



Intellectual Property Disclosure (IPD)

Completed IPD forms may be submitted via e-mail to ipx_innovations@auburn.edu, campus mail, or by delivery to the IP Exchange office.

AU IP Disclosure No.:

AU Disclosure Date:

Disclosure Guidelines

Intellectual Property Type: (If other or if more than two IP types apply, please explain in Section II below.)

Patentable Invention	<input type="checkbox"/>	Non-patentable Material	<input type="checkbox"/>	Copyright	<input type="checkbox"/>
Trademark	<input type="checkbox"/>	Other	<input type="checkbox"/>	Concept	<input type="checkbox"/>

I. Intellectual Property Title:

II. Intellectual Property Summary / Abstract:



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III. First Public Disclosure Date:

(Provide the date of EITHER the first known oral presentation and/or publication OR anticipated oral presentation and/or publication containing sufficient description to enable a person skilled in this field to understand and to make or use this intellectual property. If no previous or planned public disclosures, state "none".)

A. Public Disclosure Detail:

IV. Funding / Support Sources: ☐ None

(This section must be completed to assure that inventors and the University meet any obligations to sponsors. Include all agencies, organizations and companies that provided funds or resources that were used by any contributor in research that led to the conception or reduction to practices of this invention; otherwise, select "None" above.)

Organization:	AU FOAP:	Contract/Grant No.:	PI Name:

A. Were any proprietary materials from another party utilized in the creation of this intellectual property?

(If yes, please attach all supporting documentation and / or agreements.)

Yes ☐ No ☐

V. Intellectual Property Detail: (Optional)

A. Are you aware of any commercial entities that might be interested in this intellectual property? (if yes, provide additional detail.) Yes <input type="checkbox"/> No <input type="checkbox"/>	
B. Has this intellectual property been successfully tested in simulation or actual use? (if yes, provide additional detail.) Yes <input type="checkbox"/> No <input type="checkbox"/>	



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C. Do you have additional plans to further develop this intellectual property? <i>(If yes, provide additional detail.)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Are you aware of any references to known literature or patents that describe the state of related art prior to this developed intellectual property? <i>(If yes, provide additional detail.)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
E. What are novel features and advantages of the technology?	
F. What is the full potential scope and/or broadest potential applications of the technology (even if it goes beyond the work done to date)?	
G. Date of Conception:	



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VI. Inventor(s) / Creator(s) / Author(s): *(List all people who individually or jointly contributed to the conception or reduction-to-practice of the invention. If a patent application is filed, actual inventorship will be determined by a patent attorney based on patent law. It is important to indicate the employer of those listed at the time they contributed to the development of this invention.)*

☐ There are more than six (6) contributors, and an Additional Contributors page has been attached.

Contributor 1:			
Full Legal Name:		AU? <input type="checkbox"/> Yes <input type="checkbox"/> No Male <input type="checkbox"/> Female <input type="checkbox"/>	
Contribution %:		Organization Name:	
Department / College:		Title:	
Business Telephone No.:		Alternative Phone No.:	
Business Email:		Alternative Email:	
Residential Street Address:			
City:		State:	
Zip Code:		Country of Residence:	
Country(ies) of Citizenship:		AU Banner ID:	
CONTRIBUTOR DECLARATION			
I hereby declare that all statements made herein to the best of my knowledge are true and that all statements made on information and belief are believed to be true. I hereby agree to cooperate with the Auburn University and The Intellectual Property Exchange in the protection of this intellectual property, if applicable.			
Signature:		Date:	

Contributor 2:			
Full Legal Name:		AU? <input type="checkbox"/> Yes <input type="checkbox"/> No Male <input type="checkbox"/> Female <input type="checkbox"/>	
Contribution %:		Organization Name:	
Department / College:		Title:	
Business Telephone No.:		Alternative Phone No.:	
Business Email:		Alternative Email:	
Residential Street Address:			
City:		State:	
Zip Code:		Country of Residence:	
Country(ies) of Citizenship:		AU Banner ID:	
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Signature:		Date:	



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Contributor 3:			
Full Legal Name:		AU? <input type="checkbox"/> Yes <input type="checkbox"/> No Male <input type="checkbox"/> Female <input type="checkbox"/>	
Contribution %:		Organization Name:	
Department / College:		Title:	
Business Telephone No.:		Alternative Phone No.:	
Business Email:		Alternative Email:	
Residential Street Address:			
City:		State:	
Zip Code:		Country of Residence:	
Country(ies) of Citizenship:		AU Banner ID:	
<p align="center">CONTRIBUTOR DECLARATION</p> <p>I hereby declare that all statements made herein to the best of my knowledge are true and that all statements made on information and belief are believed to be true. I hereby agree to cooperate with the Auburn University and The Intellectual Property Exchange in the protection of this intellectual property, if applicable.</p>			
Signature:		Date:	

Contributor 4:			
Full Legal Name:		AU? <input type="checkbox"/> Yes <input type="checkbox"/> No Male <input type="checkbox"/> Female <input type="checkbox"/>	
Contribution %:		Organization Name:	
Department / College:		Title:	
Business Telephone No.:		Alternative Phone No.:	
Business Email:		Alternative Email:	
Residential Street Address:			
City:		State:	
Zip Code:		Country of Residence:	
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Signature:		Date:	



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Contributor 5:			
Full Legal Name:		AU? <input type="checkbox"/> Yes <input type="checkbox"/> No Male <input type="checkbox"/> Female <input type="checkbox"/>	
Contribution %:		Organization Name:	
Department / College:		Title:	
Business Telephone No.:		Alternative Phone No.:	
Business Email:		Alternative Email:	
Residential Street Address:			
City:		State:	
Zip Code:		Country of Residence:	
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Signature:		Date:	

Contributor 6:			
Full Legal Name:		AU? <input type="checkbox"/> Yes <input type="checkbox"/> No Male <input type="checkbox"/> Female <input type="checkbox"/>	
Contribution %:		Organization Name:	
Department / College:		Title:	
Business Telephone No.:		Alternative Phone No.:	
Business Email:		Alternative Email:	
Residential Street Address:			
City:		State:	
Zip Code:		Country of Residence:	
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Signature:		Date:	