**HPHCI INVENTION DISCLOSURE FORM**

**Purpose of Form:**

This Invention Disclosure Form is submitted subject to and in compliance with HPHCI’s Intellectual Property Policy. Terms with initial capital letters that are not defined in this form have the meanings set forth in the Intellectual Property Policy and the Research Participation Agreement.

This Invention Disclosure Form is to be used to disclose Inventions that are made by Participants under the Intellectual Property Policy. For purposes of this Invention Disclosure Form: “Invention” shall mean any patentable invention as defined by the patent laws of any relevant jurisdiction, and any potentially patentable or useful idea, creation, innovation, enhancement, improvement, algorithm, alteration, discovery, formula, new approach, or new process, and shall include any and all associated or supporting technology that is required for development or application of such patentable or potentially patentable Invention.

Discoveries, developments, software code, tangible materials and other forms of Intellectual Property that are subject to the Intellectual Property Policy but are not Inventions should be disclosed using the HPHCI OTHER INTELLECTUAL PROPERTY DISCLOSURE FORM.

**The Disclosure Process:**

This form serves both to notify the Office of Sponsored Programs (OSP) of your invention and as a legal record of the invention and the date of conception. All completed disclosures are reviewed by OSP senior staff at bimonthly Intellectual Property Review meetings and those judged patentable and commercially viable are sent to outside patent counsel for further assessment of patentability. When an invention is accepted as commercially viable, HPHCI endeavors to work closely with the inventor(s) to commercialize the technology.

Remember to disclose your inventions to this office BEFORE you publish or publicly present your data! Public disclosure (see Section 4) of the invention may place severe limitations on available patent protection.

**Completion:**

This Invention Disclosure Form must be signed by all inventors who are Participants affiliated with HPHC or HPHCI. Inventors who are Participants affiliated with other entities, organizations or institutions should also sign the Invention Disclosure Form but if their signature cannot be obtained prior to submission, they should at least be identified with all contact information provided.

Please download the electronic Form, fill-out electronically and, upon completion, print for signature by all inventors and submit as follows: Please submit ***both a signed original and an electronic copy*** of the completed form to Amy Cabell, Office of Sponsored Programs, Harvard Pilgrim Health Care Institute.

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# INVENTION DISCLOSURE

**1. TITLE OF INVENTION:** (Brief, sufficiently descriptive to aid in identifying the Invention)

**2. FUNDING SUPPORT:**

**a. Describe the source of funding that supported the work leading to this Invention.** Include HPHC and HPHCI sources and all non-HPHC/I sources of funding, which may include government agencies, industrial sponsors, private agencies, foundations and others.

Principal Investigator Funding Source Name Grant/Contract No.

**b. If no funding was provided, was there use of any HPHC or HPHCI facilities or equipment?**

# YES NO

**c. Was material (biological, chemical or physical) OBTAINED FROM OTHERS to create this invention?**

# YES NO

**(i) If yes, did a Material Transfer Agreement or other document accompany the transfer?**

**YES  NO**

**(ii) Please name the institution/company involved in this transfer and describe the material   
 transferred:**

**3. DESCRIPTION OF THE INVENTION:** Please address the following:

**a. Describe the invention.**

#### b. Describe the unique feature(s) believed to be new and/or surprising and unexpected.

**c. Describe the commercial product(s) that could be developed from this invention.**

**d. Describe the present stage of development (concept only, in vitro data, in vivo data and/or clinical data) and the next steps you plan to take, if any.**

**e. Describe what is presently available or the standard of care in the field (therapy, diagnostic, device, etc) and how your invention is/would be better (faster, cheaper, safer and/or more effective).**

**4. PUBLIC DISCLOSURE / PUBLICATION PLANS**: A public disclosure includes oral or written disclosures, including without limitation abstracts, presentations at scientific meetings, public seminars, publications, awarded grants, disclosure to others outside of HPHC/I who have not signed a confidentiality agreement.

**a. Identify dates and circumstances of any such disclosures and submit an electronic copy of each along with your Invention Disclosure Form.**

**b. Indicate your future disclosure or publication plans.**

**5. POTENTIAL LICENSEES:** Provide as much detail as possible.

**a. List any commercial entities that may be interested in licensing this Invention.**

**b. List commercial entities, if any, that you specifically do not want contacted regarding this technology and please indicate why.**

***[signatures and inventor information on the following pages]***

**6. IDENTIFICATION OF CONTRIBUTOR(S) AND ASSIGNMENT:**

**I hereby declare that all statements made in this Invention Disclosure Form of my own knowledge are true and that all statements made on information and belief are believed to be true.**

**I/we the undersigned hereby assign all right, title and interest in this Invention, including without limitation all corresponding patent applications that are filed related thereto, and all letters patent issuing from such applications, anywhere in the world, to Harvard Pilgrim Health Care Inc. in accordance with the Harvard Pilgrim Health Care Institute Intellectual Property Policy, and agree to execute all documents as requested by HPHC/I to effect such assignment and to cooperate with HPHC/I in the protection and commercialization of the Invention.**

1. **Primary Contributor/Contact:**

Signed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed name (first, middle, last):

Institution:

Depart./Div.:

Tel.:

Email:

Citizenship (required by patent office):

Home Address (City, State required by patent office):

**Indicate Intellectual Contribution:**

**Conception**  **Experimental Design**  **Brainstorming**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Other Contributors: In addition to providing HPHC and HPHCI contributor information below, please provide all contact information for non-HPHC and non-HPHCI contributors even if they do not sign this Invention Disclosure Form**

*Attach sheet as necessary to accommodate additional contributors*

Signed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed name (first, middle, last):

Institution:

Depart./Div.:

Tel.:

Email:

Citizenship (required by patent office):

Home Address (City, State required by patent office):

**Indicate Intellectual Contribution:**

**Conception**  **Experimental Design**  **Brainstorming**

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*Additional contributors continued:*

Signed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Indicate Intellectual Contribution:**

**Conception**  **Experimental Design**  **Brainstorming**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Conception**  **Experimental Design**  **Brainstorming**

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**7. WITNESS STATEMENT:** Arrange for a witness to sign who has read and understood the disclosure.

**This invention was disclosed to and understood by me:**

Witness Printed Name: Phone:

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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