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**SUBJECT: Intellectual Property**

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- 1 1. It is the responsibility of each member of the faculty, staff, and student body to be familiar  
2 with the LSU System policies that pertain to intellectual property. These policies are set forth  
3 in the most current edition of the Bylaws and Regulations and the Permanent Memoranda of  
4 the Board of Supervisors of the LSU system. The following documents are especially  
5 relevant:  
6 a) Part 2, Chapter VII of The [Bylaws and Regulations](#) (June 19, 2015): Intellectual Property  
7 b) [PM 15](#) dated March 25, 2002: Copyright Guidelines Regarding Electronic Learning  
8  
9 Also, the following documents contain information indirectly related to intellectual property:  
10 a) [PM 11](#) dated May 12, 1993: Outside Employment of University Employees  
11 b) [PM 67](#) dated October 6, 1997: Contracts Between the University and Its Faculty  
12 Members  
13  
14 2. In general, it is the responsibility of each LSU Eunice employee and student to disclose any  
15 creation that has potential commercial value. This requirement can be satisfied by  
16 completing a Technology Disclosure Form, which is then submitted to the appropriate  
17 supervisor. Submission of the completed Technology Disclosure Form will satisfy item A of  
18 the LSU Eunice Employee Invention and Proprietary Information Agreement. Completed  
19 forms will be retained in the Office of Business Affairs.

**LSU Eunice  
Technology Disclosure Form**

1. Title of Invention: \_\_\_\_\_

2a. Inventor's Name\* Dr./Mr./Ms./ \_\_\_\_\_  
Last First Middle

Position/Title: \_\_\_\_\_ Social Security: \_\_\_\_\_

Current LSU Eunice Address: \_\_\_\_\_  
Department Office

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street Apt. No.

\_\_\_\_\_  
City State Zip Code

2b. Inventor's Name\* Dr./Mr./Ms./ \_\_\_\_\_  
Last First Middle

Position/Title: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current LSU Eunice Address: \_\_\_\_\_  
Department Office

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street Apt. No.

\_\_\_\_\_  
City State Zip Code

(IF MORE THAN TWO INVENTORS, PLEASE ADD ADDITIONAL SHEETS)

3. Please give details of the sponsorship that led to the invention. If possible, attach a copy of the contract/ agreement.

Federal (including pass through funds): \_\_\_\_\_ Contract No.: \_\_\_\_\_

State: \_\_\_\_\_ Contract No.: \_\_\_\_\_

Industrial Company: \_\_\_\_\_ Contract No.: \_\_\_\_\_

LSU Eunice \_\_\_\_\_ Contract No.: \_\_\_\_\_

Other Sponsors: \_\_\_\_\_ Contract No.: \_\_\_\_\_

\* Tentative listing of inventor(s) subject to verification by patent counsel in accordance with Federal law.

4a. Brief description of the invention and its advantages:

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4b. Possible areas of commercial application of the invention:

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5. Brief description of presently used technology and its disadvantages:

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**LSU Eunice PS No. 59**

**Effective: December 5, 2003**

**Revision: December 3, 2012, May 30, 2013, March 12, 2014, September 18, 2015**

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6. Is any material used in this invention covered by a material transfer agreement?  YES  NO  
(If YES, attach a copy.)

7. Have you made a patent search or a literature search?  YES  NO  
(If YES, attach copies of the closest references you found.)

8. Is any information related to this disclosure classified?  YES  NO (If YES, attach details.)

9. Has the invention been reduced to practice?  YES  NO (e.g., apparatus assembled and tested or modeled)

Are laboratory records and data available?  YES  NO

10. Have you made any public disclosure of the invention?  YES  NO

If YES, please list details and EXACT dates. (Public disclosure includes published article or abstract in a journal or proceedings; a presentation or poster at a conference; preprints distributed outside LSU Eunice; a thesis or dissertation cataloged and shelved in a public library; prototype exhibit; posting on Internet; etc.)

a. \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

b. \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

c. \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

If NO, do you plan publication?

\_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

11. (FOR COPYRIGHT ONLY) Have you included copyright notices on all printed information/documentation and displayed copyright notices on the title screen of your software?  
 YES  NO

12. Do you personally wish to take a License under this invention from LSU Eunice?  YES  NO

13. If you know of any firms who might be interested in licensing this technology, attach a list with the following information:

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature(s) of Inventor(s)

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Witness: (Note: A co-inventor should not be a witness.)

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness