

**IN ORDER TO STREAMLINE THE REVIEW PROCESS AND TO PREVENT DELAY PLEASE MAKE SURE ALL FIELDS ARE COMPLETED, SIGN AND DATE.**

**SUBMIT YOUR LIFESPAN DISCLOSURE DIRECTLY TO PEGGY MCGILL, ADMINISTRATIVE DIRECTOR, LIFESPAN AT 444-8697 OR [pmcgill@lifespan.org](mailto:pmcgill@lifespan.org)**

**DISCLOSURE FORM**

<b>1. Title of Invention:</b> Give a short descriptive title that does not contain details that would enable others to reproduce the invention:

<b>2. Short description</b> of invention outlining problem it solves, how it works and its advantages and improvements over existing methods, devices or materials. Attach any detailed description and /or drawings:

<b>3. What can your invention do? Who will use it?</b>

<b>4. Date of Invention Disclosure submission:</b>

<b>5. Inventorship:</b>	
<b>PRIMARY INVESTIGATOR</b>	
<b>Name</b>	

<b>Position</b>	
<b>Department</b>	
<b>Home address</b>	
<b>Telephone</b>	
<b>E-mail</b>	
<b>Citizenship (for future Int'l Patent filings)</b>	
<b>Affiliation at time of invention. If not at Lifespan please provide details</b>	
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Position	
Department	
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<b>Citizenship (for future Int'l Patent filings)</b>	
<b>Affiliation at time of invention. If not at Lifespan please provide details</b>	
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<b>Affiliation at time of invention. If not at Lifespan please provide details</b>	

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Affiliation at time of invention. If not at Lifespan please provide details	
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Telephone	
E-mail	
<b>Citizenship</b> (for future Int'l Patent filings)	
Affiliation at time of invention. If not at Lifespan please provide details	

**\*If additional inventors, please provide same information on separate sheet.**

<b>6. Funding and Support: __Yes __No</b>
<b>If yes (the following are mandatory fields),</b> include all the sponsors and applicable contract or grant numbers if the invention was developed with the use of federal, foundation or industry sponsored research grant or contract funds. Indicate if the support was provided to another institution other than Lifespan. (Lifespan may have obligations to providers of all such support.) If only Lifespan internal funds were used, please state so.

Grant Agency(ies)	
Type of funding (ie: Federal, other Government, Foundation or non-governmental organization,	

Corporation or other (specify)	
Grant No(s).	
Name of Grantholder(s) (e.g. NIH, NSF, etc.)	
Grant Title	
Commencement & Completion dates	
Awarded to, if not Lifespan	

<b>7. Hospital Resources Used: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>
Hospital Resources means any items or persons provided by or accessed through the Hospital, including but not limited to Hospital funding, facilities (excluding space rented at fair market value from the Hospital), materials, supplies, property, ideas, data, and information not in the public domain, and use of regulatory review committees, staff or patients. <b>If yes, please describe:</b>

<b>8. Use of Proprietary Materials: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>
If yes, indicate whether any aspect of the invention is based on, or was made possible by the use of proprietary materials or special techniques obtained from a third party, a company or another institution.
Proprietary materials may have been made available by industry-sponsored research agreements (SRAs), material transfer agreements (MTAs), etc. (Lifespan may have obligations to providers to such proprietary materials.)

Recipient's Name	
Provider's Name	
Proprietary Material	
Comments	

**9. Record of Invention**

Date first thought of idea or discovery?	
Has the Invention been Reduced to Practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date demonstrated to work?	
Is a prototype available?	
Location of documentation (e.g. notebooks, etc.)	

**10. Public Disclosures**

Have you disclosed this invention to persons outside of Lifespan or planning to disclose in near future? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes (the following are mandatory field):

Please indicate the date and the journal, conference name, or person as applicable and attach the disclosed materials	
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**Prior Art**

Please provide details of any publications/patents known to you which are highly relevant to this invention. Attach results of any literature or patent searches which you have performed.

**11. Commercial Interest**

Have you had any discussions with any companies which had interest in your invention? If so, provide the name of company and contact.

Remarks:

## Lifespan Policies Acknowledgement and Agreement:

I/We, the undersigned, do hereby assign to Lifespan (through its affiliate hospital) all right, title and interest in and to this disclosed invention and all patents, patent applications and patent rights worldwide related thereto, and hereby acknowledge my/our obligations under the Lifespan Intellectual Property Policy, ORA IP 001.

### Primary Investigator (PI):

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Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### Inventor 2:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### Inventor 3:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### Inventor 4:

\_\_\_\_\_

Print Name

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Signature

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Date

### Inventor 5:

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Print Name

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Signature

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Date

### Inventor 6:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**If additional inventors continue their names, signatures and date on separate sheet as necessary.**