****

**Beaumont Commercialization Center**

**Invention Disclosure Form**

Researchers at Beaumont are creating solutions to solve some of healthcare’s most challenging problems. Because of their work, researchers create tools, technologies and make discoveries and inventions that have the capacity to improve patient lives. The Beaumont Research Institute, through the Beaumont Commercialization Center (BCC), is responsible for sharing such tools, technologies, discoveries, and inventions so that all may benefit.

The Invention Disclosure Form (IDF) serves as an official record of invention with Beaumont. The IDF serves the dual purpose of (a) apprising Beaumont of your creation and (b) providing sufficient information for the BCC to evaluate your creation for its suitability for commercialization. The information requested in the IDF also enables BCC to fulfil certain reporting obligations to the U.S. Government or other sponsors of your research.

**General Instructions**

* We encourage you fill the IDF completely but if you’re unsure how to answer a question, leave it blank and we’ll assist you in addressing it.
* You can send the completed IDF via hard copy, or scan and email us a signed version. If you’re filling this IDF electronically, we request that you send us a word version in addition to a scanned version (with signatures).
* If you have additional manuscripts accompanying the IDF, you can email them along at the address provided on the last page of this IDF.

**Computer Instructions**

* Move from box to box by using your mouse or the TAB key (not the arrow keys)
* Select/Deselect a box by left-clicking on the box with your mouse

|  |
| --- |
| **BCC Internal Use Only**  **Beaumont Tech ID #:**  **Date IDF Received:**  **IP Acknowledgement from all inventors:**  Yes  No |

|  |  |  |
| --- | --- | --- |
| **Invention Disclosure – General Information** | | |
| **Name and Department:** |  | |
| **Date:** |  | |
| **Phone:** |  | |
| **Email:** |  | |
| **Invention Title:** |  | |
| **Invention Domain**  (check all that apply) | |  |  |  | | --- | --- | --- | | Medical Device | Diagnostic | Material | | Therapeutic | Research Tool | Vaccine | | Software | Imaging | Educational Material (Multimedia  Written, Tapes, Books) | | |
| **Invention Taxonomy**  (clinical application area) | |  |  |  | | --- | --- | --- | | Anesthesia | Cancer | Dermatology | | Family Medicine | Gastrointestinal | Genetics | | Emergency Services | Endocrinology | Heart & Vascular | | Medicine | Neurology | Nursing | | OB/GYN | Ophthalmology | Orthopedics | | Otolaryngology | Pathology/Lab Service | Pediatrics | | Pulmonology | Urology | Other: | | |
|  |  | |
| **Detailed Description:**  Describe your invention in sufficient detail to facilitate a review of whether or not the technology should be protected. Attach additional sheets if needed; attach draft manuscripts, abstracts, or grant applications describing the invention, if any. | |  |
| **Records:**  List the laboratory record book numbers(s) or databases where the technology is recorded. | |  |
| **Applications:**   1. Describe the potential commercial utility of the invention. 2. Are you aware of specific firms with interest in   acquiring this technology?   1. Have others outside the organization been   working with similar technology? | | a. |
|  | | b. |
|  | | c. |
| **Existing Technology:**   1. Describe competitive technology currently used to achieve the desired outcome in absence of this invention. 2. List known competitors. | | a. |
|  | | b. |
| **Advantages:**  Describe the advantages of the invention over existing technology. | |  |
| **Use of Proprietary Materials:**  Indicate whether any aspect of the invention is predicated on, or was made possible by use of, proprietary materials obtained from an outside individual or institution. | |  |
| **Collaborating Research:**  If your technology arose out of a research collaboration with an outside third party (university, research institute, contract research organization, etc.) please identify the third parties and provide research contact or principle investigator. | |  |
| **Prior Disclosures:**  Has the invention been disclosed or will it be disclosed in any scientific forum (publication, abstract, or oral presentation)?  *User or disclosure of the technology to the public may prevent the issuance of a valid patent. Describe any such commercial or public use or disclosure so that we may determine its impact on patentability.* | | NO  YES - If yes, Disclosed where:  Date disclosed: |

* **Copies of all of your prior publications, abstracts or presentations related to this invention must be attached.**
* **Please attach copies of any publications you have that relate to the invention.**
* **This information will be valuable in determining if this invention is patentable.**

|  |  |
| --- | --- |
| **Documentation of Discovery** | |
| Date invention conceived: |  |
| Date invention disclosed, if disclosed to any party: |  |
| To whom disclosed: |  |
| The workability of your technology has been demonstrated by the following:  (check the box next to all applicable items and attach any relevant documents). | Actual tests (in the laboratory or otherwise)  If yes, state the date, details of its use and include all data): |
| Engineering design studies or analysis |
| Theoretical considerations |
| Date first drawing or sketch was made: |  |
| Date invention was reduced to practice:  (Date first product or model was made). |  |
| Are prototypes available? | No  Yes |
| Is additional design work necessary prior to decision committee review? | No  Yes |
| Is further work upon the technology planned? | No  Yes |
| Has the invention been distributed to any third parties or other researchers and if so, when was the earliest date of distribution | No  Yes – If **Yes**, when was the earliest date of distribution |
| Has the invention been tested? | No  Yes- If **Yes**, State the date:  Describe the results, and include all data: |
| Has the invention been used? | No  Yes- If **Yes**, State the date:  Details of its use, and include all data: |
| Has the invention been placed in commercial distribution? | No  Yes- If **Yes**, when was the earliest date of distribution? |

|  |  |  |
| --- | --- | --- |
| **Funding and Support for Invention** | | |
| Please indicate whether development of the invention was supported in any way by funds from an outside source:  NO  YES- If **yes,** check one or more and provide agency name and award number below:  Federal Government  Research Institute  Company  Private Gift | | |
| If YES, above, please provide the following: | | |
| 1 | Agency/ Funding Source Name: | Award Number: |
| 2 | Agency/ Funding Source Name: | Award Number: |
| 3 | Agency/ Funding Source Name: | Award Number: |
| 4 | Agency/ Funding Source Name: | Award Number: |

**If development of the project was aided by more than one source of outside funding, please provide the above information for each source.**

|  |  |
| --- | --- |
| How much of the work was done at Beaumont Health? | % |
| Was any of the following used? | Beaumont Equipment:  No  Yes - Describe: |
|  | Beaumont Facilities: e.g., research laboratories, etc.:  No  Yes - Describe: |

|  |
| --- |
| **Royalty Distribution** |
| If there is more than one contributor, the parties must come to agreement on the distribution of royalties, prior to patent application. Please indicate below how the royalties received from commercialization of this invention should be distributed among the contributors. If there are more than eight contributors, please list all and the desired % royalty split on a separate page)  Distribute Equally  Distribute as Follows:   |  |  | | --- | --- | | **Percentage** | **Name of Contributor** | | **%** |  | | **%** |  | | **%** |  | | **%** |  | | **%** |  | | **%** |  | | **%** |  | | **%** |  | | **= 100 %** |  | |

|  |
| --- |
| **CONCURRENCE:**  The undersigned contributors certify all of their prior publications, abstracts, or public presentations on any topic relevant to this invention disclosure have been revealed in this application. The contributors also certify this invention contains some element of original work and is not derived as a whole from another source.  The contributors hereby signify their approval of the proposed distribution of royalties as shown above.   * **Each contributor must sign this document.** * **If there are more than eight contributors, please use multiple pages and list all contributors.** |

|  |  |
| --- | --- |
| **Contributor 1 Name:**  **(Lead Inventor) \*** |  |
| Institution(s): |  |
| Department: |  |
| Email: |  |
| Phone: |  |
| Describe contribution made by individual 1: |  |
| Signature: |  |

|  |  |
| --- | --- |
| **Contributor 2 Name:** |  |
| Institution(s): |  |
| Department: |  |
| Email: |  |
| Phone: |  |
| Describe contribution made by individual 2: |  |
| Signature: |  |

|  |  |
| --- | --- |
| **Contributor 3 Name:** |  |
| Institution(s): |  |
| Department: |  |
| Email: |  |
| Phone: |  |
| Describe contribution made by individual 3: |  |
| Signature: |  |

|  |  |
| --- | --- |
| **Contributor 4 Name:** |  |
| Institution(s): |  |
| Department: |  |
| Email: |  |
| Phone: |  |
| Describe contribution made by individual 4: |  |
| Signature: |  |

|  |  |
| --- | --- |
| **Contributor 5 Name:** |  |
| Institution(s): |  |
| Department: |  |
| Email: |  |
| Phone: |  |
| Describe contribution made by individual 5: |  |
| Signature: |  |

|  |  |
| --- | --- |
| **Contributor 6 Name:** |  |
| Institution(s): |  |
| Department: |  |
| Email: |  |
| Phone: |  |
| Describe contribution made by individual 6: |  |
| Signature: |  |

|  |  |
| --- | --- |
| **Contributor 7 Name:** |  |
| Institution(s): |  |
| Department: |  |
| Email: |  |
| Phone: |  |
| Describe contribution made by individual 7: |  |
| Signature: |  |

|  |  |
| --- | --- |
| **Contributor 8 Name:** |  |
| Institution(s): |  |
| Department: |  |
| Email: |  |
| Phone: |  |
| Describe contribution made by individual 8: |  |
| Signature: |  |

\*The Lead Inventor will be BCC’s main contact for the invention and is responsible for sharing correspondence with other inventors listed on this document and assisting in the completion of tasks.

**This application prepared by:**

|  |  |
| --- | --- |
| Name: |  |
| Department: |  |
| Phone Number: |  |
| Email Address: |  |
| Signature: |  |
| Date: |  |

**Contact/Submission Information:**

Please address all questions and return both a signed original and an electronic copy of the completed IDF to BCC:

**Jaideep Rajput**

Director, Commercialization

3811 West 13 Mile Road | Royal Oak, MI 48073-6769

(O): 248.551.0255 | Email: [Jaideep.Rajput@Beaumont.org](mailto:Jaideep.Rajput@Beaumont.org)