|  |  |
| --- | --- |
| *CONFIDENTIAL*  *TDG Use Only* | |
| Case#: | |
| Date Received: | BDO: |
| Public Disclosures: | Jointly Owned: |
| Sponsors: | |

******

**INVENTION DISCLOSURE FORM**

The purpose of this Invention Disclosure Form is to notify UCLA’s Technology Development Group (TDG) of your invention and any sponsor or other third party rights. When completed, this becomes a legal document which may be relied upon during intellectual property proceedings. A detailed description of your invention should not be divulged to companies or others without first consulting with TDG.

If your invention has a software component, please complete TDG’s Software Disclosure Form *in addition to* this Invention Disclosure Form.

If you have associated technologies to report (non-patentable, non-software items such as know-how, data, protocols, tangible research materials (such as cell lines, mouse models and other reagents), or non-software copyrightable works), then please *also* complete TDG’s Associated Technology Disclosure Form.

This is an interactive form that may be filled out in Word. **Once completed, please submit this form along with any attachments via email to** [**innovation@tdg.ucla.edu**](mailto:innovation@tdg.ucla.edu).

For questions, please contact us at (310) 794-0558 or [innovation@tdg.ucla.edu](mailto:innovation@tdg.ucla.edu) or visit [Submit an Invention](https://tdg.ucla.edu/ucla-researchers-innovators/submit-invention)/[FAQs](https://tdg.ucla.edu/about/faq).

|  |
| --- |
| **1. INVENTION TITLE.**Please create a concise title that does not contain details that would enable others to replicate your invention. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. INVENTORS.**Note authorship and inventorship are not the same. Rather, inventorship is a legal determination. Generally, inventors are those who made a non-trivial intellectual contribution to the invention as claimed in the patent. Simply contributing to the invention’s reduction to practice (e.g., testing the invention or producing a physical embodiment of the invention) is generally not enough to qualify as an inventor. **In case of doubt, please speak with TDG.**  List the lead inventor inventor/primary contact first. | | | |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
| UCLA ID (if applicable) |  | Country of Citizenship |  |
| UCPATH ID (if apl.) |  |  |  |
| Work Telephone |  | Work Email |  |
| Home Address |  | Home City, State, Zip |  |
| This inventor is affiliated with: *(check all that apply)*  VA  HHMI  OHRC  Parker  Non-UC at time of invention  Visiting researcher; home institution: | | | |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
| UCLA ID (if applicable) |  | Country of Citizenship |  |
| UCPATH ID (if apl.) |  |  |  |
| Work Telephone |  | Work Email |  |
| Home Address |  | Home City, State, Zip |  |
| This inventor is affiliated with: *(check all that apply)*  VA  HHMI  OHRC  Parker  Non-UC at time of invention  Visiting researcher; home institution: | | | |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
| UCLA ID (if applicable) |  | Country of Citizenship |  |
| UCPATH ID (if apl.) |  |  |  |
| Work Telephone |  | Work Email |  |
| Home Address |  | Home City, State, Zip |  |
| This inventor is affiliated with: *(check all that apply)*  VA  HHMI  OHRC  Parker  Non-UC at time of invention  Visiting researcher; home institution: | | | |

***Note: The “Additional Inventors” section at the end of this form can be used to list more inventors.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3. FUNDING SUPPORT & THIRD PARTY MATERIALS USED.** List all funding (e.g., non-profit, federal, for-profit, foundations, etc.) and any third-party materials used to create the invention. If there are non-UC inventors or collaborators, please disclose any non-UCLA administered funding used to create the invention.  **Please note that accurate and complete funding information is necessary so that UCLA can comply with any sponsored research or third party agreements and federal law.** | | | | | | | |
| **Sponsor(s)** | | **Grant/Contract Number(s)** | | **Principal Investigator** | | **Administering Dept./Center** | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
| **Was the invention developed at/with any of the following:** | | | | | | | |
| Using materials received from a third party under an **MTA (e.g. equipment, cell lines, antibodies, software)**?  Yes  No  *Material Name:       Provider Name:       MTA #:* | | | | | | | |
| HHMI affiliated lab | VA funds or lab | | CIRM  Grant No. | | Parker Institute | | Apple |
| TANMS affiliated lab | PATHS-UP Research Center | | SRC | | Gates Fdn. | | AMRF |
| LA Orthopedic Hospital |  | |  | |  | |  |
| If no funding sources are indicated above, what financial support did the inventors rely on (e.g., personal funds, departmental funds)?  *List source here:* | | | | | | | |
| **I confirm all funding sources, if any, that supported this invention are identified above:** | | | | | | | |

|  |
| --- |
| **4. PUBLIC DISCLOSURES.** For any past or future publications or other public disclosures of the invention (conference presentations, posters, published abstracts, discussions with non-UCLA people, etc.), please provide the (1) estimated date and (2) forum for such disclosure. Note that patent rights may be lost if a patent is not filed prior to a public disclosure. |
|  |

|  |  |
| --- | --- |
| **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 understand how to make and use the invention 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”. \* | |
|  | |
| **INVENTION TIMELINE** | |
| **Event** | **Date** |
| Initial conception |  |
| First description of the complete invention (oral or written) |  |
| First successful demonstration of the invention |  |

|  |
| --- |
| **6. Relevant 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 your invention including specific contact information if available (e.g., email and phone number). | |
|  |  |
|  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **ADDITIONAL INVENTORS.** Use to list additional inventors that did not fit into section 2. | | | |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
| UCLA ID (if applicable) |  | Country of Citizenship |  |
| UCPATH ID (if apl.) |  |  |  |
| Work Telephone |  | Work Email |  |
| Home Address |  | Home City, State, Zip |  |
| This inventor is affiliated with: *(check all that apply)*  VA  HHMI  OHRC  Parker  Non-UC at time of invention  Visiting researcher; home institution: | | | |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
| UCLA ID (if applicable) |  | Country of Citizenship |  |
| UCPATH ID (if apl.) |  |  |  |
| Work Telephone |  | Work Email |  |
| Home Address |  | Home City, State, Zip |  |
| This inventor is affiliated with: *(check all that apply)*  VA  HHMI  OHRC  Parker  Non-UC at time of invention  Visiting researcher; home institution: | | | |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
| UCLA ID (if applicable) |  | Country of Citizenship |  |
| UCPATH ID (if apl.) |  |  |  |
| Work Telephone |  | Work Email |  |
| Home Address |  | Home City, State, Zip |  |
| This inventor is affiliated with: *(check all that apply)*  VA  HHMI  OHRC  Parker  Non-UC at time of invention  Visiting researcher; home institution: | | | |
| Full Name |  | Position |  |
| Company/University |  | Department(s) |  |
| UCLA ID (if applicable) |  | Country of Citizenship |  |
| UCPATH ID (if apl.) |  |  |  |
| Work Telephone |  | Work Email |  |
| Home Address |  | Home City, State, Zip |  |
| This inventor is affiliated with: *(check all that apply)*  VA  HHMI  OHRC  Parker  Non-UC at time of invention  Visiting researcher; home institution: | | | |