



INVENTION DISCLOSURE FORM

The University of the Cordilleras Knowledge and Technology Transfer Office (UC KTO) is authorized to: (1) have records of an invention's conception date; (2) have access to relevant details and information on a particular invention; (3) reproduce copies of this form for evaluation purposes; and (4) evaluate and protect an invention **upon submission of this form**. For UC-owned IP, the UC KTO is authorized to commercialize the disclosed invention. Kindly refer to the **University IP Policy of 2020** on the matter of IP ownership. Our office may schedule a meeting with the inventor/s to discuss the invention and clarify information in this invention disclosure form (IDF) and other submitted documents. Subsequently, the patentability and commercial viability of the disclosed invention will be determined and evaluated by the UC KTO.

All previous, current, and future staff of the UC KTO are bound to the confidentiality of all disclosed information by non-disclosure agreements. In cases wherein the UC KTO may have to give the information contained in the disclosure to another party for evaluation and patent application purposes, the UC KTO will undertake the same confidentiality agreement with the receiving party.

It shall be understood that "invention evaluation" pertains to the actions the UC KTO has taken to evaluate the disclosed invention's patentability and commercial viability. The fundamental steps and processes related to patent applications filing, including but are not limited to prior art searches and patent drafting shall be referred to as "patent application".

For inquiries and further clarifications regarding the University's Intellectual Property Policy and procedures, please visit our office at UC Innovation and Nurturing Space (UCIANS), University of the Cordilleras, Legarda Campus, 2600 Baguio City. You may also reach us at (074) 442 – 3316 (loc 361) or send us an email at **uctt@uc-bcf.edu.ph**.

Thank you!



University of the Cordilleras

Knowledge and Technology Transfer Office

UC Innovation and Nurturing Space (UCIANS)
UC Legarda Campus Basement 1, Legarda Road, 2600 Baguio City
ucttto@uc-bcf.edu.ph | (074) 442 - 3361 loc. no. 361

DATE RECEIVED: _____

IP APPLICANT CODE: _____

TO BE FILLED OUT BY UC KTTO OFFICER:

SECTION 1: Invention Title

(Please provide a short title for your invention which should clearly indicate the subject to which the invention relates. Avoid using personal names, fancy names, trade names, trademarks or abbreviations or terms such as "etc." which do not serve to identify the invention.)

SECTION 2: Invention Description

What is it? What does it do? Why is it needed? In addition to the summary provided below, please attach supplemental materials describing the construction or composition of the invention including diagrams and drawings. Attach additional sheets if necessary.)



University of the Cordilleras

Knowledge and Technology Transfer Office

UC Innovation and Nurturing Space (UCIANS)
UC Legarda Campus Basement 1, Legarda Road, 2600 Baguio City
ucttto@uc-bcf.edu.ph | (074) 442 - 3361 loc. no. 361

(attach drawings/diagrams with descriptions here, if any)



University of the Cordilleras

Knowledge and Technology Transfer Office

UC Innovation and Nurturing Space (UCIANS)
UC Legarda Campus Basement 1, Legarda Road, 2600 Baguio City
ucttto@uc-bcf.edu.ph | (074) 442 - 3361 loc. no. 361

SECTION 3: Advantages

(What problem does the invention solve? What else is available? What are the problems with other products/solutions? Please provide a brief summary of further development needed (if any) before UC KTO can market the invention to potential licensees)

SECTION 4: Commercial Potential

(Identify companies or market segments that you think could benefit from your invention/findings)

Is work on the invention continuing? ☐ YES ☐ NO

Have you been in contact with, or do you know of any appropriate industrial companies that may be interested in licensing this technology? (Please use additional sheet if necessary)

COMPANY NAME	CONTACT PERSON	CONTACT INFORMATION



University of the Cordilleras

Knowledge and Technology Transfer Office

UC Innovation and Nurturing Space (UCIANS)
UC Legarda Campus Basement 1, Legarda Road, 2600 Baguio City
ucttto@uc-bcf.edu.ph | (074) 442 - 3361 loc. no. 361

SECTION 5: Invention History

Conception of Invention

Date: _____

First sketches, drawings, or descriptions

Date: _____

Has a model or prototype been made?

YES ☐ Date: _____

NO ☐

Is a publication or other public disclosure planned within 6 months?

YES ☐ Date: _____

NO ☐

If you **have** published, disclosed, described, or commercialized the inventions outside UC KTTO, please provide dates and details.

DATE	DETAILS <i>(to whom did you disclose, a brief description of the disclosures made)</i>

SECTION 6: Search Keywords

(Please provide a maximum of 10 keywords, synonyms, or commonly used industrial phrases that pertain to your invention to guide us in conducting a prior art search. It is advisable to conduct a preliminary search using patent databases such as Google Patents or Espacenet.)

[illegible]

(List any organizations that provided funding for your research (if there are any))

[illegible]



University of the Cordilleras

Knowledge and Technology Transfer Office

UC Innovation and Nurturing Space (UCIANS)
UC Legarda Campus Basement 1, Legarda Road, 2600 Baguio City
uctkto@uc-bcf.edu.ph | (074) 442 - 3361 loc. no. 361

SECTION 9: Material Transfer Agreements

(In developing this invention, did you use any materials, equipment, or other resources transferred from another entity? If so, list the entities and describe the materials, equipment, or other resources provided.)

Entity	Description of Resource

SECTION 10: Royalty Sharing

(See UC Knowledge and Technology Transfer Policy, Section 11.1 Disbursement of Commercialization Benefit)

The University shall share with the inventor(s) or creator(s) of the Intellectual Property any revenue received by the University, in the following ratio:

- 60% creator/s
 - 1 author 100%
 - 2 authors (main author 60%, co-author 40%)
 - 3 or more authors (main 40%, 60% among the rest)
- 15% R&I, KTTO
- 10% UC
- 15% Mother Unit

SECTION 11: Inventor Identification

(The formal Technology Commercialization process begins when you and all co-inventors SIGN and SUBMIT a completed Disclosure Form. **We must have signatures from ALL inventors before the process can begin.** Please call or email us if you have any questions)

By accomplishing and submitting this invention disclosure form, I/We hereby:

- (1) Attest that all statements and information provided in this form are true and complete to the best of my/our knowledge;
- (2) Agree to provide the UC KTTO with additional information and documents it requires;
- (3) Consent to the necessary steps the UC KTTO may deem necessary to take in evaluating, filling, and protecting the disclosure;
- (4) Agree that I/we am/are bound to comply with the policies and regulations as stipulated in the **University IP Policy of 2020**; and
- (5) Agree that I have read this invention disclosure form and understand its subject matter its entirely.



University of the Cordilleras

Knowledge and Technology Transfer Office

UC Innovation and Nurturing Space (UCIANS)
UC Legarda Campus Basement 1, Legarda Road, 2600 Baguio City
ucttto@uc-bcf.edu.ph | (074) 442 - 3361 loc. no. 361

Name		Position	
Department		Email	
Work Phone		Cell Phone/pager	
Citizenship			
Work Address			
Home Address			

Date:	Signature:
-------	------------

Name		Position	
Department		Email	
Work Phone		Cell Phone/pager	
Citizenship			
Work Address			
Home Address			

Date:	Signature:
-------	------------

Name		Position	
Department		Email	
Work Phone		Cell Phone/pager	
Citizenship			
Work Address			
Home Address			

Date:	Signature:
-------	------------



University of the Cordilleras

Knowledge and Technology Transfer Office

UC Innovation and Nurturing Space (UCIANS)
UC Legarda Campus Basement 1, Legarda Road, 2600 Baguio City
ucttto@uc-bcf.edu.ph | (074) 442 - 3361 loc. no. 361

Name		Position	
Department		Email	
Work Phone		Cell Phone/pager	
Citizenship			
Work Address			
Home Address			

Date:	Signature:
-------	------------

Name		Position	
Department		Email	
Work Phone		Cell Phone/pager	
Citizenship			
Work Address			
Home Address			

Date:	Signature:
-------	------------

Name		Position	
Department		Email	
Work Phone		Cell Phone/pager	
Citizenship			
Work Address			
Home Address			

Date:	Signature:
-------	------------