University of Lethbridge

CONFIDENTIAL

INVENTION DISCLOSURE FORM

Ref #: _____
RO: _____
(for office use only)

1. Invention Title:

2. Principal Inventor

PRINCIPAL INVENTOR NAME: (Note: Person to whom inquiries for additional information should be made)		CITIZENSHIP: FACULTY/DEPT/OTHER AFFILIATION:
POSITION:		BLDG & ROOM #:
PERMANENT HOME ADDRESS:		U LETHBRIDGE EMPLOYEE # (REQUIRED):
INSTITUTION ADDRESS:		TELEPHONE:
INVENTORSHIP SHARE: %		EMAIL:
SIGNATURE:		
DATE:		

3. Co-Inventor(s)

PRINCIPAL INVENTOR NAME: (Note: Person to whom inquiries for additional information should be made)		CITIZENSHIP: FACULTY/DEPT/OTHER AFFILIATION:
POSITION:		BLDG & ROOM #:
PERMANENT HOME ADDRESS:		U LETHBRIDGE EMPLOYEE # (REQUIRED):
INSTITUTION ADDRESS:		TELEPHONE:
INVENTORSHIP SHARE: %		EMAIL:
SIGNATURE:		
DATE:		

PRINCIPAL INVENTOR NAME: (Note: Person to whom inquiries for additional information should be made)		CITIZENSHIP: FACULTY/DEPT/OTHER AFFILIATION:
POSITION:		BLDG & ROOM #:
PERMANENT HOME ADDRESS:		U LETHBRIDGE EMPLOYEE # (REQUIRED):
INSTITUTION ADDRESS:		TELEPHONE:
INVENTORSHIP SHARE: %		EMAIL:
SIGNATURE:		
DATE:		

It is the responsibility of all inventors to keep The University-Industry Liaison Office informed of address changes

Note to Principal Inventor: **a) If more Co-Inventors, please add separate sheet.**
b) If tenured from another institution, but U Lethbridge adjunct or affiliated, please indicate.

I, _____ (Principal Inventor), acknowledge that to the best of my knowledge there are no other inventors to this invention. If in doubt, add names of potential inventors or collaborators below.

Other Potential Inventors/Collaborators:_____

_____

Signature of Principal Inventor

Please fill in the names of your Dean, Chair and/or Research Institute Director.

Dean: _____ Chair: _____

Director: _____

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4. Provide details about the Invention (please use additional sheets if necessary)

Enclose sketches, drawings, photographs, screen prints and other materials to help illustrate the description.

5. General Purpose and Commercial Application (if known)

Please identify the commercial space in which this invention resides. If possible, provide a list of commercial entities that populate this commercial space And would possess similar technologies and approaches

6. a) Advantages / Unique Features of Invention

Please identify, from your perspective, the **novel** and **distinguishing** features of the Invention. Consider what problem the invention solves; how this solution differs from existing technologies (if any) and how these differences are advantageous over these existing technologies.

b) Provide up to 20 key words that accurately describe the invention

c) Alternate Technologies

Describe alternate technologies/products which you are aware accomplish the same purpose as this invention, along with the companies that market, manufacture or make use of them. If not known, please state: "Not aware of any alternate technologies/companies".

7. Date of Publication?

8. Known granted Patents that may impede Freedom-to-Operate Strategy.

List patent applications that are known (Title and application number)

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9. Invention History:

	DATE	Place, References, Comments
A – Initial idea		
B - Description of complete invention, oral or written		
C – First successful demonstration (reduction to practice)		
D – First publication (article, thesis, oral presentation, abstracts, poster)		
E – Disclosures to industry		
F – Other disclosures		
G – Related to other inventions? (List IDF #(s),if any, previously reported to UILO)		
H – Are your lab books and other records in order and available?		

10. Do you feel that there may be any outstanding commercialization obligations, either contractual or grant-based, with respect to the invention? Yes: ☐ No: ☐

If yes, please provide details:

11. Do you feel that you may have utilized any sponsorship dollars, or received any third party in-kind contributions, as pertains to the invention? Yes: ☐ No: ☐

If yes, please provide details:

12. Do you intend on assigning this technology to the University?

Yes: ☐ No: ☐ Undecided: ☐

If no, would you be interested in entering a Relationship Agreement with the University?

Yes: ☐ No: ☐ Undecided: ☐

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Dena McMartin, PhD
Vice-President of Research

Date

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