

Confidential

Software Disclosure Form

Instructions

This form is to be used for reporting an 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 Innovation  99 University Avenue – Queen’s University  Kingston, Ontario K7L 3N6 | |
| Via Email | Chemistry/Advanced Materials, Applied Engineering | Jason Hendry  hendryj@queensu.ca |
| Life Science, Electronics, Computing | Michael Wells  wellsm@queensu.ca |

1. Description of the Software

|  |  |
| --- | --- |
| Non-confidential software title: | |
| Click here to enter text. | |
| Description of the software: (no more than one page) | |
| Click here to enter text. | |
| 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? | |
| Click here to enter text. | |
| Describe the target market for the software. What are the distinct benefits of the software? | |
| Click here to enter text. | |
| What are the limitations or drawbacks of currently available software? Which companies are in this software space? | |
| Click here to enter text. | |
| Status of the software | |
| Is the software available in the public domain? | Yes |
| No |
| Have any open-source licenses been granted? | Yes |
| No |

1. Disclosure and Commercial Potential

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| Has a description of software 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 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 briefly. |
| Click here to enter text. |

1. Location of resources used in generating the software

|  |  |
| --- | --- |
| Indicate which institution’s resources were used for the creation of the software (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 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. |

1. Contributors

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

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