

California State University, San Bernardino
Invention Disclosure Form

INVENTION INFORMATION

Principal Investigator

Date of invention disclosure

Name of invention if applicable

Has a manuscript describing the invention been submitted for publication?
 If yes please indicate publication and date of submission.

Yes

No

#	Publication	Date of Submission

CERTIFICATION

I hereby certify that the statements contained herein are true and complete.

<p>PRINCIPAL INVESTIGATOR</p> <p>SIGNATURE DATE</p>	<p>TECHNOLOGY TRANSFER OFFICIAL</p> <p>SIGNATURE DATE</p>
NAME	NAME
TITLE	TITLE
PHONE	PHONE
E-MAIL	E-MAIL

**Submit signed and completed hardcopy form along with any supporting documentation to:
 Office of Academic Research, AD-177, California State University, San Bernardino 92407**

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INVENTORS

Please list all inventors

#	Inventor Name	Institution

TECHINCAL DETAIL

Please describe in sufficient detail, to the extent known at the time of disclosure, the nature, purpose, operation, and physical, chemical, biological or electrical characteristics of the invention. Please use additional pages if required.