

Confidential

Invention Disclosure Form

Instructions

This form is to be used for reporting an invention to the Office of 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:

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| --- | --- |
| Via Mail | Queen’s Partnerships and Innovation99 University Avenue – Queen’s UniversityKingston, Ontario K7L 3N6 |
| Via Email | Chemistry/Advanced Materials | Jason Hendryhendryj@queensu.ca |
| Life Science | Michael Wellswellsm@queensu.ca |
| Applied Engineering, Electronics, Computing | Jim Bantingjim.banting@queensu.ca |

1. Description of the Invention

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| Non-confidential invention title: |
| Click here to enter text. |
| Description of the invention: (no more than one page) |
| Click here to enter text. |
| Describe the problem solved by the invention: |
| Click here to enter text. |
| Which companies or third-parties would likely be interested in this invention? |
| Click here to enter text. |
| What are the limitations or drawbacks of currently available apparatus, product, or process? |
| Click here to enter text. |
| Status of the invention |
| Has the apparatus, product, or process been made or tested? | Yes [ ]  |
| No [ ]  |
| If yes, does a sample product exist? | Yes [ ]  |
| No [ ]  |

1. References

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| --- | --- |
| Has a literature search been conducted? | Yes [ ]  |
| No [ ]  |
| Please provide a list of relevant references in published literature: |
| 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. |

1. Disclosure

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| Has a description of invention been disclosed in an 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 invention 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. |

1. Location of resources used in generating the invention

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| Indicate which institution’s resources were used for the research underlying the invention (e.g., funding, samples, data, laboratories, supplies, equipment, personnel, and office space)? (check all that apply) |
| 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 research (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. |

1. 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. |

1. 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.

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| --- | --- | --- | --- |
|  | 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. |  |  |

1. 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.