



**Technology & Research Collaborations
Invention and Intellectual Property Disclosure Form**

University ID#: _____
Edison Reporting #: _____
Date Received: _____

The information contained in this form is confidential and may not be distributed or copied without written permission

Invention/Technology Title:

Please list OHSU and non-OHSU inventors including all affiliations and joint appointments. “% Contribution” refers to the relative input of each inventor and will be used to calculate and distribute any licensing income payable to OHSU inventors.

Inventor 1 (Primary Contact)

Name:		Title:	
% Contribution:	Institution (OHSU, VAMC, Other):		
Department & Unit:		Mail Code:	Work Phone:
Email Address:			Work Fax:

Inventor 2

Name:		Title:	
% Contribution:	Institution (OHSU, VAMC, Other):		
Department & Unit:		Mail Code:	Work Phone:
Email Address:			Work Fax:

Inventor 3

Name:		Title:	
% Contribution:	Institution (OHSU, VAMC, Other):		
Department & Unit:		Mail Code:	Work Phone:
Email Address:			Work Fax:

Inventor 4

Name:		Title:	
% Contribution:	Institution (OHSU, VAMC, Other):		
Department & Unit:		Mail Code:	Work Phone:
Email Address:			Work Fax:

8. Please indicate all funding involved in making the invention. Include sources for materials, equipment and/or salaries of personnel:

a. Some / All / No (circle one) funds from unrestricted University/Departmental budget.

b. Some / All / No (circle one) funds from federal or non-profit granting agencies.

Agency

Grant or Contract #

Grant or Contract Period

c. Some / All / No (circle one) funds from companies or other organizations.

Company/Organization

Grant or Contract #

Grant or Contract Period

9. Did the creation of this invention or technology use any grant funding, time, space, equipment or other resources of the Veterans Administration or the Shrine? Yes___ No___. If yes, please describe.

10. Were biological materials or any other materials used in the development of the invention or technology? Yes___ No___. If yes, what were these materials?

Were these materials developed at OHSU? Yes___ No___. If yes, what was the source of the materials?

Were there any written agreements regarding materials? Yes___ No___. If yes, please attach copies.

11. Companies which might be interested in further development of the invention (Include names and telephone numbers of contacts, if known):

OHSU Inventor Signatures

The undersigned declare that they are the true and only originator(s) of the invention disclosed to Oregon Health & Science University. By signing, OHSU inventors recognize that as a requirement of employment at OHSU, they have assigned all right, title and interest in this invention or technology to Oregon Health & Science University.

The following information is considered confidential and is required if any patent applications are to be filed on the disclosed technology.

<p>Primary Contact</p> <p>Inventor 1: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Citizenship: _____</p> <p>Home Address: _____</p> <p>_____</p>	<p>Inventor 2: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Citizenship: _____</p> <p>Home Address: _____</p> <p>_____</p>
<p>Inventor 3: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Citizenship: _____</p> <p>Home Address: _____</p> <p>_____</p>	<p>Inventor 4: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Citizenship: _____</p> <p>Home Address: _____</p> <p>_____</p>

Please Attach:

Any publications and materials pertaining to the invention or technology such as published articles, manuscripts, theses, reports, preprints, news releases, items from internal publications, patents and descriptions of any related biological material. *(Please refer to questions 3, 7 and 10 for additional attachments.)*

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