



TEXAS A&M

HEALTH SCIENCE CENTER

COLLEGE OF MEDICINE

Disclosure of Invention Routing Form

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Principal Investigator Information	
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Title of Invention:	
Department Administrator Contact:	
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Company Information	
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Signatures	
Department Chair: _____ <small>(Print Name)</small>	Signature:
	Date:
Dr. Van G. Wilson Associate Dean for Research	Signature:
	Date:
Mail to:	
TAMUS—Office of TECHNOLOGY COMMERCIALIZATION ATTN: Disclosure of Invention Brett Cornwell 3369 TAMU	

cc: Thomas (Sam) Shomaker, M.D., J.D.