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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 inventionAttach 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?*

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| 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 InventionAttach relevant pages of your lab notebook. |  |
| Public DisclosureProvide 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/IDsIndicate titles of patents/ applications/IDs, which are related to the field on the proposed invention. |  |  |

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| Prior ArtProvide references to what you consider to be the closest published work (including, your own).Provide the details in separate sheets if necessary. |  |
| Novelty / Non-obviousnessHighlight 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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| (Note: Attach a separate page if necessary) |

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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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| (Note: Attach a separate page if necessary) |

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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] |
|  |
| **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)] |
|  |
| **The Cluster supports / does not support\* this version of the application.** (\*Please delete accordingly) |
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| [click here & type name] / Date |
| Designation  |
| [click here & type name of Healthcare Cluster (Research or IP Office)] |

**Please attach any additional sections.**