**INVENTION DISCLOSURE FORM (“IDF”)**

Eastern Virginia Medical School

1. **Form Submission.** Email a copy of your completed form and all supporting documents to **techtransfer@evms.edu**
2. Please provide complete answers. Attach as many additional pages as necessary.If unable to answer one or more of the questions at this time, indicate on the form.
3. **Inventor Financial Interests Form.** Institution requires all Inventors to complete the separate External Financial Interests of Inventors form and include unique copies in the Appendix.

**For any questions regarding the invention disclosure, please email techtransfer@evms.edu**

1. **INVENTOR(S) INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FULL LEGAL NAME** | **DEPARTMENT OR NON-INSTITUTION ENTITY** | **EMAIL** | **PHONE** | **SHARE OF 100.00% INTEREST** | **FINANCIAL FORM INCLUDED?** |
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| **Add more lines as needed to represent all additional Co-Inventors, including their full name, email, phone, % share, and financial forms status.** | | | | | |

1. **INVENTION INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **EVENT** | **DATE (MM/DD/YYYY)** | **Does a written record of this event exist? (Y/N)** | **If Yes: Location of written records**  **If No: Include list of names with whom you have discussed invention, in the appendix** |
| Conception of Invention |  |  |  |
| Experimental Evidence of Invention / Proof of Concept Established |  |  |  |
| First Disclosure to Institution |  |  |  |

**3. DETAILS OF THE INVENTION**

Please answer the following questions and provide supporting documentation as an attachment where needed

**Title of Invention:**

**1. DESCRIPTION** Describe the invention in detail. Indicate if a prototype or equivalent exists

**2.** **DIFFERENTIATION** Describe how the invention is different from current alternatives, including which problems it solves and how. Include the primary way this problem was solved before this invention existed.

**3. APPLICATIONS** Describe how the invention can be used.

**4.** **LIMITATIONS** Describe the known or potential limits of your invention, including how they could be addressed and any progress your team is making to address them.

**5.** **COMMERCIAL HISTORY** Describe any uses in a commercial environment, including the circumstances of the earliest disclosure, any compensation provided for the invention, and any plans to commercialize the invention beyond the Institution.

**6.** **INSTITUTIONAL DEVELOPMENT** Describe any materials or data not owned by the Institution that were used in creating the invention. Include any material transfer agreements or similar as support documents.

**7.** **PUBLIC DISCLOSURE** Describe the circumstances of any previous disclosures including publications, dates of disclosure, the names of any entities who received the disclosure but are not affiliated with the Institution, and the details of any disclosures planned in the next 12 months.

**8. SPONSOR INFORMATION** Describe any sponsorships for this invention, including the type of entity that provided the sponsor, their name, the award date, and the grant or contract ID.

1. **INVENTOR(S) CERTIFICATION**

I certify my compliance the Institution’s Intellectual Property/Patent Policy, that the answers herein are accurate per my knowledge, that I know my disclosure must be accepted for evaluation per policy.

|  |  |
| --- | --- |
| **Co-Inventor 1 Name:** |  |
| Co-Inventor 1 Signature: |  |
| Date: |  |
| **Co-Inventor 2 Name:** |  |
| Co-Inventor 2 Signature: |  |
| Date: |  |
| **Add more lines as needed to add signatures for all additional Co-Inventors, including their typed full name, signature, and date of signature.** | |

**EXTERNAL FINANCIAL INTERESTS OF INVENTOR FORM**

IMPORTANT INFORMATION FOR ALL FINANCIAL INTERESTS FORMS

1. The typed original of this form should be completed for each Inventor claiming a percent of interest in the related disclosure.
2. Failure to appropriately disclose an Inventor’s external financial interests could void the Inventor’s claim to their percent of interest.
3. **FINANCIAL INTERESTS DISCLOSURE**

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Response** |
| A. | Who is the Inventor? |  |
| B. | What is the Inventor’s percent of interest? |  |
| C. | Has this Inventor filed a financial disclosure form with Institution in the last 12 months? If Yes, do not complete the remainder of this firm. |  |
| D. | If C = “No”, are Inventor or a member or Inventor’s household compensated by any entity other than Institution? |  |
| E. | If D = “Yes”, provide a list of employments or similar compensations, per member of the household |  |
| F. | Does Inventor or a member of Inventor’s household have an ownership interest in business entities? This includes stock and stock options but does not include holding through mutual funds. |  |
| G. | If F = “Yes”, provide a list of ownership interests, per member of the household. |  |

1. **INVENTOR CERTIFICATION**

I hereby certify that the information represented in this form, and in any and all supporting documentation that I had provided, faithfully represents the best knowledge available to me pursuant to reasonable efforts answer the questions herein, as of the signature date listed below. Institution acknowledges these best efforts and that the disclosures of Co-Inventors are not materially relevant to my disclosure or rights thereafter.

|  |  |
| --- | --- |
| Inventor Name: |  |
| Inventor Signature: |  |
| Date: |  |