

Innovation & Technology Commercialization
University of California, Agriculture and Natural Resources

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For questions, call (530) 447-0801 Ext 1402

RECORD OF INVENTION (ROI) FORM

PLEASE NOTE: COMPLETION OF THIS FORM CREATES AN IMPORTANT INVENTION RECORD FOR UC ANR BUT, ABSENT THE FILING OF A PATENT APPLICATION, THIS INVENTION RECORD DOES NOT IN ITSELF CREATE OR PROTECT PATENT RIGHTS

Section 1. Inventors

List all inventors and their employment status. (Actual inventorship will be determined by a patent attorney.)

1A. UC ANR Inventors

First and last name. List contact inventor first	Department or Organized Research Unit	For inventors with joint appointments, list non-UC ANR employer or institution

1B. Non-UC ANR Inventors (if applicable)

First and last name	Employer or institution

Section 2. Invention

2A. Short descriptive title of the invention.

2B. Briefly summarize the invention here. Include the novel features.

2C. Detailed description of the invention. Use additional sheets as necessary and attach as an Appendix. This description, together with the attachments, should be enabling with respect to how to make and use the invention. Please attach any manuscripts, publications, and other documents to the form. (Electronic editable versions of the documents may be requested at a later date, if available.)

2D. State the advantages which the invention has over alternate ways of achieving the same purpose.

3. If applicable, list the funding source(s) for the project (for all listed inventors) under which this invention was made. UC may be obligated to disclose this Record of Invention to sponsors, therefore, please identify any funding source(s) by contract or grant number and name the Principal Investigator/Supervisor of each grant.

Funding Source/Sponsor	Contract or Grant Number	Principal Investigator/Supervisor

4. This invention utilized data or materials from (check as many as apply):

- A Material Transfer Agreement – “MTA” – (or any other document transferring non-UC material)
- Other proprietary sources (specify):

If any proprietary material (e.g., progeny, computer software, or chemical compound) obtained from outside your laboratory was used to develop this invention under a restrictive written or oral transfer agreement (other than a normal purchasing agreement), please attach a copy or summary of that agreement.

5. When did you first conceive this invention?

6. What is the date of the first written record (notebook, letter, proposal, drawing, etc.) of this invention? Identify the document, page numbers involved, and location of the document.

7. When did you first successfully test this invention?
8. If you have disclosed this invention to non-UC personnel (including research sponsor) then indicate when, under what circumstances, and to whom. **Please provide copies of abstracts, handouts, papers, posters, and other communications.**
- a. Orally:

 - b. in writing:

 - c. by actual use, demonstration, handouts, or posters:
9. Do you plan to submit a report, abstract, paper or thesis relating to this invention for publication, for presentation at a conference, or to a research sponsor? If yes, give details, including the actual or planned date of submission. If a manuscript has been accepted, give the anticipated publication date. As applicable, append a copy of the latest draft available.

NOTE: As a general rule, public disclosure, in any manner, before the date a formal patent application is actually filed in a national patent office, may result in the loss of patent rights in most foreign countries. Receipt of your Record of Invention Form by UC ANR Tech Transfer is not the same as the filing of a patent application. (While United States patent law allows inventors up to one year to file a patent application after the first printed publication, public use or sale, the loss of foreign rights often is very important to potential industrial licensees.) Please allow us up to 60 days to create and file a patent application; a rush submission can be a serious challenge.

10. Identify any references, patent applications, or other publications which you are aware of and which you believe to be pertinent to this invention. Please attach a copy of each of these references, if available. Please also include 4-6 keywords related to your invention to assist us in our patent searches and marketing efforts.

11. List companies you believe might be interested in using, developing or otherwise commercializing this invention. If available, include the name, title, phone number and email address of a contact person for each company. Also include a statement of commercial use or potential of the invention.

12. Signatures, names, and addresses of all inventors:

Print Name & Employee ID	Print Name & Employee ID
Job Title/Employment Position	Job Title/Employment Position
Dept/Unit	Dept/Unit
Address	Address
City/State/Zip	City/State/Zip
Telephone	Telephone
Email	Email
Signature / Date	Signature / Date

Note: If there are more inventors please provide signature, names, and addresses on the ROI Additional Inventor Signature Page, which can be found at the end of this form.

13. Technically Qualified Witnesses (Two Required) - invention disclosed to and understood by:

Print Name	Print Name
Signature / Date	Signature / Date

Our office may request electronic editable versions (e.g. WORD, Powerpoint, etc.) of the ROI, abstract, manuscript, and other documents, at a later date.

If you do not receive an acknowledgment within 7 days, please call ANR Tech Transfer at (530)447-0801 Ext 1402.

Note: Please do not disclose to others the above invention information, except as described in item 9, without the prior notification to UC ANR Tech Transfer.

ROI Additional Inventor Signature Page

Print Name & Employee ID	Print Name & Employee ID
Job Title/Employment Position	Job Title/Employment Position
Dept/Unit	Dept/Unit
Address	Address
City/State/Zip	City/State/Zip
Telephone	Telephone
Email	Email
Signature / Date	Signature / Date

Print Name & Employee ID	Print Name & Employee ID
Job Title/Employment Position	Job Title/Employment Position
Dept/Unit	Dept/Unit
Address	Address
City/State/Zip	City/State/Zip
Telephone	Telephone
Email	Email
Signature / Date	Signature / Date

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City/State/Zip	City/State/Zip
Telephone	Telephone
Email	Email
Signature / Date	Signature / Date

Print Name & Employee ID	Print Name & Employee ID
Job Title/Employment Position	Job Title/Employment Position
Dept/Unit	Dept/Unit
Address	Address
City/State/Zip	City/State/Zip
Telephone	Telephone
Email	Email
Signature / Date	Signature / Date