



TECHNOLOGY TRANSFER OFFICE

Invention Disclosure Form

By submitting this form, you agree to provide assistance to the Cedars-Sinai Technology Transfer Office for its commercialization efforts and, if applicable, to Cedars-Sinai’s outside patent counsel to assist with patent prosecution. Your responsibilities may include providing technical input, complying with deadlines and educating potential licensees about your invention. Failure to respond to any official requests for information or to comply with deadlines may lead to the abandonment of the patent process, which may hinder any potential commercialization activity.

The level of detail you provide on this form will affect the office's ability to assess the strength of the technology being submitted. If the provided space is insufficient, please attach a Word document. You also may attach any other documents related to the invention.

1. Title of Invention

Table with 5 columns: Inventor Name, Degree, Department, Percentage Contributed to Invention, Lead Inventor, Date. Contains 5 rows of inventor information.

Note: The order that Inventors are listed on this form will reflect the order that inventors will be listed on potential patent applications.



e. Was any of the material used in your discovery provided by a colleague at Cedars-Sinai?

f. Please identify the first public disclosure of this invention (publications, abstracts, electronic or soft copies, presentations, posters, etc.).

g. Please list any upcoming presentations or publications.

### 3. Invention Categories (Check all that apply)

Device     Therapeutic/prophylactic     Diagnostic     Tool     Algorithm/software/health IT

Comments:

<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Gene therapy	<input type="checkbox"/> Inflammatory disorders	<input type="checkbox"/> Organ transplant
<input type="checkbox"/> Drug delivery	<input type="checkbox"/> GI disorders	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Ortho/spinal disorders
<input type="checkbox"/> Drug discovery/screening	<input type="checkbox"/> Health IT	<input type="checkbox"/> Neurosciences	<input type="checkbox"/> Radiation control
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Imaging	<input type="checkbox"/> Oncology	<input type="checkbox"/> Research
<input type="checkbox"/> Stem cells	<input type="checkbox"/> Infectious diseases	<input type="checkbox"/> Surgery	

Comments:

### 4. Stage of Development (Check all that apply)

<input type="checkbox"/> Concept only	<input type="checkbox"/> In vitro data
<input type="checkbox"/> Initial data	<input type="checkbox"/> Animal data
<input type="checkbox"/> Full set of data, or prototype made	<input type="checkbox"/> Clinical data

Comments:

5. Historical Timeline for Invention	Date	References and Comments (Reference and attach annotated copies of any written records that substantiate the date of initial work. Such records can include notebook entries, letters, reports, etc.)
a. Initial idea (concept)		
b. When the work began (design)		
c. First time it was/will be used		
d. Other		
e. Describe your overall strategy, time commitment and funding available for continued development of your invention. Include a statement about your research plans for the next 12 months.		

## 6. Description of Invention

a. Describe your invention and what makes it novel. Reference attached sheets, if necessary, and include examples, drawings or other data. If the invention is described in a manuscript abstract or poster that is being prepared for publication, please attach a copy and provide the expected date of publication.

b. What problem is addressed by this invention? What is the purpose of your invention?

c. What attempts have been made in the past to solve this problem? What are existing solutions to this problem?

d. How does your invention improve upon and provide a unique advantage over existing solutions?

Depending on the nature of your invention, it may or may not be patentable. Please be advised that the Technology Transfer Office generally only pursues patent filing in the United States, unless there is substantive room for an exception, such as strong evidence of market demand for the technology in foreign countries. Please note that a patent prevents other parties from making, manufacturing, distributing and selling the technology. Because the U.S. alone represents approximately one-third of the potential world market for most technologies, any proposed expenditures for patent filing outside the U.S. must be substantiated.

## 7. Business Development

a. Describe how your invention could be offered as a commercial product or service.

b. Describe the customer base that could benefit from purchasing your invention.

c. What specific companies may be interested in your invention (development, production, sales, distribution, etc.)?

- d. If you strongly believe that this invention should be protected outside the U.S., please name the additional countries in which you would like to pursue patent filings and include the specific reasons why you believe an exception to allow foreign filings for this technology should be considered. (Please be reminded that Cedars-Sinai as a general rule does not pursue foreign filings. Accordingly, this request will be considered, but Cedars-Sinai is not obliged to pursue foreign patent filings.)

### 8 . Inventor Information

By signing this document, you agree to follow the rules and regulations proposed by Cedars-Sinai and the Technology Transfer Office for the creation, protection and commercialization of intellectual property. If at any time your research plans change and you will no longer be working on this invention, you agree to notify the Technology Transfer Office as soon as possible. Please check the box of the person you designate as the primary contact. ***Also, please make sure your department chair reviews the document and signs where applicable below.***

<b>Inventor #1</b> Primary contact <input type="checkbox"/> Employed by Cedars-Sinai? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," please name employer:		
Name:	Phone:	Best time to call:
Email address:	Alternate email address:	Country of citizenship:
Home address:	Signature:	Date:
<b>Inventor #2</b> Primary contact <input type="checkbox"/> Employed by Cedars-Sinai? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," please name employer:		
Name:	Phone:	Best time to call:
Email address:	Alternate email address:	Country of citizenship:
Home address:	Signature:	Date:
<b>Inventor #3</b> Primary contact <input type="checkbox"/> Employed by Cedars-Sinai? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," please name employer:		
Name:	Phone:	Best time to call:
Email address:	Alternate email address:	Country of citizenship:

Home address:	Signature:	Date:
<b>Inventor #4</b> Primary contact <input type="checkbox"/> Employed by Cedars-Sinai? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," please name employer:		
Name:	Phone:	Best time to call:
Email address:	Alternate email address:	Country of citizenship:
Home address:	Signature:	Date:
<b>Department Chair Approval (MANDATORY PER INSTITUTIONAL POLICY)</b>		
Name:	Signature:	
Department:	Date:	

(Please include multiple copies of this page if more than four inventors will be specified.)