

Contract No. DE-AC02-98CH 10886

**BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN SCIENCE ASSOCIATES, LLC.
Upton, L. I., N. Y. 11973**

RECORD OF INVENTION

**This Record of Invention is an important legal document.
Proper care in its early and complete preparation will save important time and inconvenience in the future.**

1. PREPARER/INVENTOR

Name	Last,	First (Given)	Middle (please indicate if no middle name)
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Position

Street Address (home address is required)

City

County	State	Zip
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Citizenship

2. TITLE OF INVENTION

- a. GENERAL DESCRIPTION. Outline briefly what your invention is about and the manner in which the advantages of your invention are achieved. If it is only a part of a larger system that includes known components, concentrate on the new development. If pertinent, attach illustrations and refer to them in the description. Please address the following issues:
- i. What is the problem to be solved?
 - ii. What prior attempts were used to solve the problem?
 - iii. What are the disadvantages or shortcomings of previous attempts to solve the problem?
 - iv. How does the invention work?
 - v. Give a detailed description of the invention.
 - vi. Describe known variants of the invention.
 - vii. What further development remains to be accomplished?

If more space is needed, attach a sheet.

- b. NOVEL FEATURES. What distinguishes the components, steps or arrangement of your method, apparatus, article or composition from those previously known, as far as you are aware? (DO NOT refer to published papers or reports.)

3. List Drawings, Sketches, Photos, Reports, Memoranda, Notebook Entries, Websites, Webpostings, Electronic Dissemination, etc., which show or describe the invention

4. Date and Place Invention Was First Conceived?

5. Date and Place of First Sketch, Drawing or Photo

6. Date, Place and Identification of First Written Description

7. CONTRIBUTION TO INVENTION BY PREPARER/INVENTOR

Describe your contribution to conception and development or reduction to practice of the invention

8. CONTRIBUTING COLLABORATORS

Identify your collaborators and describe their contribution to development or reduction to practice of the invention

Name [Last, First (given) Middle]	Home Address & Telephone Number(s)	Citizenship	Contribution
Name [Last, First (given) Middle]	Home Address & Telephone Number(s)	Citizenship	Contribution
Name [Last, First (given) Middle]	Home Address & Telephone Number(s)	Citizenship	Contribution
Name [Last, First (given) Middle]	Home Address & Telephone Number(s)	Citizenship	Contribution
Name [Last, First (given) Middle]	Home Address & Telephone Number(s)	Citizenship	Contribution

Name [Last, First (given) Middle]	Home Address & Telephone Number(s)	Citizenship	Contribution

9. a) DISCLOSURE OF INVENTION TO OTHERS IN THIS LABORATORY

Name and Address	Date and Place of Disclosure	Form of Disclosure	Was Signature Obtained (Yes or No) Select Yes or No
			Select Yes or No

9. b) DISCLOSURE OF INVENTION TO OTHERS OUTSIDE OF LABORATORY

Name and Address	Date and Place of Disclosure	Form of Disclosure	Was Signature Obtained (Yes or No) Select Yes or No
			Select Yes or No

10. Date and Place of Completion of First Sample, Operating Model or Full-Sized Device

11. Date and Place of First Test

12. Extent of Use; Past, Present and contemplated

13. Related or referenced prior art Publications, Patents or Patent Applications (Please attach copies of relevant research articles or other referenced publications)

14. Is Publication or Presentation of Details of this Invention Contemplated?

If So, in What Form and When? (including all papers, reports, journals, seminars, websites, webpostings, electronic dissemination, etc.)

15. a) Was the Work Funded by DOE?

If so, identify the DOE Office and the B&R Code:

15. b) Was the Invention Made During the Course of Work Sponsored by Another Federal Agency?

If So, Identify Agency and Give Number of Agreement or Grant

16. Was the Invention made during the course of a CRADA or a Sponsored Research Agreement? (Check with OIP First)

If So, Identify the CRADA Industry Participant or the Research Sponsor:

17. Sketch Illustrating Invention (if Applicable). Use Separate Sheet, if Necessary.

I (We) certify that the statements herein are correct, to the best of my (our) knowledge and belief.

Preparer/Inventor: _____ Life/Guest No: _____ Date: _____
signature

Contributor: _____ Life/Guest No: _____ Date: _____
signature

Witness:

_____ Date: _____
Witness signature (The witness must be a non-inventor who has read and understands the disclosure.)

Approved by Department Chairman:

_____ Date: _____
Department Chairman Signature

