

8. External Disclosure Information:

| | x | Check | Please Provide Dates, Circumstances, Location, etc. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------|-----------------------------------------------------|
| Has the invention been described, in whole or in part, in a printed or online publication? | <input type="checkbox"/> | Yes | |
| | <input type="checkbox"/> | No | |
| Has a manuscript describing the invention, in whole or in part, been submitted for publication? If so, when? | <input type="checkbox"/> | Yes | |
| | <input type="checkbox"/> | No | |
| If a manuscript has been submitted, has it been accepted for publication? If so, provide the name of journal and anticipated date of publication in print or online. | <input type="checkbox"/> | Yes | |
| | <input type="checkbox"/> | No | |
| Has the invention been described in any application for external funding? If so, provide the name of the external organization and the date of application. | <input type="checkbox"/> | Yes | |
| | <input type="checkbox"/> | No | |
| Has the invention been disclosed in a public setting such as a poster session, conference, or seminar? If so, when? If not, are any such disclosures scheduled to occur? | <input type="checkbox"/> | Yes | |
| | <input type="checkbox"/> | No | |
| Has the invention been disclosed in a "private" setting, such as a conversation with a company or with colleagues at another institution? If so, please describe. | <input type="checkbox"/> | Yes | |
| | <input type="checkbox"/> | No | |

9. What is novel about the invention, and how does it differ from existing technologies? Is the invention an improvement to, or a new use of, an existing product or process, and if so, what are its novel features? What are its advantages?

10. What uses do you foresee for this invention? (please feel free to speculate, and be creative!) Are there specific problems, or needs, addressed by the invention? If so, what is currently being used to address these, and how is the invention advantageous over these existing solutions?

11. Are you planning to continue your research on this invention, or in closely related areas? If so, what are the next steps you envision? If it has not yet been reduced to practice, do you anticipate doing so in the foreseeable future?

12. Are you aware of any companies or academic research groups conducting similar research? If so, please identify these.

13. Please list any pertinent publications (by you or by other researchers) which are related to the invention or to this area of research.

14. Are there any companies which you believe could take an interest in licensing this invention?

15. Inventor's signatures:

By signing, you agree that:

All information provided herein is true and complete to the best of my knowledge. I will do everything reasonably requested by the Boston College Office of Technology Transfer and Licensing to assist in the evaluation, protection and possible commercialization of this invention. If I am an employee or student of, or fellow at, Boston College, I hereby assign all right, title and interest to the invention described herein to Boston College.

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Please note: if your home address changes, it is your responsibility to notify the Boston College Office of Technology Transfer and Licensing, and to provide your current contact information. If not, this could not only delay actions relating to the protection and commercialization, but could also affect your receipt of any royalty checks which may result from the licensing of this invention.

Technology disclosed to and understood by:

| | |
|------------------------------------|--|
| Signature of Non-Inventor Witness: | |
| Date: | |
| Name of Witness: | |
| Title of Witness: | |