

Certification Page

An invention disclosure is a written description of an invention that includes all of the information necessary to enable a skilled person to reproduce it. The invention disclosure creates an official record that can be used to establish the date and scope of the invention.

An invention disclosure is used to initiate evaluation of the potential commercial value of an invention and can lead to intellectual property protection, investment in technology development and commercialization through licensing to a third party. The invention disclosure, which is a confidential document, should be completed and recorded prior to public disclosure of the invention, whether through publications, poster sessions, conferences, press releases or other forms of communication. Once publicly disclosed, patent protection for an invention may be limited.

Please send your completed form via email to innovations@wakehealth.edu. If you are an inventor from Wake Forest Institute for Regenerative Medicine, please send your completed form via email to PatentDocs@wakehealth.edu

Title of Invention:

By signing this Invention Disclosure, each inventor certifies the Certification of Inventor Contributions and affirms the Confirmatory Assignment.

Internal Use Only:

Date Received:

Case Identifier:

Invention Disclosure

Certification of Inventor Contributions

I hereby certify that: I have made a significant intellectual contribution to the conception of the invention and therefore believe that I am an inventor. To the best of my knowledge, each of any other individuals listed as inventors on this Invention Disclosure made a significant intellectual contribution to the conception of the invention. To the best of my knowledge, there are no individuals other than those listed who should be included as inventors.

Confirmatory Assignment

I confirm my consent to the Intellectual Property Policy that states, among other things, that inventions developed in the course of my employment, within or useful within my normal field of employment, or with use of its funds or facilities are the property of Wake Forest University Health Sciences, North Carolina Baptist Hospital or Wake Forest University, as applicable ("Wake Forest"). I confirm my agreement to assign and hereby irrevocably do assign to Wake Forest my entire right, title and interest, both legal and equitable, throughout the world in all inventions within the scope of the Intellectual Property Policy ("Inventions"). I agree to comply with my obligations under the Intellectual Property Policy to disclose Inventions, to assist in their evaluation, protection and licensing, and to execute all documents and take such other actions as reasonably required to perfect intellectual property rights in Inventions or to confirm Wake Forest's rights under the Intellectual Property Policy.

Inventor(s):

Signature:		Date:	
Printed Name		Home Address	
Title		City, State ZIP	
Primary Department		County of Residence	
Secondary Appointments		Citizenship	
Email Address		Phone	

Signature:		Date:	
Printed Name		Home Address	
Title		City, State ZIP	
Primary Department		County of Residence	
Secondary Appointments		Citizenship	
Email Address		Phone	

If there are more than 2 inventors, please attach their information to this form in a Word doc.

Invention Disclosure

Witness(es):

I certify that the invention described in this Invention Disclosure has been explained to and is understood by me.

Signature:		Date:	
Printed Name		Home Address	
Title		City, State ZIP	
Primary Department		Phone	
Email Address			

Signature:		Date:	
Printed Name		Home Address	
Title		City, State ZIP	
Primary Department		Phone	
Email Address			

Invention Disclosure

Technical Description of the Invention

Please provide a complete and detailed description of the invention and novel attributes using drawings and diagrams as needed.

If there are not enough spaces for all the information please include additional information as an attachment.

Specifically address:

Problem the invention seeks to solve: _____

Prior attempts to solve the problem and/or current standard of care or solution used:

What you did differently to make it work?

Any other contemplated forms of the invention or different aspects and uses:

Description may include separate documents (such as copy of a report, preprint or grant application) and/or figures or pictures. If so, identify each of the attached documents in the chart below, label them with the disclosure title and attach to this disclosure.

Attached documents:

List of Attachments		
Document Title	Dated	Brief Description

Invention History

1. Dates and Location Information:

- (a) Conception/creation of idea Date: _____ Written record: _____
- (b) First written description Date: _____ Written record: _____
- (c) First prototype or test Date: _____ Written record: _____
- (d) Laboratory notebook Name: _____ Number: _____
- (e) Current state of development Describe: _____

2. Prior and Upcoming Public Disclosures

Has the invention been publicly disclosed? Yes No

Invention Disclosure

Identify all prior and upcoming disclosures with place and date in the chart below. Include journal articles, information posted on internet, oral presentations, poster presentations, conference abstracts, disclosures to industry or individuals or grant proposals pertaining to the invention. Attach relevant materials to this disclosure.

Prior and Upcoming Disclosures		
Disclosure Title and Type	Date	Brief Description

Funding Sources

Was any funding used for the conception or reduction to practice of this invention? Yes No

If yes, identify the source, type and grant or contract number for each funding source in the chart below. Common sources of funding include government grants and contracts, industry sponsored research, foundation grant, philanthropic gifts, departmental support and intramural awards. For inventors with joint appointments, please indicate relative support for this invention from each of the two primary academic units (should total 100% for each inventor with joint appointments).

Funding Sources		
Source	Type	Grant/Contract Number

Summarize plans for further research and development of the invention (planned, active and funded).

Collaboration Information

1. Were biological materials of others used in the development of the invention?

Material: _____

Source: _____

Was the material provided under a material transfer agreement? Please attach copy if available. Yes No

2. Were data or information of others used in the development of the invention?

Material: _____

Source: _____

3. Did this invention result from collaboration with non-Wake Forest individuals? If yes, please identify the individuals, their affiliations and contributions.

4. Does this invention relate to any other invention(s) of the inventor(s)? If yes, please describe.

5. Are/were there any contractual relationships directly or indirectly related to the invention (e.g. sponsored research agreement, institutional collaboration)? If yes, please describe.

Invention Disclosure

Background Information

1. Please provide citations for articles describing current attempts to solve problem.

Citation	Description

2. Please provide citations for review articles that provide an overview of the relevant field.

Citation	Description

3. Please provide information on potential commercial application.

Potential commercial applications of the invention (e.g. what would be the product that would derive from the inventions and who would be the customer?)

Any known competitive products or programs and their companies or institutions:

Any companies that are or may be interested in the invention: