

Invention Disclosure Form



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

For Internal Use Only Invention Number: _____

Contact/Submission Info

Please address all questions and return an electronic copy of the completed form to:

Anthony Sutton, Senior Invention Administrator

Email: PHSPatents@partners.org

P: (617) 954-9721

F: (617) 954-9361

(While filing form online, please have 'insert' key inactive)

1. TITLE OF INVENTION

2. CATEGORY OF INVENTION

Patent

Material

Software

Copyright

Trademark

3. DESCRIPTION OF THE INVENTION

Describe the Invention to the extent known at this time.

A. Key concepts of Invention, including nature, stage, purpose of operation of the invention including technical characteristics:
(In addition, please attach manuscript, presentation, poster, or other documents, including any public disclosure documents)

B. Distinguishing novel features of Invention:

C. Envisioned commercial products or processes:

4. PUBLIC DISCLOSURE OR USE

Public disclosure or use of an invention prior to filing a patent application will either limit or eliminate patent rights, dependent upon the extent of what was disclosed.

- A. Any past or future manuscript submission of Invention? Yes, Date: _____ No
 Expected date of online or paper publication _____
- B. Any past or future abstract, poster or talk of Invention? Yes, Date: _____ No
- C. Any past or future journal publications (online and print)? Yes, Date: _____ No
- D. Any past or future disclosures outside hospital of Invention? Yes, Date: _____ No
 Entity: _____
- E. Any other past or future public disclosures? Type: _____ No
 Yes, Date: _____
 Entity: _____
- F. Has Invention been used, tested or offered for sale? Yes, Date: _____ No

5. SUPPORT FOR INVENTION

(Indicate ALL types of support, e.g., material, software, equipment, money or other)

- Federal** (Agency and Grant/Contract No.) _____ PI: _____
- Industry** _____ ; List type of support (material or money) _____
 Agreement No. _____
 List other type of support or collaboration with industry (e.g., on-going clinical trials): _____

- Academic Collaborator** _____
 List type of support (material and/or money or other): _____
 Agreement No. _____
- Foundation** _____ PI: _____
- Other** (e.g., Shriners, CIMIT, HHMI, HSCI, VA) _____
 If Shriners, indicate % attributable to Shriners: _____ %
- Other Funds** (Gifts, Departmental, Sundry, Broad, etc) _____

6. CONTRIBUTORS/INVENTORS

Please indicate contact person(s) for this Invention with * and Principal Investigator(s) with #

Form Submittal and Signature(s)

A. I/we agree to do everything reasonably required to assist the office handling this Invention in the evaluation and possible commercialization of the invention described in this Invention Disclosure Form. All statements made herein are true and complete to the best of my/our knowledge.

B. I/we hereby agree to sign all right, title, and interest in this invention to the applicable entity in accordance with the Partners Intellectual Property Policy and sign the appropriate Intellectual Property Acknowledgement form.

Signed: _____

Date: _____

I agree with the content of Section 6A.

I agree with the content of 6B.

N/A

Typed Name: _____

Title/Position: _____

Citizenship: _____

Institution: _____

Affiliation(s) (e.g., HHMI): _____

Dept/Div: _____

Are you affiliated with Broad?

Yes No

If Yes, were Broad resources in this Invention?

Yes No

Work Address: _____

E-mail: _____ Phone: _____ Fax: _____

Home Address: _____

List Intellectual Contribution

Please explain intellectual contribution (e.g., Conception, Experimental Design, Brainstorming):

Affiliations

Please indicate which of the institutions from among those listed below that you are affiliated with (position, salary, grants administration, etc.)

Brigham And Women's Hospital

Massachusetts General Hospital

McLean Hospital

Beth Israel Deaconess Medical Center

Whitehead Institute of Biomedical Research

Dana Farber Cancer Institute

Broad Institute

Massachusetts Institute of Technology/HST

HHMI

Children's Hospital, Boston

Harvard Medical School

Harvard School of Public Health

Joslin Diabetes Center

Shriners Hospital for Children

Mass Eye and Ear

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