

8. Inventor (add separate page for each inventor as needed)

Work Information

Name  Suffix  Title/Position

Affiliated with Tufts University Yes  No (Specify)

Work Address

Division/Department

Work Email  Work Phone

Personal Information

Home Address

Citizenship  If Not US Citizen, visa type

Home Email  Home Phone

Contribution to Invention

- Brainstorming
- Theory
- Experiment Design
- Lab Research
- Other (Explain Below)

Form Submittal and Signature

I agree to do everything reasonably required to assist the OTTIC in handling the evaluation, and possible patent prosecution and commercialization of the invention described in this Invention Disclosure Form. All statements made herein are true and complete to the best of my knowledge.

FOR TUFTS UNIVERSITY AFFILIATED INVENTORS:

I hereby assign all right, title, and interest in this invention to the Trustees of Tufts College in accordance with Tufts University policy on Rights and Responsibilities with respect to Intellectual Property. I further agree to execute all documents to assign my rights to the Trustees of Tufts College in and to any patent application or other statutory form of intellectual property protection filed in connection with this invention.

Signed \_\_\_\_\_ Date / /

Typed Name