

**PARTNERSHIPS and INNOVATION**

Confidential

Software Disclosure Form

## Instructions

This form is to be used for reporting a software invention to Queen’s Partnerships and Innovation. Please complete the form by providing the information in the spaces provided. All information will be held in confidence. Please call our office at 613-533-2342, if you have any questions on filling out the form.

Once completed and signed by all contributors, please deliver a copy to one of the following:

|  |  |
| --- | --- |
| Via Mail | Queen’s Partnerships and Innovation99 University Avenue – Queen’s UniversityKingston, Ontario K7L 3N6 |
| Via Email | Materials/Chemistry/Cleantech + FEAS | Jason Hendryhendryj@queensu.ca |
| Life Sciences + FHS | Michael Wellswellsm@queensu.ca |
| Digital Technologies + FAS, SSB, LAW, EDU | Shoma Sinha shoma.sinha@queensu.ca |



## 1. Description of the Software

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| **Non-confidential software title:**Do not reveal novel and useful features of the invention in the title. |
| Click here to enter text. |
| **Describe the problem solved by the software:**  |
| Click here to enter text. |
| **What are the limitations or drawbacks of currently available solutions - software, product, or process?**Why don’t current solutions solve the problem?  |
| Click here to enter text. |
| **Description of the software:** (no more than one page)Summarize the software, explicitly identifying the novel properties. How is the software unique? Why should someone invest in this technology over other solutions? |
| Click here to enter text. |
| **Describe the target market for the software.**Who is the end-user? How would they benefit from adopting this software? |
| Click here to enter text. |
| **Which companies or third parties would likely be interested in this software and *why*?**Consider who would buy the software. Have you been in contact with any companies regarding similar research? Is anyone already operating in this space? |
| Click here to enter text. |
| **Status of the invention** |
| Is there a functioning graphical user interface (GUI) for the software that would allow third parties to interact with the software for performance evaluation purposes? | Yes [ ]  |
| No [ ]  |
| Is the software available in the public domain? | Yes [ ]  |
| No [ ]  |
| Have any open-source licenses been granted? | Yes [ ]  |
| No [ ]  |

## 2. References

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| **Has a literature search been conducted?**  | Yes [ ]  |
| No [ ]  |
| **Please provide a list of relevant references in published literature:**In addition to publications, also think about who is researching similar things and consider providing names of specific research groups, universities, consortia, etc. |
| Click here to enter text. |
| **Has a patent search been conducted?** | Yes [ ]  |
| No [ ]  |
| **Please provide a list of relevant patents/patent applications**: |
| Click here to enter text. |

## 3. Disclosure

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| **Has a description of the software been disclosed?** Consider all of the following: abstract, paper, conference presentation or poster, informal discussion, seminars, industry meetings, news story, thesis, or in discussions with collaborators? If yes, please provide a copy and the date of any such disclosure.  |
| Click here to enter text. |
| **Are any disclosures of the software planned?** If so, please indicate nature of disclosure and date (for disclosures at scientific meetings, please note abstracts are often published in advance). |
| Click here to enter text. |
| **Was any third-party code (open source or other) used in the creation of the software?** If so, please describe the nature and extent of use. |
| Click here to enter text. |
| **Was any fee-for-service vendor used in the creation of the software?** If so, who was the vendor? Was the work done under a Queen’s contract? |
| Click here to enter text. |

## 4. Location of resources used in generating the invention

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| **Indicate which institution’s resources were used for the creation of the software.** (check all that apply) e.g., funding, samples, data, laboratories, supplies, equipment, personnel, and office space |
| Queen’s University |[ ]
| Kingston Health Sciences Centre (KHSC) |[ ]
| Providence Care (PC) |[ ]
| Other |[ ]
| If other, please specify information on location and resources used in generating the invention |
| Click here to enter text. |

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| **List sources of funding for software research and development** (e.g. grants, research contracts) |
| Click here to enter text. |
| **Has this research been the subject of an industry sponsored research agreement?** |
| No [ ]  |
| Yes [ ]  |
| **If yes, please provide non-confidential details (e.g., date signed, duration of contract)** |
| Click here to enter text. |

## 5. Contributors

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| **Contributor 1** |
| First Name: | Click here to enter text. | Last Name: | Click here to enter text. |
| Appointments:  | Queen’s [ ]  KHSC [ ]  PC ☐ Other [ ]  (check all that apply) |
| Other Position: | Click here to enter text, if applicable. |
| Work Address: | Click here to enter text. |
| Home Address | Click here to enter text. |
| Email: | Click here to enter text. | Phone: | Click here to enter text. |

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| **Contributor 2** |
| First Name: | Click here to enter text. | Last Name: | Click here to enter text. |
| Appointments:  | Queen’s [ ]  KHSC [ ]  PC ☐ Other [ ]  (check all that apply) |
| Other Position: | Click here to enter text, if applicable. |
| Work Address: | Click here to enter text. |
| Home Address | Click here to enter text. |
| Email: | Click here to enter text. | Phone: | Click here to enter text. |

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| **Contributor 3** |
| First Name: | Click here to enter text. | Last Name: | Click here to enter text. |
| Appointments:  | Queen’s [ ]  KHSC [ ]  PC ☐ Other [ ]  (check all that apply) |
| Other Position: | Click here to enter text, if applicable. |
| Work Address: | Click here to enter text. |
| Home Address | Click here to enter text. |
| Email: | Click here to enter text. | Phone: | Click here to enter text. |

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| **Contributor 4** |
| First Name: | Click here to enter text. | Last Name: | Click here to enter text. |
| Appointments:  | Queen’s [ ]  KHSC [ ]  PC ☐ Other [ ]  (check all that apply) |
| Other Position: | Click here to enter text, if applicable. |
| Work Address: | Click here to enter text. |
| Home Address | Click here to enter text. |
| Email: | Click here to enter text. | Phone: | Click here to enter text. |

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| **Contributor 5** |
| First Name: | Click here to enter text. | Last Name: | Click here to enter text. |
| Appointments:  | Queen’s [ ]  KHSC [ ]  PC ☐ Other [ ]  (check all that apply) |
| Other Position: | Click here to enter text, if applicable. |
| Work Address: | Click here to enter text. |
| Home Address | Click here to enter text. |
| Email: | Click here to enter text. | Phone: | Click here to enter text. |

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| **Contributor 6** |
| First Name: | Click here to enter text. | Last Name: | Click here to enter text. |
| Appointments:  | Queen’s [ ]  KHSC [ ]  PC ☐ Other [ ]  (check all that apply) |
| Other Position: | Click here to enter text, if applicable. |
| Work Address: | Click here to enter text. |
| Home Address | Click here to enter text. |
| Email: | Click here to enter text. | Phone: | Click here to enter text. |

## 6. Signatures

By signing below, we the contributors listed in Section 5, have read, understood and agree to all the preceding, and declare that all of the information provided in this disclosure is complete and correct (this includes the provisions of Section 7). To the best of our knowledge all contributors to this disclosure are identified in Section 5.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Contributor Name** | **Contributor Signature** | **Date** |
| 1 | Click here to enter text. |  |  |
| 2 | Click here to enter text. |  |  |
| 3 | Click here to enter text. |  |  |
| 4 | Click here to enter text. |  |  |
| 5 | Click here to enter text. |  |  |
| 6 | Click here to enter text. |  |  |

## 7. Privacy Collection Notice

The Office of Partnerships and Innovation collects personal information in accordance with Ontario’s Freedom of Information and Protection of Privacy Act (FIPPA), and only collects the personal information which is necessary for it to administer its programs and activities and carry out its services and functions. By signing this form, you consent to the Office of Partnerships and Innovation to collect, retain, use, share your personal information for the following purposes only: technology transfer activities, provision of advice and consultations on intellectual property, managing intellectual property (including listing inventor names and addresses on public forms related to patents/patent applications), liaison with industry, and facilitating private sector contract research.