



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

Deliver this form to UC ANR Tech Transfer: ANRTechTransfer@ucanr.edu

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

## **RECORD OF INVENTION (ROI) FORM**

RECORD FOR UC ANR BUT, A INVENTION RECORD DOES NO			
Section 1. Inventors			
List all inventors and their employment st	atus. (Actual	l inventorship will be de	termined by a patent attorney.)
1A. UC ANR Inventors  First and last name. List contact inventor first	Departme Research	nt or Organized 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	1
Section 2 Invention			

2A. Short descriptive title of the invention.

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

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de Pl	Detailed description of the invention. Use addescription, together with the attachments, should ease attach any manuscripts, publications, and ecuments may be requested at a later date, if avoice the second of the company of the	d be enabling with respect to hother documents to the form.	now to make and use the invention.
20	). State the advantages which the invention has	over alternate ways of achiev	ring the same purpose.
3.	If applicable, list the funding source(s) for the p	proiect (for all listed inventors)	under which this invention was
ma	ade. UC may be obligated to disclose this Reco urce(s) by contract or grant number and name	ord of Invention to sponsors, the	herefore, please identify any funding
	Funding Source/Sponsor	Contract or Grant Number	Principal Investigator/Supervisor
4.	This invention utilized data or materials from (c	" – (or any other document tra y, computer software, or chen velop this invention under a re	nical compound) obtained from estrictive written or oral transfer
5.	When did you first conceive this invention?		
6.	What is the date of the first written record (note document, page numbers involved, and location		ng, etc.) of this invention? Identify the

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# UC ANR Tech Transfer



7. When did you first successfully test this invention?

8.	<ol> <li>If you have disclosed this invention to non-UC personnel (including research sponsor) then in what circumstances, and to whom. Please provide copies of abstracts, handouts, papers other communications.</li> </ol>	
	a. Orally:	
	b. in writing:	
	c. by actual use, demonstration, handouts, or posters:	
9.	9. Do you plan to submit a report, abstract, paper or thesis relating to this invention for publicati at a conference, or to a research sponsor? If yes, give details, including the actual or planned If a manuscript has been accepted, give the anticipated publication date. As applicable, appelatest draft available.	date of submission
	NOTE: As a general rule, public disclosure, in any manner, before the date a formal p actually filed in a national patent office, may result in the loss of patent rights in most if Receipt of your Record of Invention Form by UC ANR Tech Transfer is not the same a patent application. (While United States patent law allows inventors up to one year to application after the first printed publication, public use or sale, the loss of foreign righ important to potential industrial licensees.) Please allow us up to 60 days to create an application; a rush submission can be a serious challenge.	foreign countries. as the filing of a file a patent ts often is very
be	10. Identify any references, patent applications, or other publications which you are aware of an believe to be pertinent to this invention. Please attach a copy of each of these references, if avainclude 4-6 keywords related to your invention to assist us in our patent searches and marketing	ilable. Please also

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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 inven	tors:

Print Name	Print Name
lab Title/Charles use out Desition	Lab Title/Francis was not Desition
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.

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## **ROI Additional Inventor Signature Page**

Print Name	Print Name
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	Print Name
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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## **ROI Additional Inventor Signature Page**

Print Name	Print Name
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	Print Name
Job Title/Employment Position	Job Title/Employment Position
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City/State/Zip	City/State/Zip
Telephone	Telephone
Email	Email
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