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## THE UNIVERSITY OF TENNESSEE TECHNOLOGY DISCLOSURE FORM

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- . TITLE OF THE TECHNOLOGY.
- 2. **DESCRIBE THE TECHNOLOGY BRIEFLY.** (If necessary, attach a manuscript, a drawing, an abstract, or any other materials that would assist in the understanding of the technology.)

- CONTRIBUTORS/AUTHORS/POSSIBLE INVENTORS. (The individual who is named in Section A.1 is designated as
  the primary contact for additional information and for all correspondence. If needed, please attach additional contacts in the
  space provided on page 4.)
  - Contributors whose primary affiliation at the time of invention was The University of Tennessee Title Dept. Work address \_\_\_\_\_ Work phone e-mail \_\_\_\_\_\_ Dept. \_\_\_\_\_ Work phone \_\_\_\_\_\_ e-mail \_\_\_\_\_ (3) Name \_\_\_\_\_ \_\_\_\_\_ Dept. \_\_\_\_ Work address \_\_\_\_\_ Work phone e-mail В. Contributors whose primary affiliation at the time of invention was other than The University of Tennessee (1) Name \_\_\_\_\_ \_\_\_\_\_ Dept. \_\_\_\_\_ Work address \_\_\_\_\_ Work phone \_\_\_\_\_\_ e-mail \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Dept. \_\_\_\_

Work phone \_\_\_\_\_\_ e-mail \_\_\_\_\_

A.	1)	Agency name		Contract or grant no				
		Principal Investigate	or			Dept		
		Type of Funding:	Federal	University	Private	Other		
	1)	Agency name			Contract	or grant no		
		Principal Investigat	or			Dept		
		Type of Funding:	Federal	University	Private	Other		
B.				opment of this techno		nired from a third pa	rty and was subject	
<ul> <li>a Material Transfer Agreement? Yes No</li> <li>C. During the period of time when this technology was being developed, did any of the contributor(s) receive</li> </ul>							s) racaiva calary	
О.	sup	support from the Department of Veterans Affairs ("VA")? Yes No						
	We	re any VA funds or	facilities used	in the course of work	which led to this i	nvention? Yes	No	
DIS	CLO	SURE. Please inc	lude both past	disclosure and antici	pated future disclos	sure of the technolog	gy.	
A.	Со	nferences/Journal	S. (Please note	that not all authors of a	manuscript will nece	ssarily qualify as inver	tors of the technology)	
	(1)	Conference or Journal	:					
		Title of abstract or ma	nuscript:					
		Author(s)						
		(Anticipated) Date of	submission/accept	ance/publication				
	(2)	Conference or Journal	:					
	Title of abstract or manuscript:							
		Author(s)						
		(Anticipated) Date of	submission/accept	ance/publication				
B.		heses and dissertations. Include any thesis or dissertation describing the technology that has been submitted to neet the requirements of graduation.						
	(1)	1) Title of thesis or dissertation						
		Author			(Anticipated)	Date of graduation		
C.	Off	Offer for sale or public use.						
	(1)	(1) Has any embodiment of this technology been offered for sale (i.e., has a "thing" embodying the technology or capable of performing the technology been offered for sale)? Yes No						
		If so, when?		_To whom and under v	what circumstances?_			
	(2)	Has any embodiment of this technology been used publicly?						
	If so, when? Under what circumstances?							
D.	Oth	ner.						
				en or oral) been made to a				
				tly knowledgeable in the tment is usually a good				
I hav	ve rea	d and understood the f	oregoing disclos	ure.				
 Siar	nature			 Title			 Date	

4. LIST ALL SOURCES OF FUNDING OR SPONSORSHIP OF THE WORK WHICH LED TO THE INVENTION.

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(1)	Print your name.					
(2)	After discussion with the other to a result of this technology. The one UT contributor, the percent please include additional individual contributors will be revisited if it inventors not listed on this disclaration.	percentages assigne age allocated to him/h duals in the space pro is determined in acco	d to each of the UT cont ner should be 100%. If to vided on page 4. (Pleas ordance with U.S. patent	tributor here al se note law th	s should t re more th that divisi at there ai	otal 100%. If there is only nan six UT contributors, ion of income among the U re one or more additional
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(4)	Sign the form, and date your signification disclosure form are correct to the			that al	l statemer	nts made in this technology
_		<u>-</u>		%		Yes: No:
Pri	nt Name	Signature			Date	Duty of Employment
 Pri	nt Name	Signature		% _ Da	Date	Yes: No: Duty of Employment
 Pri	nt Name	Signature		%	Date	Yes: No: Duty of Employment
Pri	nt Name	Signature		%	Date	Yes: No: Duty of Employment
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Pri	nt Name	Signature		70	Date	Yes: No: Duty of Employment
	OMMENTS BY DEPARTMENT  e of Dept. Head	T HEAD:	COMMENTS B (To be used only if	there a		ENT HEAD: tors from different department
C	OMMENTS BY DEAN:		COMMENTS B (To be used only if			tors from different colleges)
unati ira	e of Dean	 Date	Signature of Dean			 Date

## 10. COMMENTS BY CAMPUS RESEARCH/ADMINISTRATIVE OFFICER:

	Signature of Campus Research	Officer	Date
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Work address			
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Name			
	e-mail		
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Name			
Title		Employer	
Work address			
Work phone	e-mail		
ADDITIONAL DECOMM	TND ATIONS OF CONTRIBUT	TOD(C) (IF NECESCADY).	
ADDITIONAL RECOMME	ENDATIONS OF CONTRIBU	ION(S) (IF NECESSART):	
Print Name	Signature	<u>%</u>	Yes: No: Pate Duty of Employme
i iiii Nailie	Signature	_	
Print Name	Signature		Yes: No: Pate Duty of Employme
	. <b>J</b>		
Print Name	 Signature		Yes: No: Pate Duty of Employme