

## RECORD OF INVENTION (ROI) DISCLOSURE FORM

Information contained in this ROI is **CONFIDENTIAL** and **PROPRIETARY**. For assistance, please call Technology Commercialization (TC) within the Office of Technology Partnerships (OTP) at 951-827-7941. This ROI will normally not be released to others by OTP except under attorney client privilege, to research sponsors as required by contract, under appropriate agreements, or as may be required by law. **This ROI should not be disclosed to others without the approval of OTP.**

### 1. TITLE OF INVENTION

Create a short title describing the invention without revealing the specific details that would enable others to make and use it.

A. Short Title (less than 30 characters, including spaces):
B. Long Title:

### 2. UCR INVENTOR(S)

The first person listed will be the "coordinating inventor," which is OTP's point of contact for the invention. Actual inventorship will be determined as a matter of law. Royalties resulting from the commercialization of this invention will be split equally among the inventors unless the inventors agree in writing otherwise. Add additional UCR inventors as appropriate.

Name:	Position at UCR:	Cooperative Extension (CE) Spec: <input type="checkbox"/> Yes If yes, CE Appointment %: <input type="checkbox"/> No
School or Division:	Department:	Date(s) hired/employed at UCR:
Campus Address with zip code:	Work Phone: Mobile Phone (optional):	UCR Employee ID #: Citizenship:
Home Address:		UCR Email: Other email:
Emergency Contact and Address:		Email: Phone:

Name:	Position at UCR:	Cooperative Extension (CE) Spec: <input type="checkbox"/> Yes If yes, CE Appointment %: <input type="checkbox"/> No
School or Division:	Department:	Date(s) hired/employed at UCR:
Campus Address with zip code:	Work Phone: Mobile Phone (optional):	UCR Employee ID #: Citizenship:
Home Address:		UCR Email: Other email:
Emergency Contact and Address:		Email: Phone:

Name:	Position at UCR:	Cooperative Extension (CE) Spec: <input type="checkbox"/> Yes If yes, CE Appointment %: <input type="checkbox"/> No
School or Division:	Department:	Date(s) hired/employed at UCR:
Campus Address with zip code:	Work Phone: Mobile Phone (optional):	UCR Employee ID #: Citizenship:
Home Address:		UCR Email: Other email:
Emergency Contact and Address:		Email: Phone:

### 3. INVENTOR(S) NOT AFFILIATED WITH UCR

If an inventor is not a UCR employee or student, please provide information below.

<b>Name:</b>	<b>Position:</b>	<b>Relationship with UCR:</b>
<b>Employer:</b>	<b>Work Phone:</b> <b>Mobile Phone (optional):</b>	<b>Work Email:</b> <b>Other email:</b>
<b>Work Address:</b>		
<b>Citizenship:</b>		

<b>Name:</b>	<b>Position:</b>	<b>Relationship with UCR:</b>
<b>Employer:</b>	<b>Work Phone:</b> <b>Mobile Phone (optional):</b>	<b>Work Email:</b> <b>Other email:</b>
<b>Work Address:</b>		
<b>Citizenship:</b>		

### 4. FUNDING SOURCES

<b>Was this invention funded/sponsored?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, list the funding source(s). If applicable, identify by contract or grant number and name the Principal Investigator / Supervisor of each.

FUNDING SOURCE / SPONSOR (sponsor that funded this project)	CONTRACT OR GRANT NUMBER (grant #, not department FAU)	PRINCIPAL INVESTIGATOR / SUPERVISOR (PI of the grant that funded this project)

### 5. AGREEMENTS

Please list any agreement(s) that might affect ANY rights or interest in the invention. Check all applicable agreements and list name of other party. Please attach copies of the agreements, if available.

TYPE OF AGREEMENT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NAME OF OTHER PARTY
Consulting Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Assignment Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Material Transfer Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### 6. SOFTWARE COMPONENT

Is there an integral software component to this invention?

<input type="checkbox"/> Yes, software is an integral component to this invention.	If so, please complete the rest of this form <b>and</b> attach a completed copy of "UCR Software/Copyright Disclosure Form" found on OTP's website.  UCR Software/Copyright Disclosure Form is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Software is not an integral component of this invention.	

## 7. PROPRIETARY MATERIALS

If any proprietary material (e.g., cell line, antibody, plasmid, computer software, or chemical compound) obtained from outside your laboratory was used to develop this invention, please check the box below and attach a copy of that agreement.

TYPE OF PROPRIETARY MATERIAL	<input type="checkbox"/> Y	<input type="checkbox"/> N	DESCRIPTION	PROVIDER NAME
Proprietary database (e.g., Celera)	<input type="checkbox"/> Y	<input type="checkbox"/> N		
Proprietary assay, microarray, etc.	<input type="checkbox"/> Y	<input type="checkbox"/> N		
Affymetrix chips	<input type="checkbox"/> Y	<input type="checkbox"/> N		
A material obtained via a Material Transfer Agreement	<input type="checkbox"/> Y	<input type="checkbox"/> N		
Other	<input type="checkbox"/> Y	<input type="checkbox"/> N		

## 8. RELEVANT DATES

EVENT	DATE	WHERE RECORDED & TO WHOM DISCLOSED
Initial Conception		
First description of complete invention (oral or written)		
First Successful Operation (first actual reduction to practice)		

## 9. PUBLIC DISCLOSURES

The invention has been or is:  planned to be disclosed,  submitted, or  accepted, or  already published/presented to a:  journal,  conference,  meeting,  thesis, committee and/or library?

If so, what is the <b>earliest</b> date the information will be or was publicly available?	
Name of journal, conference, or meeting:	

Other than the above, was the invention made public or disclosed to non-UCR personnel (including research sponsor)?  Yes  No

If so, to whom?	
When was the <b>earliest</b> date disclosed?	

Please append copies of any publications, presentations, and disclosure(s) to this form.

## 10. DESCRIPTION OF THE INVENTION

If you already have a detailed written description of the invention (e.g., manuscript, abstract, PowerPoint slides, poster boards), please attach a copy to this form. Also, attach copies of the most pertinent references as well.

- Please note that for paragraphs 10C – 10G listed below, there is no need to cut/paste or re-write answers found in written manuscripts or other documents/material/slides/drawings/poster boards. You may simply refer to written manuscripts or the other related documents. If you do refer to a written manuscript or other related documents, please make sure to annotate something along the lines of "please see section/paragraph number(s) on the specific page(s) of the attached document".

### A) FIELD OF THE INVENTION

Unless readily apparent from the title, please (1) list a broad field of the technology (i.e., chemistry, pharmacology, medical device, automotive, agricultural, software gaming, etc.) and (2) state a very concise field or goal (i.e., "Pharmacology: A drug for treating and preventing the onset of Alzheimer's disease").

Has a patent search been performed (www.google.com/patents, www.uspto.gov, etc.)?

Yes  No If yes, by whom? \_\_\_\_\_

Has a literature search been performed?

Yes  No If yes, by whom? \_\_\_\_\_

### B) BACKGROUND OF THE INVENTION/DISCUSSION OF PRIOR ART

Here, discuss the context of the invention: (1) the problem; (2) current solutions ("prior art") if any; and (3) the disadvantages, limitations and shortcomings of the prior art. This section B is for background/prior art only. Your invention itself will be discussed in sections C-F.

### C) SUMMARY OF THE INVENTION

In layman terms, please give a brief overview of the invention itself. Include how it is to be used and/or why it is useful.

**D) DETAILED DESCRIPTION OF THE INVENTION**

Please describe in as much detail as possible the invention itself. Start with what is the unique and novel feature. Include details on how to actually make, assemble, synthesize, or build the invention and details on how it is used once it is made. Include data, drawings, figures, supporting literature, your thoughts and logic behind it. If the invention involves chemistry or biology, provide proof that the process or compound exists and functions in the way you claim.

**E) COMPARATIVE BENEFITS/ADVANTAGES**

Point out how your invention overcomes the disadvantages, limitations and shortcomings of the prior art described in section B. Use comparative terms such as "less expensive", "more efficient", "faster", "less energy consuming", "safer", "less side effects" etc. and quantify the advantages, if possible.

**F) STAGE OF DEVELOPMENT OF THE INVENTION**

Unless stated above, describe the stage of development of the invention (e.g., concept stage, experimental stage, computer model simulation stage, working prototype stage, etc.). Please include data, photographs, etc., indicating the stage of development.

**G) FUTURE STEPS/PLANS FOR THE INVENTION**

What are your immediate and future developmental or commercial steps/plans for the invention, and what is the approximate time frame for each?

**H) POTENTIAL LICENSEES OR RESEARCH & DEVELOPMENT SPONSORS**

List the companies or industries that you believe might be interested in making, using, or selling this invention. Please list any contact information that we may use to market your invention. List potential market/products.

**I) KEYWORDS**

List any keywords that will identify this invention for use on a search engine or database

**11. REASON FOR SUBMITTING INVENTION DISCLOSURE**

Please check the reason(s) that best describe why you submitted this invention disclosure.

<input type="checkbox"/>	I/we believe that the invention has significant commercial potential.
<input type="checkbox"/>	I/we believe that this invention is a platform and/or pioneering technology.
<input type="checkbox"/>	I/we are aware of a specific company that is interested in licensing the technology.
<input type="checkbox"/>	I/we are interested in being involved with a start-up company based on this technology.
<input type="checkbox"/>	To comply with requirements of an existing research agreement or University policy.
<input type="checkbox"/>	Other (please specify):

**12. UCR INVENTOR SIGNATURES\***

By applying my signature below I confirm my assignment of and hereby assign all right, title, and interest in the invention described herein to The Regents of the University of California and agree to execute all documents as requested, including but not limited to any documents assigning to the Regents my rights in any patent application filed on this invention, and to cooperate with Technology Commercialization (TC) within the Office of Technology Partnerships (OTP) at the University of California at Riverside (UCR), or any other appropriate personnel of the University of California in the protection of this invention. Royalty income derived from this invention will be shared in accordance with UC policy.

The above assignment does not limit or otherwise affect any previous intellectual property assignment, including but not limited to the UC Patent Acknowledgement Agreement executed by the undersigned in favor the Regents of the University of California.

_____ Inventor Signature	_____ Inventor Printed Name	_____ Date Signed
_____ Inventor Signature	_____ Inventor Printed Name	_____ Date Signed
_____ Inventor Signature	_____ Inventor Printed Name	_____ Date Signed
_____ Inventor Signature	_____ Inventor Printed Name	_____ Date Signed

\* Inventor signatures may be submitted by electronic signature, such as DocuSign, Adobe Sign, iOS, image of signature inserted into signature block. In addition, we will also accept the USPTO approved S-signature, “/First Last/” (the slashes indicate that you mean your name to be your authorized signature).

**Submit this Record of Invention (ROI) with SIGNATURES by:**

Email

(1) the MS Word copy and (2) a scan pdf of the signed document  
To [nelsonr@ucr.edu](mailto:nelsonr@ucr.edu) and our group e-mail at [ipdocs@ucr.edu](mailto:ipdocs@ucr.edu).

If you do not receive an acknowledgment within 10 business days,  
please contact Nelson Rivera at [nelsonr@ucr.edu](mailto:nelsonr@ucr.edu).

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