**ALL QUESTIONS MUST BE COMPLETED IN ORDER TO BE PROCESSED**

Please email innovation@jefferson.edu with any questions about this form.

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Title.** Please provide a clear, plain language title describing what your invention is or does.

**2.** **Description of the invention**. Please provide a description which explains the idea being submitted and any supporting data and/or figures and graphs. This section may be completed by way of attachment of a manuscript, presentation, grant proposal or any other materials that would describe the invention. If using an email attachment please write “See Attached File [Name]” in the below space and replace [Name] with the name of the file attached.

**3. Previous or upcoming public disclosure of invention.** Please describe any past or upcoming publications, public disclosures or discussions about the invention outside of Thomas Jefferson University (“TJU”), e.g., publications, meeting abstracts, published grant abstracts, oral presentations, poster sessions, conversations…etc. If available, please provide electronic copies of any items referenced in this section by way of attachment and list the name of the attached file below.

**4. Funding.** Please list **ALL** funding used to generate data for this invention below. It is critical that ALL sources of funding are acknowledged, such as federal or state grants, including sub-awards; foundation or non-profit support of any kind; sponsored research agreements; TJU start-up packages; TJU departmental account funding; or gifts from individuals or organizations. If you did not use any funding to generate the invention you must explain why. If there were multiple sources of funding used please add additional “Funding Item” tables using the copy-paste function to add as many tables as necessary to accurately represent *all* funding used.

|  |  |
| --- | --- |
| **Funding Item I** |  |
| a. Name of the funding source |  |
| b. Title of grant  |  |
| c. Grant/contract no. if applicable |  |
| d. Principal Investigator(s) |  |
| e. Duration of the funding |  |
| f. Amount of the funding |  |

 No funding was used to generate this invention because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 A grant application to obtain supporting data for the invention was/will be submitted on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. A decision is expected around \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**5. Materials.** Please describe any materials you have received from any third party used to generate data for this invention. If multiple third party materials were used please add additional “Materials” tables using the copy-paste function to add as many tables as necessary to accurately represent *all* third party materials used**.** If no third party materials were used to generate the invention, please indicate by writing “None” below.

|  |  |
| --- | --- |
| **Materials I**  |  |
| a. Name of the providing institution/company |  |
| b. Name of the providing scientist if applicable |  |
| c. Name of materials |  |
| d. TJU MTA case number |  |
| e. Date materials received |  |

**6.** **Human Samples.** If applicable please list ALL human samples that were used to generate data for this invention. If human samples from multiple sources were used please add additional “Human Samples” tables using the copy-paste function to add as many tables as necessary to accurately represent *all* sources of human samples used. If no human samples were used to generate the invention, please indicate by writing “None” below.

|  |  |
| --- | --- |
| **Human Samples I** |  |
| a. Type of human samples |  |
| b. IRB control number |  |
| c. Study title |  |
| d. Sponsor  |  |
| e. Sponsor reference number |  |
| f. Duration of the approval  |  |
| g. PI’s name |  |

**7.** **Inventor Candidate Information.** Please provide the full names, affiliation (TJU or otherwise), home and work mailing addresses, email address, position, telephone numbers and citizenship for each inventor below. Using the copy-paste function please add as many “Inventor Candidate” tables as necessary to accurately represent *all* inventors.[[1]](#footnote-1)

|  |
| --- |
| **Inventor Candidate I** |
| NAME: Please list full legal name in the form of first, middle and last name below.FIRST MIDDLE LAST |
| AFFILIATION: Please note Thomas Jefferson University affiliation by listing title and department. If not formally associated with Thomas Jefferson University please list employer’s institution name and address. |
| FULL HOME ADDRESS (required by USPTO):  |
| FULL WORK ADDRESS: |
| TELEPHONE:  | EMAIL ADDRESS: | CITIZENSHIP: |

**8.** **Signature.** Please have *all* inventor candidates that are Thomas Jefferson University employees, staff, students or volunteers listed in the above section review this invention disclosure and sign and date below. Using the copy-paste function please add as many signature fields as necessary for *all* inventors with a Thomas Jefferson University affiliation to be able to sign the agreement.

I (We) submit this invention disclosure in compliance with the patent and copyright policies of Thomas Jefferson University as fully described at: <https://tjuh.jeffersonhospital.org/policy/index.cfm/universitypnp/view/id/10335>[[2]](#footnote-2) I hereby assign all rights in the invention disclosed herein, including any patent applications related hereto, to Thomas Jefferson University.

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

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please note that inventorship in regards to patents is a legal decision, based on US patent laws and therefore inclusion on this list is not definitive of one’s inclusion or exclusion from inventorship per se. [↑](#footnote-ref-1)
2. Please note, this link only works when one is logged onto a Thomas Jefferson University network. If you are unable to access the link or open the Patent Policy for any reason please email innovation@jefferson.edu to request that a pdf of the policy be emailed to you. [↑](#footnote-ref-2)