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For OTM use only

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| File #:   |
| Submitted to Funding Agency: |

**OFFICE OF TECHNOLOGY MANAGEMENT
 TECHNOLOGY REPORT**

**1. TITLE OF TECHNOLOGY:**

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| **2. CREATOR(S) INFORMATION:**  |
| Please list the full name of all UTHealth employees or students and any non-UTHealth personnel who have contributed to the development of the technology by conceiving or elaborating on the idea, designing experiments, evaluating experimental results, contributing features while building a device or performing a method, or otherwise directly contributing to the technology beyond merely providing funds, work space, materials, or entirely directed labor.  Joint appointment with any other university, a company, or governmental agency or the like must be noted below. **All fields in this section 2 for each Creator must be completely filled out** (Home address, Home Phone, and Personal email information will only be used by our office in event your work contact information changes). Please see Section 9 below for a broader definition of inventorship. **Please do NOT use ChatGPT or any other AI tool to fill out this form or in the creation of the technology—see more information in Section 6 below!** |

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| Name: |  | Employer: | [ ]  UTHealth [ ]  Other (Name):        |
| School: [ ] McGovern [ ] Nursing [ ] SBMI  [ ]  Dental [ ] SPH [ ] GSBS | % Time Employed by UTHealth |        % |
| Title: |       | % Time Employed by Other |        % |
| Department: |       | Other Appointment |  [ ]  None [ ]  Clayton  [ ]  Other:       |
| Work Address: |       | Home Address: |       |
| Work Phone: |       | Home Phone: |       | Citizenship:       |
| Work Email: |       | Personal Email: |       |
| % Contribution: | % | **Note: OTM should be informed of any changes to the above information** |
| Describe this individual’s contribution: |       |

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| Name: |  | Employer: | [ ]  UTHealth [ ]  Other (Name):        |
| School: [ ] McGovern [ ] Nursing [ ] SBMI  [ ]  Dental [ ] SPH [ ] GSBS | % Time Employed by UTHealth    |        % |
| Title: |       | % Time Employed by Other |        % |
| Department: |       | Other Appointment |  [ ]  None [ ]  Clayton  [ ]  Other:       |
| Work Address: |       | Home Address: |       |
| Work Phone: |       | Home Phone: |       | Citizenship:       |
| Work Email: |       | Personal Email**:** |       |
| % Contribution: | % | **Note: OTM should be informed of any changes to the above information** |
| Describe this individual’s contribution: |       |

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| Title: |       | % Time Employed by Other |        % |
| Department: |       | Other Appointment |  [ ]  None [ ]  Clayton  [ ]  Other:       |
| Work Address: |       | Home Address: |       |
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| Work Email: |       | PersonalEmail: |       |
| % Contribution: | % | **Note: OTM should be informed of any changes to the above information** |
| Describe this individual’s contribution: |       |
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| Name: |  | Employer: | [ ]  UTHealth [ ]  Other (Name):        |
| School: [ ] McGovern [ ] Nursing [ ] SBMI  [ ]  Dental [ ] SPH [ ] GSBS | % Time Employed by UTHealth |        % |
| Title: |       | % Time Employed by Other |        % |
| Department: |       | Other Appointment |  [ ]  None [ ]  Clayton  [ ]  Other:       |
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| Work Phone: |       | Home Phone: |       | Citizenship:       |
| Work Email: |       | Personal Email: |       |
| % Contribution: | % | **Note: OTM should be informed of any changes to the above information** |
| Describe this individual’s contribution: |       |

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| Title: |       | % Time Employed by Other |        % |
| Department: |       | Other Appointment |  [ ]  None [ ]  Clayton  [ ]  Other:       |
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| Work Phone: |       | Home Phone: |       | Citizenship:       |
| Work Email: |       | Personal Email**:** |       |
| % Contribution: | % | **Note: OTM should be informed of any changes to the above information** |
| Describe this individual’s contribution: |       |

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| Name: |  | Employer: | [ ]  UTHealth [ ]  Other (Name):        |
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| Title: |       | % Time Employed by Other |        % |
| Department: |       | Other Appointment |  [ ]  None [ ]  Clayton  [ ]  Other:       |
| Work Address: |       | Home Address: |       |
| Work Phone: |       | Home Phone: |       | Citizenship:       |
| Work Email: |       | PersonalEmail: |       |
| % Contribution: | % | **Note: OTM should be informed of any changes to the above information** |
| Describe this individual’s contribution: |       |

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| Name: |  | Employer: | [ ]  UTHealth [ ]  Other (Name):        |
| School: [ ] McGovern [ ] Nursing [ ] SBMI  [ ]  Dental [ ] SPH [ ] GSBS | % Time Employed by UTHealth    |        % |
| Title: |       | % Time Employed by Other |        % |
| Department: |       | Other Appointment |  [ ]  None [ ]  Clayton  [ ]  Other:       |
| Work Address: |       | Home Address: |       |
| Work Phone: |       | Home Phone: |       | Citizenship:       |
| Work Email: |       | PersonalEmail: |       |
| % Contribution: | % | **Note: OTM should be informed of any changes to the above information** |
| Describe this individual’s contribution: |       |

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| If necessary, please attach an Additional Creator Addendum to include more co-creators (form can be found [here](https://www.uth.edu/otm/documents/Additional_Creator_Addendum_to_Technology_Report.docx?language_id=1)).**Name of Creator (from above) that should be the principal contact person:**      Have non-UTHealth contributors listed above made disclosure to their respective employer? Yes[ ]  No [ ]  N/A[ ]   |

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| **3.  FUNDING SOURCES:**  |
| 1. **Was any federal government funding used in the creation of the technology?** Yes [ ]  No [ ]

FYI on what constitutes reportable inventions to federal agencies under this Section 3A can be found here: <https://grants.nih.gov/grants/bayh-dole.htm>. Note that if, i.e., NIH funds purchased the instrument under a separate grant in previous years, but now you used this instrument on a new project, that NIH grant should not be listed. Ie. See scope (a)(2) on the above link that explains this: “An invention which is made outside of the research activities of a government-funded project is not viewed as a "subject invention" since it cannot be shown to have been "conceived or first actually reduced to practice" in performance of the project. An obvious example of this is a situation where an instrument purchased with government funds is later used, without interference with or cost to the government-funded project, in making an invention all expenses of which involve only non-government funds.”***If you checked ‘Yes’ above, please list accurate federal funding source information necessary for UTHealth to comply with mandatory reporting requirements.* Please list all federal grant sources that were funded at UTHealth. Do not list federal funding sources that PIs from other institutions used that were not contracted or subcontracted to UTHealth.** |
| Federal Funds | Percent:      % | Name: |        |
| Award #:  |        |

1. **Was any non-federal government funding used in the creation of the technology?** Yes [ ]  No [ ]

***If you checked ‘Yes’ above, please list accurate non-federal funding source information necessary for UTHealth to comply with mandatory reporting requirements.* Please list all non-federal grant sources that were funded at UTHealth.**

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| UTHealth Funds (Endowment, Departmental Startup Funds, Gifts, etc.) | Percent:      % | Name: |       |
| State Funds (CPRIT, ETF, TIF) | Percent:     % | Name: |       |
| Award #:  |       |
| Other Institutions | Percent:     % | Name: |       |
| Other Sources (Sponsored Research, Foundations, etc.) | Percent:     % | Name: |        |
| Contract #:  |        |

***If you reported any CPRIT funds above, please select a primary technology class for this invention.***

[ ]  Biological [ ]  Cell Therapy [ ]  Device [ ]  Diagnosis [ ]  Drug Delivery [ ]  Gene Therapy [ ]  Imaging

[ ]  Manufacture [ ]  Platform Technology [ ]  Service [ ]  Small Molecule [ ]  Software [ ]  Therapeutics

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| **4. CONCEPTION AND DEVELOPMENT OF THE TECHNOLOGY:** |
| **When:**Date of conception:      Do you have documentation to support this date? Yes [ ]  No [ ]  If yes, what type of documentation (lab notebooks, other documentation, etc.):     Date the first drawing or sketch was made:      Date first construction or model was made:      How has the technology been tested? [ ]  Experimentally [ ] Routinely [ ] Not testedGive date and results of test:            |
| **Where:**Was any of this work performed at UTHealth, or using any UTHealth resources? Yes [ ]  No [ ] Was any of this work performed at another university, institution or company? Yes [ ]  No [ ]   If ‘Yes’, please list name of institution/company, any collaborators, and further describe relevant details:       |
| **Related IP:** Is there any pre-existing intellectual property of relevance (for example from a prior employer)?      Please list any other university or company where work was performed or that may hold prior IP:       |

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| **5. MATERIALS:** |
| Does the technology make use of any biological material obtained from any outside source, or was any such material used in the development of the technology? (**including such things as CRISPR/Cas9, Cre-Lox, GFP, Tet-on, etc.**)?Yes [ ]  No [ ]  If yes, identify the material and its source?       |
| Was a Materials Transfer Agreement in place between the outside source and UTHealth?Yes [ ]  No [ ]  If yes, name of institution/company:      (PLEASE ATTACH A COPY) |
| Is there an active clinical study or sponsored research agreement related to this technology?Yes [ ]  No [ ]  If yes, name of sponsor/company and title of study:       |
| Is a clinical study or additional research directed towards the further development of this technology anticipated within the next 12 months? Yes [ ]  No [ ]  If yes, name of sponsor/company and title of study:       |

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| **6. PUBLIC DISCLOSURE:** |
| **Prior Disclosure:** Has the technology been disclosed or described in any manner (publication, abstracts, student thesis or dissertation, World Wide Web, oral/meeting presentation, etc.)?Yes [ ]  No [ ]  **If yes please answer the following:** Date of first disclosed to others:       To whom was the technology disclosed:       Date of the first written disclosure:     **Have you loaded a draft manuscript describing the technology onto a preprint server that immediately releases unpublished preprints?** (i.e. bioRxiv, etc.) Yes [ ]  No [ ]  ***(please note that draft manuscripts made available online immediately (even prior to review, editing and/or acceptance) may be considered a public disclosure and may significantly impact potential patentability)*** **Have you used any generative AI in this technology or in the creation of this report?** (i.e. ChatGPT, etc.) Yes [ ]  No [ ]  ***If yes, please describe use:***      ***(please note: Though generative AIs are a useful tool in many ways, intellectual property, especially patents and trade secrets, possess strict rules concerning public disclosure and inventorship. Inventors and employees of UTHealth must not input ideas for new inventions, proprietary information, or other confidential information into any generative AI programs at this time, nor should they use generative AI systems to assist in the preparation or review of preliminary patent drafts or invention disclosures. Use of generative AI and the input of this type of information may be considered a public disclosure and could limit or bar patent rights.)***  |
| **Future Disclosures:** Are there any planned disclosures? Yes [ ]  No [ ]  If yes, list all planned disclosure and expected date of disclosure:       |

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| **7. DESCRIPTION OF THE TECHNOLOGY:** |
|  Type: [ ]  Device [ ]  Drug [ ]  Method [ ]  Composition [ ]  Other:       |
| Status: [ ]  Idea  [ ]  Prototype [ ]  Sufficient experimental data collected to make use of the technology |
| 1. **Attach an abstract and a detailed scientific write up of the technology, including any materials and methods, results with figures/captions, data, drawings, photos, formulas, or other supporting materials to the end of this form (i.e. draft manuscript)**
2. **Please also answer the following questions, being as specific as possible:**
 |
| What is your invention?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| What is the purpose and use of the technology (**Specifically, describe the problem solved**)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| What are similar technologies currently in use and what are the advantages of your technology over current practice (**Specifically, how is this technology different from the known prior art?**)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| What are the commercial possibilities of the technology & who are potential licensees, especially any companies that may have a particular interest in the technology and in what manner they might commercialize it? Have you been in contact with any people or companies about this technology?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Please provide any key words or phrases useful in computer searches for other relevant products, processes, or devices:                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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| **9. SIGNATURES:** |
| **LEGAL STANDARD FOR INVENTORSHIP:**Conception is the touchstone of inventorship.(1)  The inventor is the person or persons who conceived the patented invention.  Conception is the formation in the mind of the inventor, or the minds of the inventors, of a definite and permanent idea of the complete and operative invention, as it is to be applied in practice.  Conception must encompass all limitations of the claimed invention.  It is completed only when the idea is so clearly defined in the mind of the inventor, or minds of the inventors, that only ordinary skill would be necessary to reduce the invention to practice, without extensive research or experimentation.  A bare idea is not enough for conception.  The idea must be definite and permanent in the sense that it involves a specific approach to the particular problem at hand.  The idea must be sufficiently precise that a skilled artisan could carry out the invention without undue experimentation.  In some cases, an invention results from the collective effort of multiple inventors.  This is referred to as “joint inventorship.”  Joint inventorship may occur among multiple inventors even though (1) they did not physically work together or at the same time, (2) each did not make the same type or amount of contribution, or (3) each did not make a contribution to the subject matter of every claim of the patent.  Thus, if a patent application has fifty (50) claims, and each claim has five (5) limitations, totaling two hundred and fifty (250) limitations in all, someone may be a joint inventor on that patent application if he or she contributed to the conception of only a single claim limitation.1  *Sewell v. Walters*, 21 F.3d 411, 415 (Fed. Cir. 1994). 2  *C.R. Bard, Inc. v. M3 Systems, Inc.*, 157 F.3d 1340, 1352 (Fed. Cir. 1998). 3  *Singh v. Brake*, 222 F.3d 1362, 1367 (Fed. Cir. 2000). 4  *Id.* 5  *Burroughs Wellcome Co. v. Barr Lab, Inc.*, 40 F.3d 1223, 1229-’30 (Fed. Cir. 1994). 6   *Id.* at 1227; 35 U.S.C. §116. |
| **By my signature I certify that the above is a reasonably complete and detailed description as required by Section 11.1 of the Board of Regents of The University of Texas System Rules and Regulations Rule 90101 and that I have exercised reasonable due diligence to ensure that all information is true and accurate.** **I read and understood the Legal Standard for Inventorship in this Section 9. Furthermore I understand and agree that any financial consideration received by UTHealth from commercialization of any invention contained in this disclosure will be distributed pursuant to the University of Texas Health Science Center at Houston Intellectual Property Policy (“Policy”) and that the “percent contribution” listed in Section 2 for each Creator shall be the percentage used in allocating each Creator’s respective portion of any such financial consideration. These percentages cannot be changed after all Creators have signed this Report Form without written agreement among all Creators.** **I further agree that in the event that UTHealth elects to file a patent for the discoveries contained in this Report Form, I will execute the relevant documents. I acknowledge and agree that pursuant to UTHealth policy and the Rules and Regulations of the Board of Regents of The University of Texas System that this invention belongs to the Board of Regents of The University of Texas System. In order to ensure that the Board of Regents of The University of Texas System's ownership is accurately reflected, I hereby do assign any and all of my rights in the invention to the Board of Regents of The University of Texas System. I covenant that I, and my heirs, legal representatives, assigns, administrators, and executors, or their successors and assigns, will execute all papers and perform such other acts as may be reasonably necessary to give the Board of Regents of the University of Texas System, or their successors and assigns, the full benefit of its ownership and this assignment. I also represent that all Creators of the invention have been identified.****ALL UTHEALTH CONTRIBUTORS LISTED ABOVE MUST SIGN THIS REPORT.**

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| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name:       | Date: \_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name:       | Date: \_\_\_\_\_\_\_\_\_\_ |
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| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name:       | Date: \_\_\_\_\_\_\_\_\_\_ |

**If necessary, please attach an Additional Creator Addendum to include more co-creators. An Additional Creator Form can be found** [**here**](https://www.uth.edu/otm/documents/Additional_Creator_Addendum_to_Technology_Report.docx?language_id=1)**.** |

**Please email a pdf version of the original signed report along with any additional attachments that might further explain the discovery (e.g.. manuscripts, reprints, related publications, etc.) to:**

**The Office of Technology Management: UCT 1400**

**Phone 713.500.3369 Fax 713.500.0331** **otm@uth.tmc.edu**

**Supplemental information**

**PRIOR ART:**  You are encouraged to conduct a preliminary search and consider your findings relevant to the technology disclosed in this report. Multiple patent databases exist that are free to search, including:

[US Patent and Trademark Office](http://www.uspto.gov/)

[World Intellectual Property Office](http://www.wipo.org/)

[Google Patents](http://www.google.com/patents)

[Free Patents Online](http://www.freepatentsonline.com/)