



**Connecticut Children's Medical Center  
and  
The University of Connecticut Center for Science & Technology  
Commercialization**

**INVENTION DISCLOSURE FORM**

The mission of the Connecticut Children's Medical Center is to improve the physical and emotional health of children through family-centered care, research, education and advocacy. Making an invention and putting it to use for the benefit of the children and families is one of many valid ways that research and investigators support this mission. The University of Connecticut encourages the inventive process and, through the Center for Science & Technology Commercialization (CSTC), assists in bringing inventions to the point of public use. As of September 30, 2010, Connecticut Children's has secured a formal Intellectual Property Management Agreement with CSTC to represent the interests of the institution and inventors. This Disclosure is the first step in activating the processes defined in the agreement.

As a Connecticut Children's employee, you are obligated to promptly disclose your inventions to the Connecticut Children's.

PLEASE SUBMIT THE COMPLETED DISCLOSURE FORM TO: Department of Research, Connecticut Children's Medical Center, 282 Washington Street, Hartford, CT 06106. You may e-mail ([dlopez01@connecticutchildrens.org](mailto:dlopez01@connecticutchildrens.org)) or FAX (860-545-9906) your Disclosure. Any documentation that cannot be transmitted electronically should be mailed. If you have questions, please call the Center for Science & Technology Commercialization at (860) 679-8800 or the Department of Research, Connecticut Children's Medical Center at (860) 545-9905.

Your disclosure **MUST** be approved by the Director of Research prior to submission to CSTC. Without such approval, the terms of the joint IP Management Agreement will not apply. A member of the CSTC will contact you shortly to discuss your invention and possible courses of action.

**PLEASE NOTE: ALL INVESTIGATORS must complete and sign the INVESTIGATOR'S SIGNATURE PAGE, which may be mailed to the Dept of Research after electronic submittal of an Invention Disclosure Form.**

# INVENTION DISCLOSURE FORM

Disclosure No. \_\_\_\_\_  
(Leave Blank)

---

(10) SUBMITTING  
INVESTIGATOR'S  
FULL NAME

DEPARTMENT

OFFICE  
PHONE

CT CHILDREN'S  
DIVISION

---

---

---

---

(2) TITLE OF THE INVENTION:

(3) **BRIEF DESCRIPTION OF THE INVENTION** (A complete Technical Description is requested in Section 6): State concisely what has been invented, i.e., what is to be offered to a company? This may be a product to be sold, an improvement to an already available product, or a process to be used in making a product or providing a service. An attachment should not be used to answer this question.

(4) **ALTERNATE TECHNOLOGY:** How is the problem that this invention addresses currently solved?

(5) **NOVEL FEATURES:** Novelty makes an invention commercially attractive and is an absolute requirement for patent protection. Please describe the unique aspects of your invention, and how it is different and/or better than the existing technologies described in 4 above.

(6) **TECHNICAL DESCRIPTION OF THE INVENTION:** To help in the evaluation of the invention, please provide a technical description below. Please attach any relevant sketches, diagrams, drawings, photographs or other illustrative material. Description may reference a separate document such as a publication, meeting abstract, manuscript in preparation, preprint or report. *(Please insert information here or attach extra sheets.)*

(7) **STAGE OF DEVELOPMENT:** Please check which of the following most closely describes the current stage of your invention.

Concept Only     
  Preliminary Data     
  Intermediate Data     
  Complete Proof of Concept     
  Prototype Available (If applicable)

(8) **PREVIOUS PUBLIC DISCLOSURES:** Disclosure of the invention to the public can negatively impact the ability to obtain patent protection. Publicly available information includes theses, reports, preprints, abstracts, conference presentations, poster presentations, seminars open to the public, funded grants, homepages, websites, electronic journals, news releases, University publications, etc. Please indicate if any of the following disclosures have been made.

Type	Venue, e.g. journal name, meeting, etc.	Date
<input type="checkbox"/> Oral	_____	_____
<input type="checkbox"/> Written	_____	_____
<input type="checkbox"/> Internet	_____	_____
<input type="checkbox"/> Sample Distribution	_____	_____

(9) **ANTICIPATED PUBLIC DISCLOSURES:** Please indicate if you plan to make any of the following public disclosures in the foreseeable future.

Type	Venue, e.g. journal name, meeting, etc.	Date
<input type="checkbox"/> Oral	_____	_____
<input type="checkbox"/> Written	_____	_____
<input type="checkbox"/> Internet	_____	_____
<input type="checkbox"/> Sample Distribution	_____	_____

**(10) RELATED PUBLICATIONS BY OTHERS (PRIOR ART):** Please list 3 – 10 publications and/or patents and/or patent applications describing closely related technology. (Do not include those of general background.) (Patents and patent applications can be searched at <http://www.uspto.gov/patft/index.html> (US Patents) and <http://ipdl.wipo.int/> (Foreign Patents) and SciFinder.)

**(11) FINANCIAL SUPPORT:** Check the funding source(s) for the work that led to this invention. We often need to report inventions to sponsors.

Type	Agency/Company	Grant/Contract No.
_____ Federal	_____	_____
_____ Industrial	_____	_____
_____ Other	_____	_____

**(12) RESEARCH AND DEVELOPMENT PLANS:**

- a. What additional research is needed to complete development and testing of the invention?
  
- b. Are you actively pursuing this needed work?
  
- c. About how long will this work take?
  
- d. What additional research support, if any, is needed for these efforts?

**(13) DOCUMENTATION:** Please estimate the following dates:

- a. The date the invention was first conceived (i.e. when was a definite idea of the complete and working invention made in the mind of the inventor(s)):

b. The date the first written description of the invention was made:

c. The date the invention was first actually made (reduced to practice):

**(14) THIRD PARTY MATERIALS:** Materials owned by an entity other than CT Children's that were used to generate your invention or that are incorporated into your invention may imply a legal, financial or other obligation to the third party. Please describe any materials obtained from third parties (such as research collaborators or companies, with or without a Material Transfer Agreement) that were used in the development of the invention.

**(15) POTENTIAL PARTNERS:** As the person most intimately involved with your invention and its applications you may already have some ideas about companies that might be suitable partners. Please list as many specific companies as possible that you feel the CSTC should contact to gauge the level of corporate interest in your invention

## INVESTIGATOR'S SIGNATURE PAGE

**SUBMITTING INVESTIGATOR'S FULL NAME:** \_\_\_\_\_

**DISCLOSURE NO.** \_\_\_\_\_

**TITLE OF INVENTION:** \_\_\_\_\_

**(16) INVESTIGATOR (S) SIGNATURES:** By signing, the investigator(s) confirm: (1) the completeness and accuracy of the information in this disclosure; (2) the willingness of the CT Children's investigator(s) to cooperate fully with the CSTC during the evaluation, patenting (if appropriate), assignment of rights to CT Children's, and commercial development of this invention; and (3) their percent contribution to the conception and development of the invention which will be used to determine each investigator's revenue share, regardless of inventorship status. (Inventorship per se is a legal determination based on an individual's intellectual contribution to the claims in a patent. Its determination must wait until a patent application is filed and will be made with the aid of a patent attorney.) If the percent contribution of each investigator is not indicated, it will be assumed that each contributed equally. Further, by signing, the investigator(s) agree to keep the CSTC informed of any changes in their home address. If the CSTC does not have the current address, the signatories agree that any payments otherwise due shall be retained by the Connecticut Children's Medical Center.

		Percent Contribution	Department / Division	Date Signed
<b>1.</b>	<b>Sign</b>			
<b>Print Name:</b>		<b>Employee Identification Number:</b>		
<b>Home Address:</b>				
<b>2.</b>	<b>Sign</b>			
<b>Print Name:</b>		<b>Employee Identification Number:</b>		
<b>Home Address:</b>				
<b>3.</b>	<b>Sign</b>			
<b>Print Name:</b>		<b>Employee Identification Number:</b>		
<b>Home Address:</b>				
<b>4.</b>	<b>Sign</b>			
<b>Print Name:</b>		<b>Employee Identification Number:</b>		
<b>Home Address:</b>				

	<b>Non-CCMC Investigator(s) Signature(s)</b>		<b>Affiliation</b>	<b>Date Signed</b>
<b>1.</b>	<b>Sign</b>			
<b>Print or Type Name:</b>				
<b>2.</b>	<b>Sign</b>			
<b>Print or Type Name:</b>				
<b>3.</b>	<b>Sign</b>			
<b>Print or Type Name:</b>				

List any investigators with joint appointments external to UConn and their affiliation(s):  
*(Please insert information here.)*

List any graduate students who made intellectual contributions to the described invention:  
*(Please insert information here.)*

\_\_\_\_\_  
**Signature of Submitting Investigator**

\_\_\_\_\_  
**Date**

<b><i>For Use by CSTC Staff</i></b>	
_____	_____
<b><i>Read and Understood by</i></b>	<b><i>Date</i></b>