**PATENT SUMMARY APPLICATION**

**[Inventions Programs Application Checklist]**

|  |  |
| --- | --- |
| **Invention Name** |  |
| **Inventor Name** |  |
| **Signature of Inventor** |  |
| **Date:** |  |

**Your final deliverables checklist – attached ALL that have already had due dates in class (i.e, Pitch/Proposal, Resarch, Journals to date, description, drawings or sketches, mock up prototype where applicable, plus the Project Summary Sheet**

|  |  |
| --- | --- |
| Enclosed:  |  |
|  | Project Pitch/Proposal  |
|  | Results of patent/product search; |
|  | Research in the field and satellite fields (if applicable)  |
|  | List of all activities and contacts pertaining to the invention;  |
|  | Journal Entries  |
|  | Complete and cohesive description of my invention; |
|  | Drawings or sketches |
|  | Mock-up or prototype (if possible) |
|  | Project Summary Sheet  |

**Project Summary Sheet**

This sheet needs to be filled out even though you have written the information on other parts of the application. You also need to attach a photograph, sketch, or simple drawing if you have one and still include them in the application. This sheet is a reference sheet and should be as accurate as possible.

|  |
| --- |
| • Type of Intellectual Property Protection you have on your invention. (circle one that would be appropriate) o * Utility Patent
* Utility Patent Application
* Design Patent
* Design Patent Application
* Other (specify):
 |
| • Description of invention and what it does: two or three sentences that would give someone a general idea about your invention, but does not necessarily give details on how it works.  |
| • Give three selling/advantages points that your invention has over its competition. Remember, everything has competition- before paper clips and staples, people folded the corners of pages over to hold them in place. **1.****2.****3.** |
| • Do you have a prototype? If yes, please attach a photo here. If no, please sketch out the concept to the best of your ability.  |

**INVENTION INFORMATION:**

|  |  |
| --- | --- |
| Name of Invention  |  |
| **Clarify what your plans are in regard to each of the following**Feasibility Study Technical Review Design Assistance Manufacturing Advise Materials Advise Technical drawings PrototypeBusiness Plan Initial Marketing Consolation Marketing Plan General Feedback Referral to appropriate service providersPatentability Opinion Provisional Application for Patent Patent Application Reviewed Assistance with form preparation Trademark and Copyright Assistance Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**INVENTION DEVELOPMENT:**

|  |  |
| --- | --- |
| • Date of Initial idea (month/year)  |  |
| * Problem statement
* (what problem lead to the creation of your invention)
 |  |
| * Resolution statement
* (how does your invention solve that problem)
 |  |
| • What makes your invention better able to solve this problem more effectively than what is currently being used?  |  |

**LEGAL:**

|  |  |
| --- | --- |
| • Have you presented your idea to the public (the IAS, a patent professional, family members, or co-inventors are **NOT** considered to be public)?  |  |
| • If yes, when did you first present?  |  |
| • Do you have a journal?  |  |
| • Have you sought the advice of a patent professional (lawyer or agent)?  |  |
| • If yes, please list who you are using:  |  |
| • Are you planning on pursuing a patent?  |  |
| • If you are already under patent protection, please give the patent number  | n.a |
| • If you have filed a provisional patent, when does your one-year time limit expire?  | n/a  |

**MANUFACTURING:**

|  |  |
| --- | --- |
| • What safety/health concerns does your product pose?  |  |
| • What material(s) is your invention made of?  |  |
| • What manufacturing processes will be involved in making your product?  |  |
| Approximately how much will your product cost per unit?• (Think about how much each component costs plus the labor)  | $\_\_\_\_\_\_\_\_\_\_\_  |

**MARKETING RESEARCH:**

|  |  |
| --- | --- |
| • What is your goal for this invention (venture or license)?  |  |
| • Can your product be sold at the retail level for 3-5 times the cost to make it?  |  |
| • Who is your target market for this product? (be specific)  |  |
| • Can your target market afford to pay the retail price for the item?  |  |
| • What benefit will the target market reap?  |  |
| • How does the benefit outweigh the cost?  |  |

Please list all patents that you have researched concerning your invention. Also state how yours is different than what is presently patented.

Please list any additional products that are on the market that are similar to yours. Please explain how your concept is better.

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| --- |
| List all contacts [you would have] made concerning this invention: (Patent professionals, market research, professionals in the field, etc.)  |
|  |

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| Please list any additional factors that are important to this project:  |

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| Please describe, in detail, your invention. Be sure to include shape, features, how the invention works, as well as what it does.  |
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| --- |
| Please sketch or draw your invention in ink. If you have computer-generated drawings, please attach as well. Be sure to show how your invention works and is assembled. Please include a sketch or photo of your invention in use.  |