This document is a disclosure form for an Intellectual Property developed by KNUST staff, students or visiting fellows.

The form includes questions about ownership of Intellectual Property, the invention, technical and the economic aspects.

The purpose of this form is to record and provide information for the evaluation of research results which are of potential commercial value.

Please complete the information as thoroughly as possible, gain institutional approval and submit or email to ipuk@knust.edu.gh

Please use additional sheets when necessary, as some questions will require more space than is provided.

For questions or clarifications concerning this form, please contact us on (+233) 03220 62184 / 85 or via email ipuk@knust.edu.gh

**CHECKLIST TO COMPLETE BEFORE SUBMISSION TO IPUK:**

Has the document been signed by all the inventors?

Has all appropriate supporting material been included?

Have you kept a copy for your records?

**Title of Invention**

Click or tap here to enter text.

**Section A: Personal Details of Inventors**

**Please provide details for all contributors in the space provided here under** (Please ensure that you include names, contact details and thesis titles of any students who have worked on any aspect of the project.)

**Inventor 1**

Name (Prof/Dr/Mr/Mrs/Ms):

Click or tap here to enter text.

Nationality: Click or tap here to enter text.FT/PT/Visitor/Other Click or tap here to enter text.

Department/School/Institute/Centre: Click or tap here to enter text.

Faculty: Click or tap here to enter text.

Telephone number: Click or tap here to enter text. Email Click or tap here to enter text.

**Inventor 2**

Name (Prof/Dr/Mr/Mrs/Ms):

Click or tap here to enter text.

Nationality: Click or tap here to enter text. FT/PT/Visitor/Other: Click or tap here to enter text.

Department/School/Institute/Centre: Click or tap here to enter text.

Faculty: Click or tap here to enter text.

Telephone number:Click or tap here to enter text. Email: Click or tap here to enter text.

**Inventor 3**

Name (Prof/Dr/Mr/Mrs/Ms):

Click or tap here to enter text.

Nationality: Click or tap here to enter text. FT/PT/Visitor/Other Click or tap here to enter text.

Department/School/Institute/Centre: Click or tap here to enter text.

Faculty: Click or tap here to enter text.

Telephone number: Click or tap here to enter text. Email Click or tap here to enter text.

**Inventor 4**

Name (Prof/Dr/Mr/Mrs/Ms):

Click or tap here to enter text.

Nationality: Click or tap here to enter text. FT/PT/Visitor/Other Click or tap here to enter text.

Department/School/Institute/Centre: Click or tap here to enter text.

Faculty: Click or tap here to enter text.

Telephone number: Click or tap here to enter text. Email Click or tap here to enter text.

**SECTION B: INVENTION DISCLOSURE**

Date of conception of invention (refer to invention log book):

**What is the field of technology of the invention?**

Choose an item.

**Other (Please specify)**

Click or tap here to enter text.

**Please indicate the IP category** (More than one category may be applicable)

**NEW INVENTION**   **EXISTING PROCESS/  COPYRIGHT**

**PRODUCT/TECHNOLOGY**

Process  New Use  Source code/ algorithm

Product  Improvement  Text, image, etc. Materials

Technology

**Other (please specify):**

Click or tap here to enter text.

**State the current stage of your invention**

An idea  Prototype, template, draft

Proven concept  Validation

Product  Process

**What problem does your invention seek to solve?**

Click or tap here to enter text.

**Provide full technical details or description of the invention** (Please attach drawings as appropriate)

Click or tap here to enter text.

**In which way does the invention differ from other similar inventions?** If possible, state other inventions which are similar in nature.

Click or tap here to enter text.

**Does the IP involve the use of technology licensed from a third party or protected by confidentiality agreements?**

**Yes  No**

If yes, please provide details. Click or tap here to enter text.

**Has any aspect of the invention been published in a publication, abstract, public presentation, conference, poster etc.?** Please provide dates and copies of any manuscript, preprint or abstract.

Click or tap here to enter text.

**Has the invention been disclosed to any colleagues or collaborators outside the University?** If yes, please give details.

Click or tap here to enter text.

**Commercial Consideration/ Marketability**

**What is the target market for the invention?**

Click or tap here to enter text.

**Do you know of any competing products or ideas already on the market? Yes / No**. If Yes, please identify them and their manufacturer.

Click or tap here to enter text.

**Do you already have a personal contact in the industry that may be interested in becoming a commercial partner?**

**Yes No.**

If yes, please provide the person's details Click or tap here to enter text.

**Has the invention been evaluated, tested or approved by any institution yet?.**

**Yes No**

If yes, please provide the institution details. Click or tap here to enter text.

**Please list individuals (both on and / or off campus) with technical or economic knowledge in the field of the invention who could be asked (under confidentiality undertakings) to review, assess, or evaluate the technical and commercial potential of this invention.**

Click or tap here to enter text.

**External Support**

**Has the invention received any financial and/or in-kind support by an external third party?**

**Yes  No**

If Yes, please provide details. Click or tap here to enter text.

**Indicate the Source of Research funds; Internal Generated Fund / Grants / Assistance / Industry Sponsor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Funding** | **Details** | **Start Date** | **End Date** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |

**As far as you know, does the funding agency/company have any claims to ownership of the invention?**

**Yes No**

If yes, please indicate the nature of these commitments.

jjdfjbdjfbj

**Did you use any university resources in the development of this invention?**

**Yes No.**

If yes, please indicate the nature of this contribution.

Click or tap here to enter text.

**Other Support**

Please give details of any other assistance received, including finance, collaborative resources, equipment, in-kind services, special materials and/or know-how.

Please kindly add any relevant information that pertains to the invention which will be necessary in its assessment

**Attachments**

Please list all attachments here.

1: Click or tap here to enter text.

2: Click or tap here to enter text.

3: Click or tap here to enter text.

4: Click or tap here to enter text.

**I, the inventor or lead inventor of the Intellectual Property described in this disclosure, acknowledge and agree that to the best of our knowledge the information provided in this disclosure form is true and correct.**

Name (Prof/Dr/Mr/Mrs/Ms):

Click or tap here to enter text.

Signature **** DateClick or tap to enter a date.

**Institutional Approval**

**Head of Department**

Name (Prof/Dr/Mr/Mrs/Ms): Click or tap here to enter text.

Name of Department: Click or tap here to enter text.

Signature  Date Click or tap to enter a date.

**Dean/Director**

Name (Prof/Dr/Mr/Mrs/Ms): Click or tap here to enter text.

Name of Faculty: Click or tap here to enter text.

Signature **** Date Click or tap to enter a date.

**Provost**

Name (Prof/Dr/Mr/Mrs/Ms): Click or tap here to enter text.

Name of College: Click or tap here to enter text.

Signature  Date Click or tap to enter a date.

**Check List- For IPUK Use Only**

This disclosure contains the following

a. Description Yes  No

b. Abstract Yes  No

c. Claim(s) Yes  No

d. Drawings Yes  No

e. Agreements/ Contracts Yes  No

f. Prior Art Search Reports Yes  No

**Name of Receiving Administrator** Click or tap here to enter text.

Signature 

Disclosure Number Click or tap here to enter text.