

OHSU Technology Transfer
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OREGON HEALTH & SCIENCE UNIVERSITY TECHNOLOGY DISCLOSURE FORM

This document enables OHSU Technology Transfer to log and evaluate our technologies. Questions? Contact us at 503-494-8200.

A. TECHNOLOGY

Enter a title describing the invention, new material, or copyrightable work ("Technology") without revealing specific details that enable reproduction.

1. Key features and benefits of the Technology.

Please note: if you are uncertain whether a feature is novel, feel free to leave the novel column unmarked.

List Key Features	Novel?	Benefits
	Yes / No	
	Yes / No	
	Yes / No	

2. Overview of Technology.

Please include exact name of new cell line, software, prototype, etc.

3. Technical description.

Please include drawings, schematics, figures etc. necessary to explain how the invention works or may work.

4. List advantages over other technologies.
Please include names of the competing and/or similar technologies and products.

5. In your opinion, how should the Technology be commercialized?
Leave blank if unclear.

B. COMPANIES

Based on your knowledge, please list the companies that are, or may be, interested in manufacturing, using, and/or further developing your Technology. If contact information is provided, we will not contact such individuals until we receive your explicit approval.

Company	Contact Information (name, email, etc.)	Comments
OHSU Technology Transfer interfaces with companies regarding R & D opportunities. Are you open to collaborating with such companies regarding the Technology?		Yes / No

C. PUBLIC DISCLOSURES

Please include information regarding disclosures of the Technology in past and future publications and past and future oral presentations. Past disclosures may affect patent rights.

	Disclosure Date and Comments	Please Provide
List all past publications describing the Technology.		<input type="checkbox"/> copy of publication <input type="checkbox"/> online link
List all oral presentations describing the Technology.		<input type="checkbox"/> slides <input type="checkbox"/> handouts
Potential publication and/or public oral disclosure (include anticipated disclosure date).		<input type="checkbox"/> copy of manuscript <input type="checkbox"/> abstract

D. FUNDING SOURCES

Please include all university departments or divisions, federal agencies, outside agencies, organizations, and companies that provided any funding that led to the creation, initial idea and/or proof of concept of the Technology. Note: this information is required pursuant to 37 CFR 401.14.

Sponsor	Grant Number	Principal Investigator

E. MATERIALS NOT PURCHASED

Please list any materials used in the creation of the Technology that were a) obtained from outside of OHSU and that were not purchased, or b) obtained from a group within OHSU. Restrictions may apply to the Technology if made with the use of certain materials.

Material	Source	Agreement in Place?
		Yes / No / Uncertain
		Yes / No / Uncertain
		Yes / No / Uncertain

F. NON-OHSU CONTRIBUTORS

If a contributor is not an OHSU employee or agent, please provide information below. Please note that non-OHSU contributors do not sign this document.

Non-OHSU Contributor Name	Employer	Position
Nature of Contribution (please provide information explaining why this person is a co-contributor)		Email

Non-OHSU Contributor Name	Employer	Position
Nature of Contribution (please provide information explaining why this person is a co-contributor)		Email

G. OHSU CONTRIBUTORS AND ASSIGNMENT

List all OHSU employees and agents who **intellectually** contributed to the Technology. For the "Position" box, "VA Affiliated" means any person who is a regular salaried VA Portland Health Care System ("Portland VA") employee, Portland VA employee hired under an intergovernmental personnel agreement, without compensation Portland VA employee, or Portland VA employee that holds a dual appointment with OHSU.

OHSU affiliated employees and agents at the time of their contribution to the Technology described in this Technology Disclosure Form must sign below, except HHMI staff (who should not sign below).

By signing below, I (we) hereby assign all right, title, and interest in the Technology to OHSU and agree to execute all documents as requested, including but not limited to any documents assigning to OHSU our rights in any patent application filed on this invention, and to cooperate with the OHSU Technology Transfer and Business Development Office in the protection of this Technology. (If the person signing is a Portland VA employee who holds a dual appointment with OHSU, the above assignment is made by such person jointly to OHSU and the Department of Veterans Affairs.) OHSU royalty income derived from the Technology will be shared in accordance with OHSU Intellectual Property and Royalty Distribution Policy No. 04-50-001.

The above assignment does not limit or otherwise affect any previous intellectual property assignment, including but not limited to any Confidentiality and Intellectual Property Assignment Agreement, executed by the undersigned in favor of OHSU. (If the person signing is a Portland VA employee who holds a dual appointment with OHSU, the above assignment does not limit or otherwise affect any previous intellectual property assignment executed by the undersigned in favor of OHSU and the Department of Veterans Affairs.) Contributors may sign on separate sheets if necessary.

Contributor Name (enter primary contact here)	OHSU Email	Position <input type="checkbox"/> VA Affiliation (see instructions) <input type="checkbox"/> HHMI <input type="checkbox"/> Other: _____
Nature of Contribution (please provide information explaining why this person is a co-contributor)		OHSU Dept.
Signature (see instructions above)	Date	Home Address

Contributor Name	OHSU Email	Position <input type="checkbox"/> VA Affiliation (see instructions) <input type="checkbox"/> HHMI <input type="checkbox"/> Other: _____
Nature of Contribution (please provide information explaining why this person is a co-contributor)		OHSU Dept.
Signature (see instructions above)	Date	Home Address

Contributor Name	OHSU Email	Position <input type="checkbox"/> VA Affiliation (see instructions) <input type="checkbox"/> HHMI <input type="checkbox"/> Other: _____
Nature of Contribution (please provide information explaining why this person is a co-contributor)		OHSU Dept.
Signature (see instructions above)	Date	Home Address

Completed forms should be sent to techmgmt@ohsu.edu. Questions? Contact us at 503-494-8200.