

**MAINEHEALTH
INTELLECTUAL PROPERTY DISCLOSURE FORM**
Forward this completed and signed form tkeiller@mmc.org

Title of invention:

1. Big Picture: What is the ultimate “one sentence” possible product? What need does it address?

2. Inventor(s) –Identify all individuals who have made significant intellectual contributions to this invention's advance over prior technology, but do not include anyone merely because s/he has carried out some of the experimental work. For each inventor provide: Given Name, Family Name, Title/Position, and Email.

3. Specify any other inventor(s) who is/are an employee of an organization other than WPI and the institutional affiliation.

4. Describe the “Need” that you are addressing. What is the market opportunity? Any idea how big the opportunity is?

5. Describe your “Approach” in how you will address that need. Feel free to attach manuscripts, abstracts, drawings, videos.

6. Describe the “Benefit” of your approach. Why is your idea worth something to somebody?

7. Who is the “Competition” and why is the benefit of your approach better?

8. Please provide key words that best identify with your idea:

9. Background (To successfully determine the patentability of this invention, it will be necessary to compare it to any existing technology, referred to as "prior art." Provide any references to assist in this evaluation.) You should go to www.google.com/patents and enter your key words to look for patents that may be close to your idea.

10. What level of proof do you have for the invention? Working prototype, proof of concept experiments, etc?

11. Has this invention been disclosed to others, either verbally or in written form (date, place, to whom, method of disclosure)?

12. Indicate any pending disclosures (date, place, to whom, method of disclosure).

13. Indicate any potential commercial licensees that you think may be interested in this invention.

14. Identify any grants, sponsors or projects (provide grant/contract number) under which either conception or first reduction to practice occurred, including partial funding and Federal "formula" funding. Also list any related projects and/or inventions and any other potential claimants to rights in this invention.

NOTE: This is very important to have the correct grant number in the proper format as MMC needs to report any inventions developed under federal grant money.

Grant:

Sponsor

Grant #

Principal Investigator

Federal formula funds (Hatch or McIntyre-Stennis). Specify:

Other Sources of Funds (Describe, ie. EPSCOR, Industry). Specify:

15. Were any Hospital funds or other resources used in making this invention (if yes, please explain).

16. If funded by an external sponsor, has the sponsor been notified of this invention, either directly, in a progress or other report, or in an application for additional funds (date, sponsor, method of disclosure)?

This disclosure will become the first official Hospital record of this invention. Before signing, please ensure, to the best of your knowledge, that all information provided herein is complete and accurate. This disclosure must be complete with all invention information submitted and all signatures to be accepted.

Signed and submitted by:

Inventor's Signature (1)	Date	Citizenship
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_____	_____	_____
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Print name: _____

Home Address, Including City, State and Zip

Inventor's Signature (2)	Date	Citizenship
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_____	_____	_____
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Print name: _____

Home Address, Including City, State and Zip

Inventor's Signature (3)	Date	Citizenship
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_____	_____	_____
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Print name: _____

Home Address, Including City, State and Zip

Inventor's Signature (4)

Date

Citizenship

Print name: _____

Home Address, Including City, State and Zip

NOTE: MMC will assume that any eventual revenue from this invention will be split equally, unless there is a different split as acknowledged below:

Inventor 1: Name _____ Percent of Inventor share: _____

Acknowledged: _____

Inventor 2: Name _____ Percent of Inventor share: _____

Acknowledged: _____

Inventor 3: Name _____ Percent of Inventor share: _____

Acknowledged: _____

Inventor 4: Name _____ Percent of Inventor share: _____

Acknowledged: _____

Add more as needed