**Invention Disclosure Form**

This invention disclosure form will be used to evaluate the nature, status and background of your invention. It will serve for preparing necessary steps for the protection of intellectual property and potential commercial exploitation. Please complete this form, sign it and return it as quickly as possible to LURIS. Please attach all relevant information that might be of assistance. The form can be filled out electronically, but please ensure that all forms are signed and dated by hand, before submission. We will treat this form confidentially. Please do not disclose any information concerning your invention to others outside of the institution as this could prevent us from being able to obtain a patent.

# Title of Invention

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# Description of invention

*Please try to answer the following questions.*

## Describe your invention in general terms.

What is it? What does it do?

Please attach all available information, for example a summary of the invention, photographs, drawings, sketches, or any other descriptive material.

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## Indicate literature and patent references which in your opinion are closely related to the invention.

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## What are the advantages, improvements of your technology?

What features does the invention have that make it new and different compared to the available literature?

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## Provide keywords for your invention

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# R&D status

## What is the stage of development?

Describe any work you may have done to demonstrate that the invention works, or has properties, features or benefits that are desirable.

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## What is the next stage of improvement?

Which development hurdles still exist? What limitations still need to be overcome?

How involved in these next development stages do you wish to be?

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# Commercial interest

## Why could the invention be commercially useful?

Does it open new market applications?

Or expand existing product base?

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## What products and/or processes do you think could be protected by a patent?

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## Are you aware of any companies or contact persons that might be interested in this invention?

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# Information on the intellectual property

## When did the idea for the invention first arise?

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| Date:       | Place:       |

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| --- | --- | --- | --- |
| Materials | **Yes** | **No** | **Don’t Know** |
| * + Have you supplied any material relating to the invention to anyone outside your research group?
 | [ ]  | [ ]  | [ ]  |
| **If yes,*** + Please mention names of researchers or others outside of your institution:
 |       |
| * + Was the material transferred under a Material Transfer Agreement (MTA)?
 | [ ]  | [ ]  | [ ]  |
| * + If appropriate, please supply a copy of the MTA or a contact person:
 |       |
| * + Did you use any materials supplied by other researchers or companies to make your invention?
 | [ ]  | [ ]  | [ ]  |
| **If yes,** * + Were the materials supplied under an MTA?
 | [ ]  | [ ]  | [ ]  |
| * + If appropriate, please supply a copy of the MTA or a contact person:
 |       |

## Funding sources

Please list all sources of funding such as research projects and subsidies that have contributed to the invention.

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| **Type of resources** | **Sources**  |
| Public source (ex: University, LUMC) |       |
| Public subsidies(ex: NWO, EU, …) |       |
| Public Private Subsidies / Collectebusfondsen (KWF, Reumafonds, Hartstichting, Longstichting…) |       |
| Industry |       |
| Public Private Partnerships (ex: TI-Pharma, CTMM, BMM…) |       |

# Inventors (if more than 3 inventors please append additional sheets)

*The terms 'author' and 'inventor' are not synonymous. In contrast, inventors of subject matter in patents have to be legally determined by their involvement in the original conception of the invention (not necessarily the same individual(s) involved in determining whether the invention works, or writing the analysis).Please note that signature of the form is required. Signature serves as confirmation the group would like the invention to be further explored. Furthermore, the default revenue sharing situation is for all inventors to be allocated equal shares, but this section also enables the group to determine a different ratio if desired. Updates reflecting the evolution of the invention after this date can be signed off in the future.*

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| Name: |       |
| Employer & Research Group at the time of the invention: |       |
| % inventive contribution: |       |
| Current work address: |       |
| Phone: |       |
| E-mail: |       |

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| --- | --- |
| Name: |       |
| Employer & Research Group at the time of the invention: |       |
| % inventive contribution: |       |
| Current work address: |       |
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| Name: |       |
| Employer & Research Group at the time of the invention: |       |
| % inventive contribution: |       |
| Current work address: |       |
| Phone: |       |
| E-mail: |       |

**Other contributors** (technical support, evaluation, testing, etc…)

|  |  |
| --- | --- |
| Name: |       |
| Employer: |       |
| Nature of contribution: |       |

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| Name: |       |
| Employer: |       |
| Nature of contribution: |       |

# Public disclosures and confidentiality

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|  | **Yes** | **No** |
| * + Has the invention or any part of it been disclosed in a publication, a poster, an abstract or any other written materials?
 | [ ]  | [ ]  |
| **If yes,*** + Please attach a copy and write the date of the disclosure on the material.
 |  |  |
| * + Will the invention or any part of it be disclosed in a publication, a poster, an abstract or any other written materials?
 | [ ]  | [ ]  |
| **If yes,** * + What is the intended date of disclosure?

*Please be aware that any disclosure may jeopardize the ability to obtain a patent; we advise you to contact LURIS as soon as possible.*  |       |
| * + Is there a draft manuscript detailing the invention?
 | [ ]  | [ ]  |
| **If yes,** * + Please attach a copy.
 |  |  |
| * + Has this draft manuscript been submitted to a journal or publisher?
 | [ ]  | [ ]  |
| * + Please provide details of the publishers, dates of submission and whether or not the publication has been accepted.

Journal name:      Submission date:      Outcome/Status:       |  |
| * + Has there been a (poster) presentation or lecture during a public meeting?
	+ Will there be a (poster) presentation or lecture during a public meeting?
 | [ ] [ ]  | [ ] [ ]  |
| * + Intended disclosure date:
 |       |
| * + Has a third person (outside the institution) been approached about the invention?
 | [ ]  | [ ]  |
| **If yes,** * + Who was this person and was the information shared in confidence?
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# Signature of inventors

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 **Print Name Signature Date**

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 **Print Name Signature Date**

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 **Print Name Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Print Name Signature Date**

**Return to**

**Luris**Knowledge Exchange Office Leiden University & Leiden University Medical Center

**Address**: Langegracht 70 (HUBspot), 2312 NV, Leiden, The Netherlands

**Phone**: +31 (0)71 527 2558

**E-mail**: luris@luris.nl **Website**: www.luris.nl

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| **This section shall be completed by Luris staff.****Luris reference number:****Disclosure Date: Signature:** |