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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](http://tdg.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.

**1. INVENTION TITLE.** Please create a concise title that does not contain sufficient details to enable others to reproduce the invention.

**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
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Full Name	_____	Position	_____
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<input type="checkbox"/> VA <input type="checkbox"/> HHMI <input type="checkbox"/> OHRC <input type="checkbox"/> Parker (Member Researcher) <input type="checkbox"/> Non-UC at time of invention	
Sign or type name _____	Date _____

*Note: Please use the last page of the Invention Report for additional inventors.*

**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

**Was the Invention developed:**

Using materials received from a third party under an <b>MTA (e.g. equipment, cell lines, antibodies, software)?</b> If yes, please indicate the material name, provider and material transfer agreement number.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within a Howard Hughes Medical Institute ( <b>HHMI</b> ) affiliated lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Using Veterans Administration ( <b>VA</b> ) award funds or within a VA lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within a California NanoSystems Institute ( <b>CNSI</b> ) affiliated lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within a Translational Applications of Nanoscale Multiferroic Systems ( <b>TANMS</b> ) Center affiliated lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within a lab associated with the <b>Los Angeles Orthopaedic Hospital</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Using funding or materials from the California Institute for Regenerative Medicine ( <b>CIRM</b> )? If yes, please indicate the CIRM grant number.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Using <b>Affymetrix Chips</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Using funding from the <b>Parker Institute</b> for Cancer Immunotherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I confirm all funding sources, if any, that supported this invention are identified above:

**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.):

**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).

**INVENTION TIMELINE**

Event	Date
Initial Conception	
First description of complete invention (oral or written)	
First successful demonstration (first actual reduction to practice)	

**6. Relevant Prior Publications and Patents.** Please list any known relevant patents & publications.

**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)

**8. COPYRIGHTS.** Please note if you have developed any of the following:

<input type="checkbox"/> Audiovisual work	<input type="checkbox"/> Sound Recordings	<input type="checkbox"/> Literary work (document, questionnaire)
<input type="checkbox"/> Dramatic works, including any accompanying music	<input type="checkbox"/> Musical works, including any accompanying words	<input type="checkbox"/> Pantomimes and choreographic works
<input type="checkbox"/> Pictorial, graphic, and sculptural works	<input type="checkbox"/> Architectural works	<input type="checkbox"/> Mask Work

*If you are disclosing a copyrightable work, because copyright laws protect original works of authorship, which is more encompassing than inventorship under patent laws, please list any additional authors or creators who contributed to the work who are not already identified in Section 2 above.*

Full Name _____	Position _____
Company/University _____	Department(s) _____
UCLA ID (if applicable) _____	Citizenship _____
Work Telephone _____	Work Email _____
Home Address _____	Work Address _____
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Sign or type name _____	Date _____

*Please use the section below for additional inventors.*

**Additional Inventors** *(inventorship subject to legal review)*

Full Name _____	Position _____
Company/University _____	Department(s) _____
UCLA ID (if applicable) _____	Citizenship _____
Work Telephone _____	Work Email _____
Home Address _____	Work Address _____
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