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| **SECTION 1: INVENTION DISCLOSURE DETAILS** | |
| Institution / Cluster |  |
| Invention Disclosure No |  |
| Title of Invention |  |
| Keywords relating to your invention (5-10 keywords) |  |
| Indicate the technology category and medical specialty in which your invention falls under | Technology Category (\*Please delete accordingly): Pharmaceutical (i.e. Drugs) / Biopharmaceutical (i.e. Biologics/Vaccines) / In vitro Diagnostic Devices (IVDs) / Medical Devices (other than IVDs) / Combination Products (i.e. Devices with drugs) / Medical IT & Software / Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medical Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Brief summary of your invention  Attach also a detailed description of your invention. | *Describe in your own words what is your innovation is and how it works. Include answers to the following questions:*   1. *What needs or problems does this invention solve?* 2. *What features of your invention overcome and drawbacks or limitations of methods or products used currently?* |
| Key technical features (excluding advantages such as cost, efficiency).  (E.g. A semiconductor structure….  An isolated nucleotide sequence …  A method of….) | *What is new, novel and innovative about your invention?* |

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| **SECTION 2: INTELLECTUAL PROPERTY ASSESSMENT** | |
|  | **Date & Details** |
| Conception of Invention  Attach relevant pages of your lab notebook. |  |
| Public Disclosure  Provide date of anticipated disclosure.  If disclosure has been made, provide the date of disclosure.  NOTE:   * Do not make any public disclosure before a patent application is filed, as novelty will be destroyed. * Public disclosures include written publications, sales, public oral disclosure, casual talk, and public demonstration or use. |  |

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|  | **Ref No:** | **Patent / Appl. Title** |
| Related Patents/Applications/IDs  Indicate titles of patents/ applications/IDs, which are related to the field on the proposed invention. |  |  |

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| Prior Art  Provide references to what you consider to be the closest published work (including, your own).  Provide the details in separate sheets if necessary. |  |
| Novelty / Non-obviousness  Highlight the novelty and non-obviousness of your invention disclosure in view of prior art in which you have cited.  Provide the details in separate sheets if necessary. |  |

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| Does this technology arise out of a collaboration? If yes, list the collaborators and provide details. |  |
| Does this invention arise out of a grant? If yes, provide the funding agency; grant name, project title and ref. no., project amount, duration, start and end date, and details. |  |

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| **SECTION 3: COMMERCIAL ASSESSMENT** | |
| List the top 5 organizations that may be interested in this invention or working in the similar field.  Please also provide contacts if any. |  |
| Does the invention possess disadvantages or limitations? Can they be overcome and how? |  |
| How can the invention be traced? Please elaborate. |  |
| How can the invention be worked around? |  |
| What types of products and/or services do you think could be made based on your invention? |  |
| Which countries do you think these products/services would be sold in, and in what industries? |  |
| Do you know of any products and/or services that are similar to those described above, or that would be competitors? |  |
| Indicate the level of development. | Idea with no data  Simulation results available  Experimental results available  Animal models created  Prototype (Design Model)  Prototype (Functional Model)  Clinical trials results available  Others,  Please highlight: |
| Are there any plans for further development of your invention?  If yes, please elaborate.  If no, please state the reason why |  |

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| **SECTION 4: INVENTORS’ DETAILS AND CONTRIBUTIONS** | | | | | |
| I/we hereby declare that we are the inventors for the invention.  (Note: An inventor means the actual deviser of the invention. A person is NOT an inventor if he/she   * Only helps to implement the invention * Only financially contribute or sponsor the work * Employs or manages the actual deviser/devisers of the invention) | | | | | |
| No | Name | Email Address | Employer | State Aspect of Contribution | Percentage of Contribution |
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| **SECTION 5: CONTIBUTORS’ DETAILS AND CONTRIBUTIONS** | | | | | |
| A contributor is a non-inventor who contributes to the invention (eg. helping to implement the invention) | | | | | |
| No | Name | Email Address | Employer | State Aspect of Contribution | Percentage of Contribution |
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| **Section 6: Declaration and Endorsement** | | |
| I / We declare that I / We are the inventor/s for the invention, and the facts stated in this application and the accompanying information are true and that this is an original and latest version of the submission. | | |
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| [click here & type name] / Date | | |
| Designation | | |
| [click here & type name of Institution] | | |
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| **Endorsed by:**  **The Institution supports / does not support\* this version of the application.**  (\*Please delete accordingly)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| [click here & type name] / Date | | |
| Designation | | |
| [click here & type name of Host Institution (Research Office / Department)] | | |
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| **The Cluster supports / does not support\* this version of the application.**  (\*Please delete accordingly) | | |
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| [click here & type name] / Date | | |
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| [click here & type name of Healthcare Cluster (Research or IP Office)] | | |

**Please attach any additional sections.**