

## DISCLOSURE OF INVENTION MATERIAL TRANSFER AGREEMENT

All information requested in this document must be completed in order to expeditiously process this Invention Disclosure. Any missing or incomplete information may delay processing your submission.

**Email the completed electronic copy of this Invention Disclosure form to: [innovation@cmu.edu](mailto:innovation@cmu.edu)**

**1. Title of Invention:**

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- 2. Inventor(s):** By signing this form the undersigned inventors acknowledge and agree that they are bound by Carnegie Mellon University’s Intellectual Property Policy, on line at <http://www.cmu.edu/policies/documents/IntellProp.html> (the “Policy”). Therefore, by signing below: (i) if the Policy allows CMU to own this invention and its associated intellectual property rights, you hereby assign to Carnegie Mellon any and all ownership you have in such invention and intellectual property rights; and (ii) if the Policy allows CMU to receive license rights to this invention and its associated intellectual property rights, you hereby grant to CMU any and all such licenses. Electronic or handwritten signatures for all inventors are required.

**a. Lead Inventor:**

Print or Type Name:	Signature:	Date:
Department:	Phone:	Email:
% of Contribution:		
Employment Status (Faculty, Staff, Student, Visitor, Courtesy, etc.):		
Full institutional address (if not Carnegie Mellon):		
City/State/Country of Residence:		
Country of Citizenship:		

**b. Next Inventor**

Print or Type Name:	Signature:	Date:
Department:	Phone:	Email:
% of Contribution:		
Employment Status (Faculty, Staff, Student, Visitor, Courtesy, etc.):		
Full institutional address (if not Carnegie Mellon):		
City/State/Country of Residence:		
Country of Citizenship:		

**c. Next Inventor**

Print or Type Name:	Signature:		Date:
Department:	Phone:	Email:	% of Contribution:
Employment Status (Faculty, Staff, Student, Visitor, Courtesy, etc.):			
Full institutional address (if not Carnegie Mellon):			
City/State/Country of Residence:			
Country of Citizenship:			

3.

Name of Material:
Chemical Formula:
Chemical Structure:
Molecular Weight:
Additional Info:

4. **Sponsorship** (*Your department administrator may be of assistance in identifying funding sources used.*)

a. **External Sponsor(s)**

External Sponsor(s)	CMU Oracle #(s)	Contract or Grant #(s)	Has sponsor been informed of invention?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

b. **Internal Sponsor** (Department Research Funds, etc.)

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c.	Have you used any third-party resources in the creation of your technology (i.e, material or equipment from a company or university under a Material Transfer Agreement (MTA) or other formal or informal agreement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Was this invention developed in collaboration with any other 3rd parties (companies, universities, etc.) or as a part of a consortium?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. **Transmittal fee to reimburse CMU for preparation and distribution costs (optional):**

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10. This invention disclosure has been witnessed and understood by me [someone other than inventor(s)]:

Print or Type Name:	Signature:	Date: