Medical College of Wisconsin

Discovery/Invention Disclosure

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

Please try and answer **all** questions on the form.

Information in this report is disclosed pursuant to rights and obligations of researchers and the Medical College of Wisconsin (MCW) as specified in the Patent and Copyright Policies of the Medical College of Wisconsin (<https://infoscope.mcw.edu/Corporate-Policies/Patent-Copyright.htm>).

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| --- | --- | --- | --- |
| Today’s Date: |  | MCW Case Number (leave blank): |  |

1. **Brief descriptive title of discovery/invention:**
2. **Discoverer(s):**

*NOTE: Please provide the full name and address of all MCW faculty, fellows, students or employees along with any non-MCW personnel who made a contribution to this discovery by helping to conceive the idea, design the experiments that led to the discovery, evaluate the results of these tests, or otherwise directly contribute to the invention. Do NOT include the names of individuals who contributed in the following ways: providing encouragement, funds, work space, or worked at the direction of another (e.g. laboratory technician). If any person holds a joint appointment at the Zablocki VA Medical Center (including a Without Compensation (WOC) appointment), or you are affiliated with the Blood Research Institute, the Children’s Research Institute, or any other university, company or governmental agency, note that fact below. Attach additional sheets if necessary.*

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| First Name |  |
| Middle Name |  |
| Last Name |  |
| Degree |  |
| Nature of Contribution |  |
| Work Address |  |
| Home Address |  |
| Work Phone |  |
| Home Phone |  |
| Fax Number |  |
| E-Mail Address |  |
| Title and MCW Department  Affiliations(s) |  |
| Other Affiliations | Zablocki VA: Yes\_\_\_\_\_ No\_\_\_\_\_  Blood Research Institute: Yes\_\_\_\_\_ No\_\_\_\_\_  Children’s Research Institute (CRI): Yes\_\_\_\_\_ No\_\_\_\_\_  Children’s Specialty Group (CSG): Yes\_\_\_\_\_ No\_\_\_\_\_  Other Affiliation (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_:Yes\_\_\_\_\_ No\_\_\_\_\_ |
| Citizenship |  |

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| Middle Name |  |
| Last Name |  |
| Degree |  |
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| E-Mail Address |  |
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| Degree |  |
| Nature of Contribution |  |
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| E-Mail Address |  |
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| Citizenship |  |

1. **Description of Invention:**

*NOTE: Please provide a concise background and description of the discovery/invention in the space below. The description should convey a clear understanding, to the extent known, of the nature, purpose, operation, and the physical, (bio)chemical, and/or functional characteristics of the invention. This description may be provided to sponsoring agencies as required.*

1. **Chronology of Conception and Development:**
2. I/we conceived of this idea for this discovery/invention as early as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Date)
3. The first written record related to this discovery/invention (e.g. laboratory notebook) was on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Date)
4. Date of any public disclosure, either orally or in writing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: This includes posting on a website, invited talk, poster session, abstract or other scientific publication, or any other manner). If no public disclosure has occurred, enter“NONE”.)*

To whom was the public disclosure made? (Provide details on date, place, journal, etc.)

1. This discovery/invention was first shown to work on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Date)

*NOTE: If invention is new compound (composition of matter) or device, this would be the date it was first created. If the invention is a new process, this would be the date it was first shown to work as intended.*

1. The current state of development of this discovery/invention is shown below:

*NOTE: Please check the boxes to indicate how far the development of this technology has progressed.*

|  |  |
| --- | --- |
| Concept |  |
| Drawings |  |
| Prototype |  |
| Tested In Vitro in Medium |  |
| Tested in Computer Simulation |  |
| Tested In Vitro in Cell Culture |  |
| Tested with Animal Tissue |  |
| Tested with Human Tissue |  |
| Tested In Vivo in Animals |  |
| Tested In Vivo in Humans |  |

1. Source of funds:

*NOTE: List sources of all federal, non-federal, including MCW institutional funds that supported the work that gave rise to this discovery/invention. This list should include funds used to support the salaries and the work performed by the inventors listed in Item 2, above, as well as funds used to pay technicians, purchase supplies and services. If you list more than one funding source, check the box next to the grant that you consider to be the primary source of funding support.*

|  |  |  |
| --- | --- | --- |
| **SPONSORING AGENCY** | **GRANT/CONTRACT NUMBER** | **PRIMARY SOURCE**  **(Check One)** |
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| --- | --- |
| Was this invention supported by funds from Children’s Wisconsin, CRI, CSG or Children’s Foundation? | Yes: \_\_\_\_ No: \_\_\_\_ |
| Was this invention supported by Herma Heart Institute Funds? | Yes: \_\_\_\_ No: \_\_\_\_ |

1. Related Third-Party Agreements.

*Note: Identify any agreements that the inventors or MCW may have entered into with any agency, for-profit company or funding source that you believe may grant rights of any sort to this discovery/invention, including the requirement that we notify them of this discovery/invention. These agreements could include material transfer agreements, commercially sponsored research agreements, consortia agreements, consulting agreements, and confidentiality agreements, etc.).*

If none, check here .

1. Date and place of publication or anticipated publication describing the discovery/invention and its use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Note: To the extent not identified in 4.c. above, identify the date and place (e.g. the name of a specific journal) of any publication regarding the discovery (whether publication has occurred or is projected), or any published abstract (e.g. from a poster session or talk). Attach copy of publication, abstract or submitted manuscript, if available.*

1. List one or two publications which illustrate known uses for inventions/discoveries of this general type or describe best known practices in the field:
2. Briefly describe the commercial embodiments of this discovery/invention:

*Note: If a commercial entity were granted a license to your discovery/invention, what products or services might be developed for sale on the commercial market.*

1. In your opinion, how would these new products be superior to those already on the market?
2. Please list any commercial firms which may be interested in developing products or services using your discovery/invention.
3. Name of person filing report:

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

1. Signatures of Discoverers in Item 2, above:

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

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

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

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

**THIS DISCOVERY/INVENTION DISCLOSURE REPORT SHOULD BE FORWARDED VIA EMAIL OR INTEROFFICE MAIL TO:**

Office of Technology Development

The Medical College of Wisconsin, Inc.

[inventions@mcw.edu](mailto:inventions@mcw.edu)