

TITLE OF INVENTION (Generic – See Instructions)

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BRIEF SUMMARY (Attach abstracts, manuscripts, additional information – See Instructions)

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Is this Wireless Integrated MEMS (WIMS)?	Yes	No
Is this Software?	Yes	No

INVENTION SUPPORT (Check where appropriate and describe below or attach sheet – See Instructions)

Yes No Discuss

Any Federal research grants used? If so, please list agency, federal grant number, and UM Project or Short Code:			
Developed with Corporate, State or Foundation Funds? If so, please list the sponsor and DRDA project grant number:			
Any third party collaborators? If so, please list name(s) and organization(s):			
Any materials or data from another party? If so, please list the materials and the third party:			

PUBLICATION DATE(S) (Papers, posters, abstracts, talks, etc. including those that are planned – See Instructions)

Event	Date	Reference / Comments

COMMERCIAL POTENTIAL

Closest known product / technology:
Potential Licensees:
If software, if a modification or improvement to an existing work, or incorporating elements not original to the developer(s), identify that work and its developer(s):

CONTRIBUTORS (See Instructions. First listed is primary contact.)

A.

Name (primary contact)	Empl ID	UM Position	
UM Department or Other Organization	Work Phone	Email	
Work Address / City / State / Zip	Contribution %	VA	HHMI
Home Address / City / State / Zip	Home Phone	Citizenship	

B.

Name	Empl ID	UM Position	
UM Department or Other Organization	Work Phone	Email	
Work Address / City / State / Zip	Contribution %	VA	HHMI
Home Address / City / State / Zip	Home Phone	Citizenship	

C.

Name	Empl ID	UM Position	
UM Department or Other Organization	Work Phone	Email	
Work Address / City / State / Zip	Contribution %	VA	HHMI
Home Address / City / State / Zip	Home Phone	Citizenship	

D.

Name	Empl ID	UM Position	
UM Department or Other Organization	Work Phone	Email	
Work Address / City / State / Zip	Contribution %	VA	HHMI
Home Address / City / State / Zip	Home Phone	Citizenship	

Does any contributor have a financial interest in an involved research sponsor, material provider, or potential licensee?	Yes	No	Uncertain
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DECLARATION

Title of Invention:

I/We have reviewed and understand the University of Michigan Board of Regents Bylaw Sec. 3.10 and the Technology Transfer Policy on the Tech Transfer website, and confirm that I/we will abide by the same. As required, we assign our rights in this invention and all resulting patents (including serial no(s)., authorized to be filled in later by UM) and copyrights to the Regents of the University of Michigan.

Signature	Date
A.	
B.	
C.	
D.	

Witness Signature	Address	Date
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Instructions for University of Michigan Invention Report

The Invention Report (IR) records the description and circumstances in which an invention was created or technology was developed.

Title of the Invention

Use a brief title, omitting any confidential information, acronyms, and trademarks (title should be very generic).

Brief Summary

Write or type a general description of the invention. In addition.

- (a) Please attach a detailed description of the invention, including a technical description, advantages/improvements over existing methods/devices/materials, and possible modifications;
- (b) Please attach any related manuscripts, publications, presentations, posters, etc.

Invention Support

The University is required to report all inventions made with Federal funding to the relevant agency, so it is imperative that you provide details on all federally funded inventions, in particular the agency and the grant number. Please list all other potentially relevant grants, funds, collaborations, or materials received from third parties such that we can do the appropriate reporting to the sponsoring groups and determine if there are any pending license rights to the invention.

Publication Dates

Provide accurate dates and comments to enhance the understanding of critical events and/or make a note that you wish to discuss these issues with us. We are interested in any potential public disclosure (papers, posters, abstracts, talks, etc. including those that are planned) of the invention, to help us and our lawyers evaluate any potential patent protection issues.

Contributors

Contributors are individuals who may have conceived or developed elements of the invention, either independently or jointly with others. If this IR results in a patent application, a patent attorney will determine inventorship based on information from contributors listed in this form. Fill in the "Contribution %" to provide your assessment of each individual's relative contribution to the concepts of the invention. License revenues, if any, will be distributed according to University policy. The first individual listed will be OTT's primary contact, and agrees to act as conduit of information with the other contributors. Please provide complete addresses (including city, state, zip for home address). Any non-UM affiliation should be stated (e.g., corporate, Department of Veterans Affairs (VA), Howard Hughes Medical Institute (HHMI), other university, or joint appointments). Attach an extra sheet if necessary.

Declaration and Submission

All contributors must review and sign the Declaration, filling in the title of the invention. Please mail and/or e-mail your completed form to the following, and follow up by mailing the original of the first two pages of the IR form if you are submitting by email:

UM Office of Technology Transfer
c/o Michael Hallman, Patent Administrator
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Questions

Contact Robin Razor, Director of Licensing at robinlr@umich.edu or 734.615.8433 and/or see www.techtransfer.umich.edu.

Attorney-Client Privileged Communication – The information in this Invention Report is confidential and should not be disclosed to persons outside the University or to persons not requiring access to this information.