

**THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER  
RECORD OF INVENTION**

**I. Description**

Please provide a title for your invention and a brief description. Inventions include new processes, products, apparatus, compositions of matter, living organisms--OR improvements to (or new uses of) things that already exist. Use additional sheets and attach descriptive materials to expand answers to questions. (Sketches, drawings, photos, reports and manuscripts will be helpful).

A. Invention Title

B. Description

C. Who first conceived the invention?

On what date?

D. What are the immediate and/or future applications of the invention?

E. Why is the invention better--more advantageous--than the present technology? What are its novel features? What problems does it solve?

F. Has the scientific literature been searched with respect to the invention? Has a patent search been conducted? (Please attach copies of literature and descriptions, if available).

G. What alternative forms or variations can you envision for the invention? List applications or alternatives (such as analog/derivatives of a chemical invention) whether proven or not. Be speculative.

H. Is work on the invention continuing? Are there limitations to be overcome or other tasks to be done prior to practical application? Are there any test data? Describe.

I. Has the invention actually been made and tested? Describe tests and results.

J. Should the invention be reviewed from the standpoint of federal security regulations?

## II. Publications, Public Use, and Sale

**Note: Valid patent protection depends on accurate answers to the following items. Please contact the Office of Associate Vice Chancellor for Administrative Affairs if you plan any future disclosure of the invention.**

A. Has the invention been disclosed in an abstract, paper, talk, news story or a thesis?

Type of disclosure:

Disclosure Date:

(Please enclose a copy)

B. Is a publication or other disclosure planned in the next six months?

Type of disclosure:

Disclosure Date:

(Enclose drafts, abstracts, reprints)

C. Has there been any public use or sale of products embodying the invention?

Describe, giving dates

## III. Sponsorship

Please list below **all** sources of funding for materials, equipment and/or personnel involved in making the invention:

A. Government Agency:

Contract/Grant No.:

B. Industry, university, foundation or other sponsor:

C. Has the invention been disclosed to industry representatives? If yes, please provide details, including the names of companies and their representatives.

## IV. For Our Records

A. Names of inventors (please print; sign where indicated)

1. Mailing address: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Mailing address: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## V. Approvals

Reviewed and approved for transmittal:

\_\_\_\_\_  
Department Chairman Date

\_\_\_\_\_  
Dean Date