When completed, submit via:
Technology Transfer Office
ipdocket@case.edu
Sears Building – 6th Floor

Case Western Reserve University
INVENTION DISCLOSURE

Case No. (this space for TTO use only)

Please see the instructions on page 2 for additional information on how to complete this form.

1. TITLE OF INVENTION

2. **PLEASE ATTACH A DESCRIPTION OF TECHNOLOGY.**

3. INVENTOR(S)	% OF CONTRIBUTION	SCHOOL, DEPARTMENT, POSITION (PRIMARY APPOINTMENT)	OTHER INSTITUTIONAL AFFILIATION
			☐ VA ☐ Metro ☐ UHCMC
			☐ VA ☐ Metro ☐ UHCMC
			☐ VA ☐ Metro ☐ UHCMC
			☐ VA ☐ Metro ☐ UHCMC

4. Was this invention developed with the use of any research grant/contract funds? YES ☐ NO ☐

CONTRACT NO(S).	SPONSOR(S)	O.S.P. PROJECT NO(S).	PRINCIPAL INVESTIGATOR

Were funds received from, or facilities used at any of the following: ☐ VA ☐ Metro ☐ UHCMC ?

Please note that accurate and complete sponsorship information is necessary to fulfill CWRU obligations under research contracts.

5. If no contract or grant, was there significant use of CWRU administered funds or facilities? YES ☐ NO ☐

6. DATES OF CONCEPTION AND PUBLIC DISCLOSURE *(accurate data is essential, as prior disclosure may affect the possibility of obtaining patent rights)*	DATE	REFERENCES / COMMENTS Please include names of periodicals/journals. *(use a separate sheet if necessary)*
A. Date of conception of invention. Has this date been documented? If so, where?		
B. First public disclosure (past or anticipated) containing sufficient description to enable a person skilled in this field to understand and to make or use the invention. (Included in the definition of "public disclosure" is any oral presentation with handouts, seminars, conferences, papers, abstracts, web postings, etc.)		

7. Please attach list of any commercial entities that may be interested in this invention. (Provide as much detail as is possible.)
8. Please attach the name, department and contact information of up to three peers who would be willing to perform a confidential review of the invention. (optional)
9. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true.

Per the Intellectual Property Policy, I (we) hereby agree to assign all right, title and interest to this invention to CWRU and agree to execute all documents as requested, assigning to CWRU our rights in any patent application filed on this invention, and to cooperate with the CWRU Technology Transfer Office in the protection of this invention. CWRU will share any royalty income derived from the invention with the inventor(s) according to the Intellectual Property Policy.

Inventor Name:

Inventor's Signature Date

Home Address Phone

Email Address: Country of Citizenship

Inventor Name:

Inventor's Signature Date

Home Address Phone

Email Address: Country of Citizenship

Inventor Name:

Inventor's Signature Date

Home Address Phone

Email Address: Country of Citizenship

Inventor Name:

Inventor's Signature Date

Home Address Phone

Email Address: Country of Citizenship

Please note that country of citizenship is required; absence of this information may hinder filing of any patent applications that may result from this technology. If there are more than four inventors, please attach an additional form.

10. Technology disclosed to and understood by:

Signature of Non-Inventor Witness _____ Date _____

Name and Title of Witness (please type or print) _____

Instructions

1. Please provide a brief title for the invention.

2. Please attach a description of the technology. At a minimum, this should be a one to two page summary description of the invention and why it is unique or represents an improvement over existing technologies. Preferably, the description will include one or more of the following: submissions for publication or published material; lab notes; presentations; diagrams/drawings; results and graphs.

The description allows our office to conduct a review of patentability and commercial viability. The more complete the description is, the more thoroughly we can conduct such a search. *Please feel free to include as much information as you like – it will help our office evaluate and understand your innovation.*

3. Please list all individuals who contributed to the concept and/or reduction to practice of the invention. The % contribution should be decided by and between the inventors and should total 100%. Please be sure to include information as to primary appointment and any other institutional affiliations for each inventor.

4. If the invention was conceived or reduced to practice with the use of federal or contract funds, please check the appropriate box and list the grant/contract number(s) in this space. Please also note if VA, MetroHealth, or UHCMC funds or facilities were used. ***This information is required for University compliance with Federal law and/or contract obligations.***

5. This refers to the use of University time and/or lab space in the development of the invention. Please check the appropriate box.

6. Please list all dates concerning conception and disclosure or anticipated disclosure of the invention.

7. Please attach a list of commercial entities that you think would be interested in licensing this technology to the disclosure. It is ok if you do not have such a list.

8. Optional Peer Review – if you would like a peer review of your work, please attach a list of colleagues who would be willing to perform such a review. Comments from your colleagues will be used to assist the office in its evaluation of your invention.

9. Signature – in order to process the invention disclosure, the signature of **all** named CWRU inventors and their complete information (address, and citizenship) must be provided. If an inventor is off campus or no longer with the university, a fax signature is acceptable. If an inventor is or was at an institution other than CWRU during their contribution to the invention, a signature is not required, but please include contact and citizenship information.

10. Witness Signature – this box is to help provide backing to establish a date of conception. It can be signed by a member of your lab or a colleague to whom you have explained the invention in detail, provided that this individual is not also an inventor named on this disclosure.