# BROOKHAVEN NATIONAL LABORATORY

Contract No. DE-SC0012704 **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 and Contributor to Invention

|  |  |  |
| --- | --- | --- |
| Name Last, First (Given) Middle (please indicate if no middle name) | | |
| Position - Department Email Address | | |
| Home Street Address | | |
| City | | |
| County | State | Zip |
|  | | |

2. TITLE OF INVENTION. Please give a short descriptive title.

In this section, please address the following:

1. **Crux of the Invention:** *Please describe what you consider to be the core of the invention or essence of the invention.*
2. **Background to the Invention**:

* *Describe the problem(s) that you were trying to address and why did you decide to address them?*
* *Were there prior attempts by you or others to solve the problem?* Choose an item.
* *If yes, what are the disadvantages or shortcomings of previous attempts to solve the problem?*

1. **Detailed Description of the Invention:**

* *Describe the new process, method, product or composition with enough technical information so that its key elements can be understood.*
* *How does the invention work and solve the problem described above in section 2b.*
* *Please describe any other ways in which one could implement your invention.*

1. **Novelty of the invention**:

* *Please discuss the unique features of the invention.*
* *Please explain how these features differ from or improve upon existing technologies.*

1. **Potential uses of the invention**:

* *Which industry would be interested in using your invention?*
* *Please identify potential companies who might be interested in licensing the technology.*
* *If you have any contacts at these companies, please provide the contact information.*

1. **Benefits of the invention**:

* *Briefly describe the technical or economic advantages from the use of your invention.*

1. **Development plans for the invention**:

* *What further development remains to be accomplished for the deployment of the invention?*
* *Also, briefly describe your planned research for this invention over the next year.*

1. **Utilization of the Invention:**

* *Are there any other documents including software, drawings, or firmware that may help or be required for the utilization or deployment of this invention?*  Choose an item.
  + - *If yes, please describe the other documents needed for the utilization or deployment of this invention*.

1. **Additional Information:** 
   * + *If you have* ***ANY*** *additional information (manuscript, publication, presentation, etc) that will be helpful in the assessment of the invention/solution provided by the invention, please provide the details of the additional information included with the disclosure.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | |
| 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. **Please expand the table as needed for additional collaborators.** | | | | | | |
| Name  [Last, First (given) Middle] | Home Address.  Telephone Number(s) and email address | | Department/  Organization | Contribution | | |
|  |  | |  |  | | |
| 9a. 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) |
|  | |  | | |  |  |
|  | |  | | |  |  |
| 9b. Disclosure of Invention to others outside of the Laboratory | | | | | | |
| Name and Address | | Date and Place of Disclosure | | | Form of Disclosure | Was Signature Obtained  (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.) | | | | | | |
| 1. a) Was the Work Funded by DOE? | | | | | | |
| If so, identify the DOE Office and the B&R Code (Check with your Department’s Business Operation Manager) | | | | | | |
| 15. b) Was the Invention Made During the Course of Work Sponsored by Another Federal Agency? | | | | | | |
| If So, Identify the Federal Agency and Give Number of Agreement or Grant | | | | | | |
| 16. Was the Invention made during the course of a CRADA, WFO, SPP, ACT, or other Sponsored Research Agreement? (Check with Office of Technology Transfer or Intellectual Property Legal Group) | | | | | | |
| If So, Identify the CRADA, WFO, SPP, ACT Industry Participant or 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: Life/Guest No: Date:

***signature***

Collaborator : Life/Guest No: Date:

***signature***

Collaborator: Life/Guest No: Date:

***Signature***

Collaborator: Life/Guest No: Date:

***signature***

Collaborator: Life/Guest No: Date:

***signature***

Witness:

Date:

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

The technical contents of the record of invention are accurate and the S&T Matrix statement applicable for this invention is selected below:

☐ The technical contents of the record of invention do not fall within the red and yellow topic areas of the S&T Matrix Review.

☐ The technical contents of the record of invention falls within the red and yellow topic areas of the S&T Matrix Review. And the ROI is therefore marked “Unclassified/For Official Use Only/DOE internal”.

Approved by Department Chairman:

Date:

**DISCLOSURE VERIFICATION**

Every inventor seeking patent protection for his invention and every contributor working with the inventor and having knowledge of the invention has an obligation to disclose to the U.S. Patent and Trademark Office information of which he or she is aware that is material to examination of the patent application. Information is material to a patent examination if there is substantial likelihood that a reasonable patent examiner would consider the information related to the present invention and therefore important for consideration in deciding whether to allow the application to issue as a patent. Information of this type includes, but is not limited to, publication or any public use or sale of the invention, or any aspect of it, or similar information such as related art, from which it could be concluded that the invention would have been obvious to an individual skilled in this technology at the time of the invention.

YOUR STRICT ATTENTION TO COMPLETION OF THIS DISCLOSURE VERIFICATION IS VITAL BECAUSE THE VALIDITY OF ANY PATENT ISSUED COVERING THIS INVENTION DEPENDS UPON YOUR MEETING THIS OBLIGATION.

To ensure that your obligation is met and that all known information of this type pertaining to this invention is brought to the attention of the U. S. Patent and Trademark Office, please complete and sign the following:

In addition to the information set forth in the Record of Invention disclosure are you aware of any:

**YES NO**

Reduction to practice of the invention? If so on what date did the first reduction to practice occur?

Publication of the invention? If so, what is the date of the first such publication?

Routine use of the invention? If so, describe the extent of use and give the date of the first routine use.

Experimental use of the invention? If so, give the date of the first experimental use.

Other U. S. or foreign patent applications prepared or filed disclosing this invention? If so list patent numbers or other identifier.

Sale or offer of sale of the invention? If so, what is the date of first sale or offer for sale?

Information material to examination of the patent application which was not previously disclosed?

If the answer to any one or more of the above questions is YES, please identify the date of each event, give other identifying data and describe the circumstances surrounding it. If a publication of the invention has occurred, attach a copy of the publication and indicate the date the publication first became available to the public. Copies of any material references should also be provided and the references listed as an appendix hereto.

Preparer’s signature date

Collaborator’s signature date

Collaborator’s signature date

Collaborator’s signature date

Collaborator’s signature date

Collaborator’s signature date