and/or contribution of each person involved directly and indirectly with the invention. Describe any task, idea, improvement, suggestion or work provided or carried out by each person during conception, research, development, characterization, testing and/or final implementation of the invention.*

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

## D. Stage of Development:

*Briefly describe the status of the technology's development. Are samples, a prototype, or a demo available?*


\_\_\_\_\_  
SIGNATURE OF WITNESS DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS DATE

# UPR INVENTION DISCLOSURE FORM

Disclose only one invention for each form.

## VI. RELATED INFORMATION

A. **UPR** project name:

B. **UPR** products that will use the invention:

C. Relevant prior art:

*List prior art documents you are aware of that describe background information or other approaches to solving the problem. Include copies.*

D. If the invention is related to a Standards activity, describe the activity:

E. **UPR** materials:

*List any **UPR** materials that describe any aspect of the invention. Include copies of the materials.*

F. Was the invention developed under a formal Collaborative Research Agreement or an Inter Institutional Agreement with a third party? Was the invention developed using biological or other proprietary materials obtained from or transferred to a third party under a Material Transfer Agreement?

a) Collaborative Research Agreement: NO \_\_\_ YES \_\_\_; Institution/Company: \_\_\_\_\_

Date executed: \_\_\_\_\_

b) Material Transfer Agreement: NO \_\_\_ YES \_\_\_; Institution/Company: \_\_\_\_\_

Date executed: \_\_\_\_\_

c) Inter Institutional Agreement: NO \_\_\_ YES \_\_\_; Institution/Company: \_\_\_\_\_

Date executed: \_\_\_\_\_

## VII. DATES

A. When did you first think of this invention?

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE



# UPR INVENTION DISCLOSURE FORM

Disclose only one invention for each form.

B. Date of first written description of the invention (attach copy):
C. To whom and when was the invention first disclosed?
D. When did you first perform any experimental work toward carrying out the invention? (Optional)
E. When were you satisfied that you had solved the problem toward which your invention had been directed? (Optional)
F. Dates of sales or offers to sell invention or product including invention: <i>Include description of sale(s) and offer(s).</i>
G. Has anyone observed the progress of your experimental work?
H. Dates and description of disclosures to any person including <b>UPR</b> employee (past and future): <i>Include advertisements, manuscripts, electronic and printed publications, thesis, outside disclosures, trade shows, and conferences.</i>

\_\_\_\_\_  
SIGNATURE OF WITNESS DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS DATE

# UPR INVENTION DISCLOSURE FORM

Disclose only one invention for each form.

Identify and attach copies of all notebook pages and other documents relevant to the dates specified above.

DRAFT

\_\_\_\_\_  
SIGNATURE OF WITNESS DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS DATE

# UPR INVENTION DISCLOSURE FORM

Disclose only one invention for each form.

## VIII. Early Commercialization Strategy

A. Potential value of invention. Please list potential commercial applications and rank in order of importance.

1.

2.

3.

4.

5.

B. Companies with Interest in Licensing. Please list companies, which might be interested in licensing the invention.

1.

2.

3.

4.

5.

C. Similar technologies and competing products. Please list technologies and competing products that are similar to the invention or that solve the same problem addressed by the invention. List also technologies and products that can be used with the invention.

1.

2.

3.

4.

5.

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

# UPR INVENTION DISCLOSURE FORM

Disclose only one invention for each form.

## List of Attachments

Number each attachment and list below. If none, write "None" for Attachment 1.

No.	Attachment Description	Number of Pages
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	
6.	_____	
7.	_____	
8.	_____	
9.	_____	
10.	_____	

DRAFT

\_\_\_\_\_  
SIGNATURE OF WITNESS DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS DATE

# UPR INVENTION DISCLOSURE FORM

Disclose only one invention for each form.

**UPR Disclosure Form Attachment**

Attachment No.: \_\_\_\_\_


\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE