

**RUSH UNIVERSITY MEDICAL CENTER**  
**INVENTION DISCLOSURE REPORT**

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*Please complete the appropriate questions on this form send the original signed hardcopy of the form to the Rush Intellectual Property Office, Suite 470 TOB, attn. Matthew Raymond, PhD. You may forward an electronic version to [matthew\\_raymond@rush.edu](mailto:matthew_raymond@rush.edu). Prior to completing this form, you may call Matt at 312-563-2780 to schedule an appointment and discuss your invention in person.*

**The invention herein described is being submitted in accordance with the terms of the Medical Center's Policy Regarding Patents, Copyrights and Licenses Resulting from Discoveries, Inventions, Writings and Other Work Products.**

**1. Individual Submitting this Report**

Name:

Title and Department:

Work Address:

Home Address:

E-mail Address:

Work Phone Number:

Home Phone Number:

**2. Concise Title of the Invention**

**3. Abstract of the Invention**

Please provide a concise abstract describing the invention in the space provided below or as an attachment. The abstract should provide a clear description of the nature, purpose, and operation of the invention and the chemical, biological, medical, physical, and electrical characteristics of the invention. This abstract may, when required, be provided to sponsoring agencies.

**4. Objectives and Commercial Application of the Invention**

Please provide a description of the results or objectives achieved by the invention. Please also provide a description of the commercial uses or application of the invention. A manuscript may be attached as part of this description.

**5. New Features of the Invention**

Please provide a description discussing features of the invention that are believed to be new or an improvement over existing technologies.

## 6. Names of Contributors

Please provide the complete name, address, and citizenship information for all individuals that have worked on the invention by conceiving or elaborating on the invention, by proposing experiments relating to the invention, by evaluating experimental results, by contributing features in the implementation of the invention, or otherwise contributing concepts used in the invention other than entirely directed labor. Please indicate which, if any, of the individuals listed is not associated with Rush Presbyterian-St. Luke's Medical Center.

### A. First Contributor

Full Name:

Title and Department

Affiliation(s):

Citizenship:

Home Address:

Home Phone No.:

Work Address:

Work Phone No.:

E-Mail Address:

Fax Number:

Nature of  
Contribution:

### B. Additional Contributors

Full Name:

Title and Department

Affiliation(s):

Citizenship:

Home Address:

Home Phone No.:

Work Address:

Work Phone No.:

E-Mail Address:

Fax Number:

Nature of  
Contribution:

**\*Please use additional sheets for additional individuals if applicable.**

## 7. Dates Related to Conception and Development of the Invention

### A. Earliest Known Conception Date.

Please provide the earliest date on which the invention was conceived. Please also provide a reference to substantiating evidence if available. Examples include references to grant proposals and notebook pages.

### B. First Written Record of the Invention.

Please provide the date of the first written record that describes the invention and a reference for this written record.

### C. Date and Results of First Test of the Invention.

Please provide the earliest date on which the invention was tested and shown to work or reduced to practice. Please also provide a reference to substantiating evidence if possible. Please also provide the name of an individual that witnessed the successful testing or demonstration of the invention.

### D. Disclosure Dates.

Please provide a chronological list of the dates of all public disclosures of the invention. Please provide a description of the disclosure and describe to whom the invention was disclosed.

E. Publication Dates.

Please provide a list and copy of all publications related to the invention including those authored by the contributors and those authored by others. Please also provide a list and copy of all manuscripts submitted for publication and potential publication dates for these manuscripts. Please contact the Office of Research Affairs before any future manuscripts/publications concerning the invention are submitted.

F. Planned Disclosure Dates.

Please provide a list of all planned upcoming disclosures related to the invention. Please also provide the dates for any upcoming disclosures. Please contact the Office of Research Affairs before planning any new public disclosures of the invention.

G. Offers for Sale.

If the invention has been offered for sale, please describe when, where, and to whom the invention was offered for sale. Please contact the Office of Research Affairs before offering the invention for sale to anyone.

**8. Contributions of the Medical Center to the Invention**

Please answer the following questions.

- A. Please provide a description of the Medical Center's contribution to the invention in the following categories.
  - i. Funds:
  - ii. Manpower:
  - iii. Space/Facilities:
  - iv. Equipment:
  
- B. What additional efforts will be necessary to perfect the invention and protect the Medical Center's efforts?
  - i. Cost for Supplies:
  - ii. Cost for Labor:

**9. Role of the Medical Center in the Invention**

Please answer each of the following questions.

- A. Was the invention developed as a result of research carried on by, or under the direction of, any employee, student, or member of the faculty or medical staff of the Medical Center and having the costs thereof paid from Medical Center Funds or from funds under the control of, or administered by, the Medical Center?

- B. Was the invention developed as a result of an employee's, student's, or member of the faculty or medical staff's duties with the Medical Center, whether expressly stated or not?
  
- C. Was the invention developed in whole or in part utilizing Medical Center personnel, resources, or facilities?

**10. Funding for the Invention**

Please answer each of the following questions.

- A. Please identify and list the sources and amounts of all federal and non-federal grant or contract funds used to support the individuals identified in question 6 during the start of the period starting with that set forth in question 7A and continuing to the present whether or not used in the making of the invention. Identify each source by sponsoring agency, agency grant or contract number (if applicable) and Medical Center account number (if available).

	<u>Sponsoring Agency</u>	<u>Agency Grant or Contract #</u>	<u>Medical Center Account No.</u>	<u>Grant/contract termination date</u>
1.				
2.				
3.				
4.				
5.				
6.				

- B. Identify which of the sources listed above in A, contributed to the development of the invention. Sources of the relevant portion of salaries and of money for supplies and services should be considered.
- C. Identify any agreements that you have entered into with any fund provider identified in A above or any other agreement that you believe may grant a right of any type in this invention to a company or other non-governmental party (consulting agreements, consortia agreements, commercially sponsored research agreements, material transfer agreements, etc.)
- D. If any federal funds were identified in A above, please provide the following information for the federal agency which is the primary fund provider for the invention.

Primary Federal Agency:

Agency Grant or Contract No.:

Medical Center Account No.:

## **11. Potential Licensees**

Please provide a list of potential licensees or companies that the Medical Center should contact with reference to licensing this invention or for funding further development or research in the area of this invention.

