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| *CONFIDENTIAL*  *TDG Use Only* | | |
| Case#: | | |
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This is an interactive form that may be filled out in Word. **Once completed**, please submit the Invention Report in person at TDG’s office (10889 Wilshire, Suite 920) or via **email, along with any attachments, to:** [**innovation@tdg.ucla.edu**](mailto:innovation@tdg.ucla.edu). For questions please contact us at (310) 794-0558 or visit [tdg.ucla.edu/inventionguide](file:///C:\Users\sblack01.OIP\Downloads\oip.ucla.edu\inventionguide).

When completed and signed, this Invention Report becomes a legal document which may be relied upon during patent prosecution. A detailed description of this invention should not be divulged to sponsors or others without first consulting TDG. Sponsors to whom the University may owe rights in patents will be notified of this invention in confidence by the University.

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| **1. INVENTION TITLE.**Please create a concise title that does not contain sufficient details to enable others to reproduce the invention. |
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| **2. IDENTIFICATION OF INVENTORS.**Note authorship and inventorship are **NOT** the same. Inventorship is a legal determination. To be an inventor, such person must contribute to *identifying the problem to be solved* and/or *determining the solution to that problem* -– simply contributing to the reduction to practice (e.g., producing a physical embodiment of the invention) is not enough.  **In case of doubt, please speak with TDG or its patent counsel.**  List the lead inventor inventor/primary contact first. If they are different, indicate the primary contact below. Students must list a faculty advisor. | | | |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
| UCLA ID (if applicable) |  | Citizenship |  |
| Work Telephone |  | Work Email |  |
| Home Address |  | Work Address |  |
| Home City, State, Zip |  | Work City, State, Zip |  |
| This inventor is affiliated with: *(check all that apply)* | | | |
| VA  HHMI  OHRC  Parker (Member Researcher)  Non-UC at time of invention | | | |
| **Sign or type name**       **Date** | | | |
|  | | | |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
| UCLA ID (if applicable) |  | Citizenship |  |
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***Note: Please use the last page of the Invention Report for additional inventors.***

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| **3. FUNDING SUPPORT & THIRD PARTY MATERIALS USED.** Indicate all funding (e.g., federal, corporate, foundations, etc.) and/or materials used to create the invention.  *If no funding sources are indicated below, what financial support did the inventors rely on (e.g., personal funds)?* | | | | |
| **Sponsor(s)** | **Grant/Contract Number(s)** | **Principal Investigator** | **Administering Dept./Center** | |
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| **Was the Invention developed:** | | | | |
| Using materials received from a third party under an **MTA (e.g. equipment, cell lines, antibodies, software)**? If yes, please indicate the material name, provider and material transfer agreement number. | | | | Yes No |
| Within a Howard Hughes Medical Institute (**HHMI**) affiliated lab? | | | | Yes No |
| Using Veterans Administration (**VA**) award funds or within a VA lab? | | | | Yes No |
| Within a California NanoSystems Institute (**CNSI**) affiliated lab? | | | | Yes No |
| Within a Translational Applications of Nanoscale Multiferroic Systems (**TANMS**) Center affiliated lab? | | | | Yes No |
| Within a lab associated with the **Los Angeles Orthopaedic Hospital**? | | | | Yes No |
| Using funding or materials from the California Institute for Regenerative Medicine (**CIRM**)? If yes, please indicate the CIRM grant number. | | | | Yes No |
| Using **Affymetrix Chips**? | | | | Yes No |
| Using funding from the **Parker Institute** for Cancer Immunotherapy? | | | | Yes No |
| **I confirm all funding sources, if any, that supported this invention are identified above:** | | | | |

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| **4. PUBLIC DISCLOSURES.** Please note if/when any publication or public disclosure of the invention has occurred or is anticipated to take place. Patent rights may be lost if the invention is publicly disclosed (e.g., publication or conference) before a patent application is filed. |
| Please provide the (1) estimated date and (2) forum of any publication and/or public disclosure(s) -- past or anticipated (e.g, submission for publication, earliest expected publication date, conference presentation, disclosed to non-UCLA persons, etc.): |

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| **5. INVENTION DETAILS.**Please describe how to make and use your invention in sufficient detail so that someone in your field would be able to reasonably understand what the invention is and how it addresses an unmet need in the market. Drawings and figures can be included as attachments. Please also note any of your prior UCLA inventions that this may be related to. If you received federal funding for this invention, this section must be "sufficiently complete in technical detail to convey a clear understanding to the extent known at the time of the disclosure, of the nature, purpose, operation, and the physical, chemical, biological or electrical characteristics of the invention" as required under the [Bayh-Dole Act, **Sec. 401.14(c)(1**](https://grants.nih.gov/grants/bayh-dole.htm#401.14)**).** | |
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| **INVENTION TIMELINE** | |
| **Event** | **Date** |
| Initial Conception |  |
| First description of complete invention (oral or written) |  |
| First successful demonstration (first actual reduction to practice) |  |

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| **6. Relevant Prior Publications and Patents. Please list** any known relevant patents & publications. |
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| **7. POTENTIAL COMMERCIAL PARTNERS.** Please list companies, investors, or entrepreneurs that may be interested in commercializing your invention. | |
| **Name** | **Contact information (email & phone number, if available)** |
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| **8. COPYRIGHTS.** Please note if you have developed any of the following: | | | | | |
| Audiovisual work | | Sound Recordings | | Literary work (document, questionnaire) | |
| Dramatic works, including any accompanying music | | Musical works, including any accompanying words | | Pantomimes and choreographic works | |
| Pictorial, graphic, and sculptural works | | Architectural works | | Mask Work | |
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| **Sign or type name**       **Date** | | | | | |

***Please use the section below for additional inventors.***

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| **Additional Inventors** *(inventorship subject to legal review)* | | | |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
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