

THE UNIVERSITY OF TEXAS AT TYLER  
INTELLECTUAL PROPERTY QUESTIONNAIRE  
INSTRUCTIONS FOR COMPLETION

**ATTENTION: THIS FORM CANNOT BE PROCESSED IF EVERY QUESTION IS NOT ANSWERED.**  
**INCOMPLETE DISCLOSURES WILL BE RETURNED TO THE DESIGNATED CONTRIBUTOR FOR**  
**COMPLETION AND RESUBMISSION!!**

The completion of the attached Intellectual Property Questionnaire is the first step in the disclosure of new inventions discovered at UT TYLER. First, this questionnaire is used as a source of basic information to help the Office of Sponsored Research and the Intellectual Property Advisory Committee (IPAC) evaluate your invention. Secondly, this questionnaire serves as documentation and evidence of the creation of your invention. Lastly, this questionnaire serves as the first disclosure to the patent attorney or patent agents assigned to your invention and serves as an information base for patentability search and opinions.

This Intellectual Property Questionnaire is divided into four major sections. It is important that the inventors of the intellectual property fill out the questionnaire as completely as possible. The importance of each section is discussed below:

- (1) Description of the Invention - It is important that we receive an adequate description of the invention, its special characteristics and its uses in order to evaluate the invention and to initiate marketing and licensability studies. Use this section to highlight the differences between this technology and the “state of the art” in the area.
- (2) Contributor Information (**please designate a corresponding-contributor who will be the main contact for this disclosure**). It is necessary for each contributor named on the invention to help in the completion of this form. The information is used to identify your current status and the status of your co-contributors (which is especially important when co-contributors are not UT employees). Your home address information is used in various legal documents filed in the U.S. Patent and Trademark Office. In addition, when authorized, this information is used to direct disbursements of licensing income to your home.
- (3) Publications and/or Oral Disclosures - Publications and oral disclosure have a bearing on the potential patentability of your invention. It is important that this section be filled out completely. Add additional pages if necessary.
- (4) Financial Resources used/Prior Obligations - Funding agencies, private grantors and sponsors oftentimes have rights in inventions. It is imperative that this section is filled out as completely as possible.

If you have any questions, please contact Dr. Anna Kurdowska at akurdowska@uttyler.edu or anna.kurdowska@uthct.edu. We appreciate your efforts!

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INTELLECTUAL PROPERTY QUESTIONNAIRE**

**DESCRIPTION OF THE INVENTION**

Descriptive Title of Invention:

Who are the individuals that contributed to the conception of the invention (attach Contributor Information Page for each):

Corresponding Contributor \_\_\_\_\_

Other Contributors \_\_\_\_\_

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**INTELLECTUAL PROPERTY DESCRIPTION**

(Attach separate pages, if necessary)

Briefly summarize the invention, its use and purpose:

What particular features of the invention are unusual?

How does it differ from present technology?

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What problem(s) does it solve?

What advantages over current technologies does it possess?

Types of intellectual property:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Biological material | <input type="checkbox"/> Computer Software | <input type="checkbox"/> Copyrightable Work |
| <input type="checkbox"/> Device              | <input type="checkbox"/> Method            | <input type="checkbox"/> Other: _____       |

**VERY IMPORTANT:** If material, biological or non-biological, is incorporated or was used in the research leading to the invention, was this material obtained from some source other than your laboratory? (Use additional sheets if necessary):

- Yes       No      If yes, what is the material(s)? \_\_\_\_\_

What is the source of the material(s)?

UT TYLER laboratory      \_\_\_\_\_

Company      \_\_\_\_\_

Other Institution      \_\_\_\_\_

Other (explain)      \_\_\_\_\_

- Yes       No      Was this material(s) covered by a Material Transfer Agreement, Sponsored Research Agreement, Collaboration Agreement, or any other type of agreement that restricts the use of this material(s)?

If yes, please attach a copy of the agreement pertaining to the use of the material.

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Please categorize the potential uses of your invention below by circling all anticipated uses:

- |  |  |
|--|--|
| <input type="checkbox"/> Service             | <input type="checkbox"/> Research Reagent    |
| <input type="checkbox"/> Product-Therapeutic | <input type="checkbox"/> Drug Identification |
| <input type="checkbox"/> Product-Device      | <input type="checkbox"/> Diagnostic Test     |
| <input type="checkbox"/> Product-Method      | <input type="checkbox"/> Other: _____        |

Identify the diseases or condition affected by the invention:

Indication	Patients in U.S./Year	New Cases in U.S./Year	Deaths in U.S./Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What companies do you believe would be interested in commercializing the invention?

Have you worked with/been approached by any companies regarding the invention?

- Yes    No   If yes, which companies?

**PUBLICATIONS AND/OR ORAL DISCLOSURES**

Identify any disclosures, either written or oral, of the intellectual property made or to be made to others. ATTACH COPY OF PUBLICATION(S) OR DRAFT THEREOF. Please also attach: (1) any additional publications which will give background information for the IPAC committee; and (2) the most relevant articles, journals, or abstracts of another author.

**Publication or oral disclosure (1)**

Title

Authors: \_\_\_\_\_

Type of Disclosure:     Written     Oral             Other\_\_\_\_\_

If written:         Journal Abstract     Poster         Other\_\_\_\_\_

Publication Date: \_\_\_\_\_ Location: \_\_\_\_\_

Publication Category:  Public     Confidential     Internal     Other \_\_\_\_\_

If confidential: Confidentiality agreement complete

Letter

Oral             Other: \_\_\_\_\_

**Publication or oral disclosure (2)**

Title:

Authors: \_\_\_\_\_

Type of Disclosure:     Written     Oral             Other\_\_\_\_\_

If written:         Journal Abstract     Poster         Other\_\_\_\_\_

Publication Date: \_\_\_\_\_ Location: \_\_\_\_\_

Publication Category:  Public     Confidential     Internal     Other \_\_\_\_\_

If confidential: Confidentiality agreement complete

Letter

Oral             Other: \_\_\_\_\_

**PUBLICATIONS AND/OR ORAL DISCLOSURES (CONT'D)**

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**Publication or oral disclosure (3)**

Title

Authors: \_\_\_\_\_

Type of Disclosure:     Written     Oral             Other\_\_\_\_\_

If written:         Journal Abstract     Poster         Other\_\_\_\_\_

Publication Date: \_\_\_\_\_ Location: \_\_\_\_\_

Publication Category:  Public     Confidential     Internal     Other \_\_\_\_\_

If confidential: Confidentiality agreement complete

Letter

Oral             Other: \_\_\_\_\_

**Publication or oral disclosure (4)**

Title

Authors: \_\_\_\_\_

Type of Disclosure:     Written     Oral             Other\_\_\_\_\_

If written:         Journal Abstract     Poster         Other\_\_\_\_\_

Publication Date: \_\_\_\_\_ Location: \_\_\_\_\_

Publication Category:  Public     Confidential     Internal     Other \_\_\_\_\_

If confidential: Confidentiality agreement complete

Letter

Oral             Other: \_\_\_\_\_

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## FINANCIAL RESOURCES USED/OBLIGATIONS

Please circle one answer for each of the following questions. If yes to any below, please fill in grant/contract information as listed.

- Was development of this intellectual property aided in any way by a grant or contract?  Yes  No
- Is this intellectual property the subject of a currently pending grant or contract proposal?  Yes  No
- To your knowledge, is this intellectual property encumbered or obligated to any third party?  Yes  No

### Grant/Contract/Sponsor (1)

Entity Name: \_\_\_\_\_

- Type:  NIH  DARPA  DOD  
 Other Federal  Industry  Non-Profit  
 Private Donor  Other: \_\_\_\_\_

Title of Project

Briefly Describe Purpose

UT Tyler Acct#: \_\_\_\_\_ Grant Contract #: \_\_\_\_\_

Name of project manager for the contract at DARPA or DOD: \_\_\_\_\_

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**Grant/Contract/Sponsor (2)**

Entity Name: \_\_\_\_\_

- Type:     NIH                     DARPA                     DOD  
           Other Federal     Industry                 Non-Profit  
           Private Donor    Other:

Title of Project

Briefly Describe Purpose

UT Tyler Acct#: \_\_\_\_\_ Grant Contract #: \_\_\_\_\_

Name of project manager for the contract at DARPA or DOD: \_\_\_\_\_



## CONTRIBUTOR INFORMATION

Attach one page for each contributor named on the first page.

Contributor's Name: \_\_\_\_\_  
Last First MI Degree

U.S. Citizen  Yes  No For Non-U.S. Citizen, Citizen of \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Campus Phone #: \_\_\_\_\_ Campus FAX #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Campus mail Station: \_\_\_\_\_

Position Title (circle)  Professor  Instructor  Resident  
 Assoc. Professor  Fellow  Staff  
 Asst. Professor  Student  Other: \_\_\_\_\_

Other Appointment:  None  HHMI  VA  Other:

% of time employed at UT: \_\_\_\_\_% Other employment:  Yes  No  
(If yes, name of employer: \_\_\_\_\_)

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_  
City State Zip

If a patent application for the intellectual property disclosed above is filed in the U.S. Patent and Trademark Office, the inventor(s) will be required to execute an oath or declaration affirming, among other things, that he/she/they is/are the original and first inventor(s) of the subject matter claimed in the application. ("Original" means derived from any source or persons other than the person or persons named as the inventorship entry.) I/We confirm that the subject matter disclosed herein is original to me/us.

Contributor's Signature: \_\_\_\_\_

Typed/Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a copy of your current C.V.**

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