

# INVENTION DISCLOSURE FORM

The purpose of this Invention Disclosure Form is for the Office of Innovation and Technology Commercialization (“OITC”) to document and evaluate what was invented. If at all possible, this form should be submitted in advance of any public disclosures of the invention. If you have any questions or need assistance with this form, please contact OITC at 202-476-1286. Please email this form to [innovation@cnmc.org](mailto:innovation@cnmc.org) in addition to sending a fully signed original to: CNMC, OITC, 111 Michigan Ave. NW, 6<sup>th</sup> Floor, M7705, Washington D.C. 20010

## INVENTION DESCRIPTION

Please complete all sections as completely as possible to provide background information about your invention.

### Title

*Provide a short descriptive title of the invention.*

### Description

*Write a detailed description of the invention. Feel free to attach any relevant papers, manuscripts, technical descriptions from grants, etc. which you feel provide a more comprehensive understanding of the invention.*

### Related Inventions

Is this invention related to a prior invention disclosed to OITC?  Yes  No If yes, please provide docket number. \_\_\_\_\_

### Jointly Owned Inventions

Was this invention jointly developed with non-CNMC researchers?  Yes  No If yes, which institutions? \_\_\_\_\_

### Innovation

*Describe the problem that the invention solves and how it is different/unique/improved from similar inventions and existing products or methods. Describe how the invention might be used in a commercial setting (i.e. what is the product, method, or service that will be sold, and who would be the most likely end user, etc.)*

### Future Research Plans

*Indicate how you will be further developing the invention over the next year (i.e. funding, animal studies, trials, prototypes, etc.)*

### Partners

*List any companies that you feel might be interested in helping to further develop or take a commercial interest in the invention.*

### What stage of development is your invention? (check all that apply)

<input type="checkbox"/>	Idea only	<input type="checkbox"/>	Animal model data
<input type="checkbox"/>	In vitro data	<input type="checkbox"/>	Validated pre-clinical data
<input type="checkbox"/>	In vivo data	<input type="checkbox"/>	Human clinical data (indicate which Phase)
<input type="checkbox"/>	Other (please specify)		

### Check the reason(s) that best describe why you submitted this invention disclosure (check all that apply)

<input type="checkbox"/>	The invention is groundbreaking/revolutionary
<input type="checkbox"/>	The invention has significant commercial potential
<input type="checkbox"/>	The invention is a platform technology (i.e. has many different product indications)
<input type="checkbox"/>	The invention is a significant improvement over existing technology
<input type="checkbox"/>	A specific company has already expressed interested in licensing and/or developing the invention
<input type="checkbox"/>	I/we are interested in being involved with a startup company based on this invention



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<input type="checkbox"/>	To comply with the obligations of an existing sponsored research agreement/university alliance, or university policy
<input type="checkbox"/>	Other (please specify) _____

## CRITICAL DATES

When was the invention first conceived and documented? \_\_\_\_\_

Please complete the following sections to help identify any previous or upcoming public disclosures which could affect our ability to seek the broadest possible protection for the invention. Public disclosures include but are not limited to publications, abstracts posters and oral presentations at meetings, website publication, grand rounds, awarded grants, and third party discussions. Presentations to CNMC personnel are not considered public disclosures unless non-CNMC personnel are in attendance.

### List any previous or upcoming disclosures

Disclosure Type	Yes	No	Date (MM/DD/YYYY)	Citation or Explanation
Published abstract or manuscript, including advance online postings.				
Submitted for publication (include name of journal and approx. publication date/stage of review)				
Presentation at a meeting (past or upcoming). Please include the name of the meeting.				
Part of an awarded grant				
Discussed orally or in writing with a third party (investors, company, etc.) CDA? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other past/upcoming disclosures				

**PLEASE PROVIDE A COPY OF ANY PREVIOUS OR UPCOMING PUBLIC DISCLOSURE WITH THIS FORM.**

## FUNDING AND CONTRACTUAL OBLIGATIONS

**\*\* INFO REQUIRED TO COMPLY WITH FEDERAL REGULATIONS AND LEGAL CONTRACT COMMITMENTS \*\***

What funding source(s) were used to develop the invention? Please check all that apply, and enter detailed information in the table below as appropriate.

Government (Federal)  Yes  No      Company Sponsored Research  Yes  No      Foundation  Yes  No  
 Government (non-Federal)  Yes  No      HHMI  Yes  No      Other  Yes  No

Sponsor, Foundation or Granting Agency	Grant #, Contract #, Agreement #	Principal Investigator

Was the invention developed using any research tools, biological substances, or other proprietary materials obtained from a third party? If so, was there a Material Transfer agreement?

Material	Party	MTA (Yes or No)

Are you aware of any other contracts/agreements that relate to this invention? Please check all that apply, and enter detailed information in the table.

Consulting Agreement  Yes  No      Collaboration Agreement  Yes  No      Data Use Agreement  Yes  No  
 Confidentiality Agreement (CDA)  Yes  No      Service Agreement  Yes  No      Existing License  Yes  No  
 Other  Yes  No

Agreement Type	Party/Contact Information



# INVENTION DISCLOSURE FORM

## CONTRIBUTORS

This IDF must be signed by ALL inventors, defined as those who made an intellectual contribution to the invention. This may differ from journal article authorship considerations. Note: home address necessary to comply with patent office requirements.

Primary Investigator (PI) - Serves as the point of contact with OITC.

<b>Printed Name:</b>	
<b>Signature and date:</b>	
<b>Citizenship:</b>	
<b>Center, Division and/or Dept:</b>	
<b>Phone, Fax and E-mail:</b>	
<b>Home Address:</b>	
<b>Work Address:</b>	

Other intellectual contributors (co-inventors) (attach additional sheet if necessary):

<b>Printed Name:</b>	
<b>Signature and date:</b>	
<b>Citizenship:</b>	
<b>Center, Division and/or Dept:</b>	
<b>Phone, Fax and E-mail:</b>	
<b>Home Address:</b>	
<b>Work Address:</b>	

<b>Printed Name:</b>	
<b>Signature and date:</b>	
<b>Citizenship:</b>	
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<b>Center, Division and/or Dept:</b>	
<b>Phone, Fax and E-mail:</b>	
<b>Home Address:</b>	
<b>Work Address:</b>	



# INVENTION DISCLOSURE FORM

## Assignment of Invention Rights

*This document is to be signed by all inventors who are Children's National Medical Center employees.*

I (We), the undersigned, do hereby assign all rights, title, and interest to this invention to Children's National Medical Center, and agree to execute all documents as requested, evidencing such assignment to Children's National Medical Center of my (our) rights in any patent application filed on this invention.

I (We) also agree to cooperate with the Office of Innovation and Technology Commercialization and the Intellectual Property Committee with regard to the protection of this invention. Children's National Medical Center will share any royalty income derived from this invention with the inventor(s) according to its standard policies, as may be updated periodically.

I (We) affirm that, to the best of my (our) knowledge, the information provided in this Invention Disclosure Form is true and complete, and the invention is the original discovery of the person(s) named as inventor(s).

I (We) have not previously transferred, encumbered, or pledged my (our) interest(s) in the invention in any matter which would impair or conflict with this Assignment to Children's National Medical Center.

\_\_\_\_\_

Print Name

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Date

*Add additional signature blocks as needed.*

## **Signature of Witness:**

A Children's National Medical Center employee (other than a potential inventor) has reviewed and understands the information contained in this Invention Disclosure Form

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date