

UM # \_\_\_\_\_

Date Rec'd \_\_\_\_\_

**THE UNIVERSITY OF MONTANA  
INVENTION DISCLOSURE**

In order to afford maximum protection and to comply with the requirements of the University Policy and Government Contracts and Grants, it is important that inventions or discoveries which may be patentable be reported to the University's Technology Transfer Program at the earliest possible date.

**PLEASE COMPLY WITH THE FOLLOWING DIRECTIONS IN COMPLETING THIS FORM:**

- (A) Fill out in duplicate and retain one copy as a permanent record.
- (B) Use supplemental sheets if necessary to amplify this information.
- (C) If you cannot answer any questions at this time, please so indicate.

1.	Full name, address, and phone of the inventor or inventors.	Title and position (or other status)
	_____	_____
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2. Invention Title: \_\_\_\_\_  
\_\_\_\_\_

3. Concise description of invention: Attach a description of the invention, with photographs, drawings, sketches, or any other descriptive material. Description should be sufficiently detailed to enable one skilled in the art to understand and reproduce the invention and should include the construction, the principles involved, the details of operation, and alternative methods of construction or operation. Be certain the description covers the following points:

- (a) Problem to be solved, or purpose of invention
- (b) How invention solves problem
- (c) Similar inventions in current use, or old manner of performing the function of the invention
- (d) Disadvantages of old means
- (e) Degree of development

Include description of and/or inclusion of supporting evidence such as copy of laboratory notes, computer programs, drawings, etc. (Attach data)

4. Date and place at which discovery was made. \_\_\_\_\_  
\_\_\_\_\_

5. Names and addresses of other persons participating in the invention.

\_\_\_\_\_  
\_\_\_\_\_

6. External funding that contributed to the inventor):

A. \_\_\_\_\_ Grant No. \_\_\_\_\_

B. \_\_\_\_\_ Grant No. \_\_\_\_\_

C. \_\_\_\_\_ Grant No. \_\_\_\_\_

7. Date of publication(s), if any \_\_\_\_\_

Where published \_\_\_\_\_

If there are any prior patent applications or patents by inventor on this subject, please list Serial Number and filing date (include copies)

\_\_\_\_\_

8. PLEASE INCLUDE AN ABSTRACT OF THE INVENTION. This will be used in our campaign to promote the invention, and should, therefore, be no longer than a typewritten page and not contain confidential information. (Use a separate page.)

9. MAJOR USE OR OTHER APPLICATIONS OF INVENTION. If specific commercial possibilities or companies are known, please include names and addresses on a separate page.

10. MARK APPROPRIATE CATEGORY:

\_\_\_ Biomedical: biological materials, medical-dental products or devices for diagnosis, therapy, assistance

\_\_\_ Chemicals: methods, processes, compounds, catalysts

\_\_\_ Computers & Software: methods, programs, tool, networks

\_\_\_ Devices: engineering, analytical, imaging devices

\_\_\_ Materials: ceramics, metals, methods of production, superconductors

\_\_\_ Other: \_\_\_\_\_

This disclosure is made to The University of Montana under the University Patent Policy in effect at this time.

Signature of Inventor(s)

Date

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