

SU Docket No.	STANFORD UNIVERSITY OFFICE OF TECHNOLOGY LICENSING INVENTION AND TECHNOLOGY DISCLOSURE	LICENSING ASSOCIATE:
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(INVENTORS: Please read instructions on Instruction Sheet and complete items below.)

1. TITLE OF INVENTION OR TECHNOLOGY

2. Describe general purpose of invention and the problem it solves
(Attach additional description as described on Instruction Sheet.)

3. INVENTORS OR DEVELOPERS
(Attach additional disclosure forms if more than three inventors.)

Name: _____	Citizenship: _____
VA/HHMI Appointment? (circle one) yes no If yes, _____ %	Position: _____
Email: _____	Dept.: _____
Wk. Phone: _____ Fax: _____	Mail Code: _____
Wk. Address: _____	Hm. Phone: _____
Hm. Address: _____	

Name: _____	Citizenship: _____
VA/HHMI Appointment? (circle one) yes no If yes, _____ %	Position: _____
Email: _____	Dept.: _____
Wk. Phone: _____ Fax: _____	Mail Code: _____
Wk. Address: _____	Hm. Phone: _____
Hm. Address: _____	

Name: _____	Citizenship: _____
VA/HHMI Appointment? (circle one) yes no If yes, _____ %	Position: _____
Email: _____	Dept.: _____
Wk. Phone: _____ Fax: _____	Mail Code: _____
Wk. Address: _____	Hm. Phone: _____
Hm. Address: _____	

OBLIGATIONS TO THIRD PARTIES (*Attach Inventions section of third party agreement*)

4. What funds supported the work leading to this invention? (include federal, non-federal, foundation and industry funding, gifts, Stanford funds, etc.) Please list **all** sources of funding for the invention:

If a non-Stanford sponsor, indicate below:

Contract/Grant No. _____ **Sponsor** _____ **PI** _____

Contract/Grant No. _____ **Sponsor** _____ **PI** _____

Contract/Grant No. _____ **Sponsor** _____ **PI** _____

5. Are you a party to **any other agreement(s)** pertaining to the invention (e.g. material transfer, collaboration, patent agreement with another entity)?

YES NO

If **yes**, please list: Company Name _____ Type of Agreement _____

6. EVENTS	DATE	REFERENCES AND COMMENTS
A. Initial idea		
B. Conception		
C. First reduction to practice		
D. First public disclosure (written, oral, or electronic)		
E. Future public disclosures		

<p>7. I agree that royalties, if any, will be distributed per Stanford's current policy. If I am not an HHMI Investigator, I agree to assign to Stanford my rights in this invention or technology.</p> <p>_____ Inventor's Signature _____ Date</p> <p>_____ Inventor's Signature _____ Date</p> <p>_____ Inventor's Signature _____ Date</p>	<p>8. INVENTION DISCLOSED AND UNDERSTOOD BY:</p> <p>_____ Witness's Signature** _____ Date</p> <p>Reviewed by:</p> <p>_____ OTL Licensing Associate _____ Date</p> <p>**Please have PI sign if PI is not an inventor.</p>
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Please submit completed disclosure to: Stanford University Office of Technology Licensing
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Palo Alto, CA 94306-1106 (Mail Code: 1850)
Telephone: 650-723-0651 Fax:650-725-7295
Website: otl.stanford.edu