



**Confidential and Proprietary  
Report of Research Discovery**

TO THE UNIVERSITY OF ILLINOIS AT CHICAGO  
OFFICE OF TECHNOLOGY MANAGEMENT (OTM)

Tech ID  
*(for office use only)*

The purpose of this electronic form is to allow the OTM to understand your research discovery, and to evaluate your discovery for protection of commercial potential. Please submit the completed form and applicable attachments to the OTM by e-mail to [otmsubmission@uic.edu](mailto:otmsubmission@uic.edu), by fax to 312.996.1995, or by mail to:

The Office of Technology Management (MC 682)  
1853 W. Polk St., Suite 446  
Chicago, IL 60612

For questions, call the OTM at 312.996.7018.

**1. Title of Discovery:**

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**2. Please provide a brief layperson's description of the invention and attach additional detailed documentation (e.g. manuscript, abstract, grant proposal, presentation, diagrams, etc.):**

*(If more space is needed, please provide the information on additional sheet(s) and include with your disclosure.)*

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**3. Please provide a brief description of the problem(s) solved by this invention:**

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**4. Please provide a brief description of the benefit(s) associated with this invention:**

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**5. Please select the stage of development applies to the invention:**

- |  |   |
|--|---|
| <input type="checkbox"/> Theoretical concept only                      | <input type="checkbox"/> Experimental proof of concept exists |
| <input type="checkbox"/> No further plans to conduct experiments       | <input type="checkbox"/> Working prototype exists             |
| <input type="checkbox"/> Experiments are planned, but do not yet exist | <input type="checkbox"/> Animal studies have been conducted   |

**6. Please provide the source of funds associated with this invention:**

Sponsoring Entity	Grant/Contract #	Primary
_____	_____	<input type="checkbox"/>

**7. If you have already published, submitted for publication, or publicly disclosed aspects of the invention, please specify the nature of the disclosure(s) and the associated date(s):**

Nature of Disclosure	_____	Date	_____
Nature of Disclosure	_____	Date	_____
Nature of Disclosure	_____	Date	_____

**8. Please provide any future plans to publish or present this discovery and the expected date(s):**

Nature of Disclosure	_____	Date	_____
Nature of Disclosure	_____	Date	_____
Nature of Disclosure	_____	Date	_____



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**9. If an existing agreement applies to the invention, please specify the type and party involved:**

Agreement Type	Party to Agreement and PAF # (if available)
<input type="checkbox"/> Material Transfer	_____
<input type="checkbox"/> Confidentiality/Non-Disclosure	_____
<input type="checkbox"/> Research/Collaboration	_____
<input type="checkbox"/> Other	_____

**10. Can this invention be used as a research tool/reagent?**

*If "yes," please complete Section 14: The Appendix for Research Tools/Reagents on page 4:*

Yes       No

**11. If the invention is software, please specify the operating system and third party dependencies:**

\_\_\_\_\_

**12. If you know of any companies which may be interested in your invention, please list:**

\_\_\_\_\_

**13. Creator(s):** *(List the primary creator FIRST. If more space is needed to list all creators, please attach a complete list and include with your disclosure.)*

*Defined in Article III Section 2 of the General Rules Concerning University Organization and Procedure, "creator" refers to an individual or group of individuals who make, conceive, reduce to practice, author, or otherwise make a substantive intellectual contribution to the creation of intellectual property. "Creator" includes the definition of "inventor" used in U.S. patent law for patentable inventions and the definition of "author" used in the U.S. Copyright Act for copy written works of authorship.*

Check box for  
VA Appointment

_____	_____	_____	_____	_____	<input type="checkbox"/>
Last Name	First Name	E-mail	Phone	Department/Non-UIC Institution	
_____	_____	_____	_____	_____	<input type="checkbox"/>
Last Name	First Name	E-mail	Phone	Department/Non-UIC Institution	
_____	_____	_____	_____	_____	<input type="checkbox"/>
Last Name	First Name	E-mail	Phone	Department/Non-UIC Institution	
_____	_____	_____	_____	_____	<input type="checkbox"/>
Last Name	First Name	E-mail	Phone	Department/Non-UIC Institution	
_____	_____	_____	_____	_____	<input type="checkbox"/>
Last Name	First Name	E-mail	Phone	Department/Non-UIC Institution	



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**Appendix for Research Tools / Reagents**

*Only complete the following if "yes" was selected in section 10 on page 3.*

**14. Select all relevant novel categories that apply to the disclosed technology:**

- |  |   |
|--|---|
| <input type="checkbox"/> Mono/polyclonal or synthetic antibody                 | <input type="checkbox"/> Research platform                            |
| <input type="checkbox"/> Transgenic animal/genetically modified organism/virus | <input type="checkbox"/> Nanofabrication tools                        |
| <input type="checkbox"/> Cell line / stem cell                                 | <input type="checkbox"/> Benchtop research instrumentation            |
| <input type="checkbox"/> Transfection system / reagent                         | <input type="checkbox"/> Purification technology                      |
| <input type="checkbox"/> Protein expression systems                            | <input type="checkbox"/> Chemical matter—Organic catalyst             |
| <input type="checkbox"/> Plasmids or cloning systems                           | <input type="checkbox"/> Chemical matter—Pharmacophore/drug candidate |
| <input type="checkbox"/> Probes / detection system                             | <input type="checkbox"/> Chemical matter—Combinatorial scaffold/core  |
| <input type="checkbox"/> Bioactive peptides or other macromolecules            | <input type="checkbox"/> Chemical matter—coupling reagent             |
| <input type="checkbox"/> Engineered protein                                    | <input type="checkbox"/> Highly purified antigen (novel or known)     |
| <input type="checkbox"/> Research assay or drug screen                         | <input type="checkbox"/> Micro/proteomic array                        |
| <input type="checkbox"/> Clinical/tissue samples                               | <input type="checkbox"/> Disease model (cellular, xenograft, etc.)    |
| <input type="checkbox"/> Software  | <input type="checkbox"/> Other _____                                  |

**15. If the disclosed technology is a reagent, specify one of the following:**

- Infinitely scalable (e.g. bacterial strain, immortal cell lines, etc.)
- Limited quantity—difficult to produce). Specify the quantity available for distribution: \_\_\_\_\_
- Limited quantity—but can be batch manufactured.  
Indicate if you are willing to produce more material:  Yes  No
- Indicate if you would allow a third party to manufacture the material:  Yes  No
- Not applicable

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