Disclosure#
Main Document Only

South Dakota School of Mines and Technology
Office of Economic Development

DISCLOSURE OF INVENTION

Section 1 - Overview

Title of Invention:

1.A	**Give a brief non-confidential description of your invention (please use language that someone unfamiliar with your field of study could readily understand).**
1.B	**What problem does this invention solve in the marketplace or how does this improve on a present technology?**
1.C	**Was this research requested by any government agency or industry? Was this research done in response to a specific directive, need or new industry/government standard?**
1.D	**Please suggest 3-10 keywords that someone in your field or someone in industry might use to search for your invention.**
1.E	**Has the invention been disclosed to industry representatives? Has any commercial interest been shown in it? Please name companies, specific individuals and their titles.**
1.F	**Please list any entities you know of that might be interested in the invention (regardless if you have had any contact or not)**

Note: Original signatures for all inventors are required. Please respond to all questions on this form; please mark non-applicable points as "N/A".

In addition, please send an electronic copy of the completed Invention Disclosure Form to: mareeda.perry@SDSMT.edu

Section 2 – Technical Information

2.A	**Please give a detailed account of your invention. (Please attach as a separate sheet if necessary.)**
2.B	**If your work has been disclosed to parties outside of SDSM&T, please give a detailed explanation of the circumstances surrounding this external disclosure** **State first date of:** **a. Disclosure outside of SDSMT employees** **2014-12-04** **b. Printed publication (including the web)** **2014-12-04** **c. Oral disclosure (e.g. seminars, conferences, etc.)** **2014-12-04** **d. Use for profit** **2014-12-04** **e. Offer for sale** **2014-12-04**
2.C	**Was it made under the provisions of a <u>Funding Agreement</u> or governed by a <u>Confidentiality Agreement</u>?**
	(if yes, please provide a copy of the agreement and if applicable fill out the information below)
	(Your department administrator may be of assistance in identifying funding sources used.)
	External Sponsor(s) / **SDSMT Center #(s) OR** / **Contract or Grant #(s)**
2.D	**Have external sponsors been informed of the invention? If yes, what date?**
2.E	**Was there an Internal Sponsor** (Department Research Funds, etc.):
2.F	**Have you accepted any non-financial resources for use in the creation of the technology (i.e, material or equipment from a company or university under a Material Transfer Agreement (MTA) or other formal or informal agreement)? If yes, please explain.**
2.G	**Has the invention been tested experimentally? Is experimental data available? (Please attach)**
2.H	**Do you know of any other inventions which are related to this invention?**
	Has there been a prior art/patent search relating to this invention? (Please include copies of any documentation or list applicable patent numbers.)
	Has there been a literature search relating to this invention? (Please include copies of any documentation.)

Note: <u>Original signatures</u> for <u>all inventors</u> are <u>required.</u> Please respond to all questions on this form; please mark non-applicable points as "N/A".

In addition, please send an electronic copy of the completed Invention Disclosure Form to: mareeda.perry@SDSMT.edu

Inventor(s): NOTE: By signing this form the undersigned inventors acknowledge and agree that they are bound by SDBOR Intellectual Property Policy 4:34.

(Please indicate ONE lead Inventor and list the department head for each inventor's department.) *

a. Lead Inventor:

_____ _____ _____
print or type name **signature** **date**

_____ _____ _____ ____
department phone e-mail **% of contribution**

_____
full institutional address (if not SDSMT)

b. Co-Inventor

_____ _____ _____
print or type name **signature** **date**

_____ _____ _____ ____
department phone e-mail **% of contribution**

c. Co-Inventor

_____ _____ _____
print or type name **signature** **date**

_____ _____ _____ ____
department phone e-mail **% of contribution**

If more co-inventors, please provide all the information above for each co-inventor including % of contribution on another sheet if necessary. All inventors will need to sign the disclosure. If any co-inventor is not an employee of SDSM&T, please provide their institution and the inventor's full address.

This invention disclosure has been witnessed and understood by me:

_____
print or type name **signature** **date**

Please feel free to attach additional material or data that would provide us with helpful information.

Please deliver a Signed Original to: Mareeda Perry (mareeda.perry@sdsmt.edu)
Office of Economic Development – SDSM&T O'Harra Room 102

Note: Original signatures for all inventors are required. Please respond to all questions on this form; please mark non-applicable points as "N/A".
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