Invention Disclosure Form

[For Inventors: An Invention Disclosure should be made when something new and useful has been conceived or developed or when unusual, unexpected, or non-obvious research results have been achieved that may have commercial value. The purpose of the Invention Disclosure Form is to permit evaluation of an invention to determine whether commercial development is feasible and whether the invention is patentable. The invention should be as clearly described as possible. Information that helps evaluators appreciate the invention will increase its ultimate chances for successful licensing and commercialization.]

Where was the work supporting this invention conducted (please check all that apply)?

- [ ] Albert Einstein College of Medicine
- [ ] Montefiore Medical Center
- [ ] Other: __________________

| If you checked Albert Einstein College of Medicine, submit your disclosure to the following address/email: |
| Secretary of the Patent Committee |
| Office of Biotechnology and Business Development |
| Albert Einstein College of Medicine |
| Jack and Pearl Resnick Campus |
| 1300 Morris Park Avenue — Belfer 908 |
| Bronx, NY 10461 |
| inventions@einstein.yu.edu |

| If you checked Montefiore Medical Center, submit your disclosure to the following address: |
| Office of Research and Sponsored Programs |
| Montefiore Medical Center |
| 3308 Rochambeau Avenue |
| Bronx, NY 10467 |

If you checked both Albert Einstein College of Medicine and Montefiore Medical Center, please submit your disclosure to both offices.

1. Provide non-confidential descriptive title of the invention. (brief title, preferably 20 words or less, that specifically describes the invention and does not disclose confidential information)

2. What is the invention? (provide a brief description of the invention)
3. What are the problems or needs the invention solves or addresses?

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4. How does this invention differ from related technologies that have been published (including your own work) and/or are in clinical development and/or are on the market? And, how is this invention superior to those existing technologies?

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5. What are the disadvantages, if any, of the invention and how might they be overcome? (e.g., prohibitive cost, problematic side effects, and/or other)

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6. How would you characterize the type or nature of the invention? (e.g., potential therapeutic, diagnostic, device, reagent, software program, platform technology, and/or other)

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7. What are the potential commercial uses of the invention?

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8. What is the estimated market addressable by the invention? (include potential number and type of end users/customers as well as potential annual sales)

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9. List companies that might have commercial interest in the invention and indicate why they might find it valuable. (if there has already been contact with any of these companies, provide the relevant contact information and indicate the nature of the discussions)

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10. What is the current stage of development of the invention and what additional work needs to be done before a company is likely to find the invention of interest? (if there is more work to be done, please indicate the nature of the work to be done and how long it will take to complete, whether the necessary resources to do the work are available, and the milestone(s) that would trigger commercial interest)

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11. Attach a confidential “detailed description” of the invention. The description is limited to 4 pages of text and additional pages of data/figures. (Detailed description should clearly explain the essence of the invention so that it is easily understandable. Description should convey significance, novelty and utility of invention. Feel free to cut and paste from relevant publications, manuscripts, research proposals, etc. If applicable, a self-contained manuscript/abstract/poster that fully describes and encompasses the invention may be attached as supplementary material; however, grant applications and/or multiple manuscripts that do not fully describe/support the invention cannot be accepted as supplementary material.)

12. Provide date the invention was conceived: ___________________

13. Provide date the invention was first tested: ___________________

14. Provide date the invention was completed: ___________________

15. Has this invention been used/tested experimentally, clinically, in public use, and/or offered for sale? (if none of these occurred, explicitly indicate NONE in the space below; if any of these events are imminent, indicate date and location)

______________________________________________________________________________

16. Were any proprietary materials and/or special techniques received from third party(ies) (e.g., company, another academic institution, etc.) that were incorporated into the invention and/or used in the research that led to the invention? (if none, explicitly indicate NONE in the space below; otherwise, identify the source of the materials and/or techniques and confirm whether the transfer was covered by a Material Transfer Agreement and/or a Confidentiality Agreement)

______________________________________________________________________________
17. **What is the public disclosure status of the invention (past or future)?** (If this invention has been described in any publication(s), manuscript(s), grant application(s), report(s), thesis(es), abstract(s), poster(s), oral presentation(s), demonstration(s), sales catalogue(s), or other materials or if such materials are in preparation or in press indicate the date or anticipated date and journal and/or location. If a poster/abstract has previously been presented/published that describes the invention, please attach as supplementary material and include the name of the meeting/journal, the publication date, and the date of meeting (if applicable).

18. **Identify all sponsors whose support contributed, in whole or in part, to the conception, development, and/or reduction to practice of the invention.** (if none, explicitly indicate NONE in the space below)

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<thead>
<tr>
<th>Federal Grants and Contracts</th>
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<td>Sponsor</td>
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<td>Other</td>
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19. **Who else was involved in the effort which led to the invention, whether or not such collaboration involved financial support?** (if none, explicitly indicate NONE in the space below; otherwise, identify all other academic, research, or for-profit entities that were involved)

   ____________________________________________
   ____________________________________________
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20. **Although the concepts were uniquely developed by the undersigned, identify persons, if any, with whom any collaborative work on the invention was shared:**
   a. _________________________________________
   b. _________________________________________
   c. _________________________________________
   d. _________________________________________
21. Identify three members of the faculty capable of evaluating the invention:
   a. ____________________________________________________________________________
   b. ____________________________________________________________________________
   c. ____________________________________________________________________________

22. Inventor's* full name: ____________________________________________________________
    Citizenship (Required by the U.S. Patent Office): _________________________________
    Inventor's home address: ____________________________________________________________________________
    Telephone: _________________________________________________________________________________
    Inventor's employer/institution (at time of invention): _____________________________________________
    Inventor's department: __________________________________________________________________________
    Telephone: _________________________________________________________________________________
    E-mail address: ______________________________________________________________________________
    Signature: ___________________________________________________________________________________
    Date: ______________________________________________________________________________________
*If more than one Inventor who contributed to the development of the invention:

Full name: ______________________________  Full name: ______________________________
Citizenship: ____________________________  Citizenship: ____________________________
Home address: __________________________  Home address: __________________________
Telephone: ______________________________  Telephone: _____________________________
Inventor’s employer/institution (at time of invention): ______________________________
Department: ____________________________
Telephone: ______________________________  Telephone: _____________________________
E-mail address: __________________________
Signature: ______________________________
Date: ________________________________

*If more than one Inventor, please allocate the percentage of contribution made by each Inventor to the conception of the invention. It is understood that this information will be used in the allocation of any distribution between College and Inventor(s) should this invention be commercialized.

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<tr>
<th></th>
<th>Inventor 1</th>
<th>Inventor 2</th>
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<td>Name</td>
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For each Inventor not employed by Einstein or Montefiore (at the time of the invention), please identify the appropriate technology transfer contact from that institution (name, phone, e-mail address).

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<th>Inventor Name</th>
<th>Technology Transfer Contact (name, phone, e-mail address)</th>
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23. All invention disclosures require signatures of three internal Einstein/Montefiore witnesses:

Witnesseth:

a. This invention was first explained to me by the above-identified inventor(s) on ____________ and is understood by me.

   Name and Department: _________________________________________________________

   Signature: __________________________________________________________________

   Date: ______________

b. This invention was first explained to me by the above-identified inventor(s) on ____________ and is understood by me.

   Name and Department: _________________________________________________________

   Signature: __________________________________________________________________

   Date: ______________

c. This invention was first explained to me by the above-identified inventor(s) on ____________ and is understood by me.

   Name and Department: _________________________________________________________

   Signature: __________________________________________________________________

   Date: ______________