**BTI INVENTION DISCLOSURE**

**Provide information to the best of your knowledge.**

**Contact BTI’s Technology Transfer Office for assistance: ksm84@cornell.edu / jpf23@cornell.edu**

1. **TITLE OF INVENTION**

Propose a title that describes what the invention does, but not how it is made or how it works.

1. **BRIEF OVERVIEW OF THE INVENTION**

Describe the purpose of the invention; what problem does it solve? *Max. 1,000 char.*

Desribe the novelty of the invention. Is it a new product, process or composition of matter? *Max. 1,000 char.*

Describe how the invention is made and used. *Max. 1,000 char.*

What is the purpose of the invention; what problem does it solve? *Max. 500 char.*

What is the novelty of the invention? *Max. 500 char.*

How is the invention used/made? *Max. 500 char.*

1. **TECHNICAL DESCRIPTION, DETAILS AND SUPPORTING DATA**

Provide attachments with results, data or other evidence demonstrating how the invention works. Any papers or visual material that you may already have, published or unpublished.

1. **COMMERCIAL INTEREST**

Company(ies)

Contact Name(s)

Contact Position(s)

Contact e-mail(s)

1. **PAST OR PLANNED PUBLIC DISCLOSURES**

To your knowledge, has the invention been published or otherwise presented or discussed outside of BTI?*.*

**Article submitted for review**

No [ ]  Yes [ ]  Date       *Please provide document*

**Article published**

No [ ]  Yes [ ]  Date       Reference

**Article uploaded on preprint server** (e.g. bioRxiv)

No [ ]  Yes [ ]  Date       Link

**Oral or poster presentation**

No [ ]  Yes [ ]  Date       Venue       Published abstract/proceedings? No [ ]  Yes [ ]

**Thesis**

No [ ]  Yes [ ]  Date

**News release or online publication (website, blog, social media)**

No [ ]  Yes [ ]  Date       Publication       Link

**Talks with industry or non-industry entity outside of BTI**

No [ ]  Yes [ ]  Date       Venue       Under CDA? No [ ]  Yes [ ]

1. **DATES OF CONCEPTION AND REDUCTION TO PRACTICE**

**Conception** (the formulation in the mind of the inventors of the working invention).

Date       Documented? No [ ]  Yes [ ]  *Please provide document*

**Reduction to practice** (the physical creation of the invention -*actual reduction to practice*- or a detailed written description that demonstrates the invention will work as conceived -*constructive reduction to practice*-)

Date

1. **FUNDING AND SPONSORSHIP**

List all outside agencies, foundations, organizations, or companies that provided funding for the research that led to the invention. Indicate contract or grant number(s).

Source of funding Grant/contract number

1.
2.
3.
4.
5. **THIRD PARTY MATERIAL/SOFTWARE/DATA USE**

Did this invention use any materials, software or data which were obtained from a company or another institution under MTA, CDA or other form of agreement?

No [ ]  Yes [ ]

Description

1. **INVENTORS**

List all those who helped contribute to the conception of the ultimate working invention.

The list of legal inventors will be established later.

Corresponding Inventor

Name

Title

Affiliation

E-mail

Home address

Inventor (2)

Name

Title

Affiliation

E-mail

Home address

Inventor (3)

Name

Title

Affiliation

E-mail

Home address

Inventor (4)

Name

Title

Affiliation

E-mail

Home address

Inventor (5)

Name

Title

Affiliation

E-mail

Home address

Inventor (6)

Name

Title

Affiliation

E-mail

Home address

1. **NOTES FROM TECHNOLOGY TRANSFER OFFICE**

Leave blank – TTO will provide comments. *Max. 1,000 char.*

1. **SIGNATURES**

Corresponding Inventor

Name

Signature

Date

Technology Transfer Office

Name

Signature

Date