# OREGON HEALTH & SCIENCE UNIVERSITY

**TECHNOLOGY DISCLOSURE FORM**

*This document enables Technology Transfer to log and evaluate the technology. Please call 503-494-8200 with any questions.*

**A. TECHNOLOGY**

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

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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.*

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| --- | --- | --- |
| **List Key Features** | **Novel?** | **Benefits** |
|  | Yes / No |  |
|  | Yes / No |  |
|  | Yes / No |  |

1. Overview of Technology.

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

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1. Technical description.

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

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1. List advantages over other technologies.

*Please include names of the competing and/or similar technologies and products.*

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1. In your opinion, how should the Technology be commercialized?

*Leave blank if unclear to you.*

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**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.

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

1. **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.*

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|  | **Disclosure Date and Comments** | **Please Provide** |
| **List all past publications describing the Technology.** |  | copy of publication  online link |
| **List all oral presentations describing the Technology.** |  | slides  handouts |
| **Potential publication and/or public oral disclosure (include anticipated disclosure date).** |  | copy of manuscript  abstract |

1. **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.*

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| **Sponsor** | **Grant Number** | **Principal Investigator** |
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1. **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.*

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

1. **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** |

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

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1. **OHSU CREATORS 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 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.) Further, by signing this Technology Disclosure Form, each Creator represents and warrants that there is no other current or past OHSU employee who should be deemed a Creator of the intellectual property described herein, who isn’t named in this Section G. Determination of Creators and the distribution of OHSU licensing income derived from the Technology shall be 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.) Creators may sign on separate sheets if necessary.

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| **Creator Name** (enter primary contact here) | **OHSU Email** | **Position**  VA Affiliation (see instructions)  HHMI  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Nature of Contribution** (please provide information explaining why this person is a co-contributor) | | **OHSU Dept.** |
| **Signature** (see instructions above) | **Date** | **Home Address** |

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| **Creator Name** | **OHSU Email** | **Position**  VA Affiliation (see instructions)  HHMI  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Nature of Contribution** (please provide information explaining why this person is a co-contributor) | | **OHSU Dept.** |
| **Signature** (see instructions above) | **Date** | **Home Address** |

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| **Creator Name** | **OHSU Email** | **Position**  VA Affiliation (see instructions)  HHMI  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Signature** (see instructions above) | **Date** | **Home Address** |

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*When completed submit to:* [*techmgmt@ohsu.edu*](mailto:techmgmt@ohsu.edu)*. Feel free to call -494-8200 with any questions.*