**IN ORDER TO STREAMLINE THE REVIEW PROCESS AND TO PREVENT DELAY PLEASE MAKE SURE ALL FIELDS ARE COMPLETED IN ENTIRETY, SIGN AND DATE. IF THERE ARE ANY QUESTIONS CONTACT MARGARET SHABASHEVICH AT 401-863-7922.**

**DISCLOSURE FORM**

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| 1. **Title of Invention**: Give a short descriptive title that does not contain details that would enable others to reproduce the invention: |
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| 1. **Short description** of invention outlining problem it solves, how it works and it advantages and improvements over existing methods, devices or materials. Attach any detailed description and /or drawings: |
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| 1. **What can your invention do? Who will use it?** |
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| 1. **Date of Invention Disclosure submission:** |

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| --- | --- | --- |
| 1. **Inventorship:** | | |
| **PRIMARY INVESTIGATOR** |  |
| **Name** |  |
| **Position** |  |
| **Department** |  |
| **Home address** |  |
| **Telephone** |  |
| **E-mail** |  |
| **Citizenship (for future Int’l Patent filings)** |  |
| **Affiliation at time of invention.** |  |
| **Inventor 2** |  |
| Name |  |
| Position |  |
| Department |  |
| Home address |  |
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| E-mail |  |
| **Citizenship** (for future Int’l Patent filings) |  |
| Affiliation at time of invention. |  |
| **Inventor 3** |  |
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| **Citizenship** (for future Int’l Patent filings) |  |
| Affiliation at time of invention. |  |
| **Inventor 4** |  |
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| **Citizenship** (for future Int’l Patent filings) |  |
| Affiliation at time of invention. |  |
| **Inventor 5** |  |
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| E-mail |  |
| **Citizenship** (for future Int’l Patent filings) |  |
| Affiliation at time of invention. |  |

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

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| --- | --- |
| 1. **Funding and Support: \_\_Yes \_\_No** | |
| **If yes (the following are mandatory fields)**, 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 your hospital. (The hospital may have obligations to providers of all such support. If only Hospital 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 |  |
| Institution awarded to: |  |

|  |  |  |
| --- | --- | --- |
| 1. **Use of Proprietary Materials: \_\_Yes \_\_No** | | |
| 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. (There may be obligations to providers of such proprietary materials.) | | |
| Recipient’s Name |  |
| Provider’s Name |  |
| Proprietary Material |  |
| Comments |  |

|  |  |  |
| --- | --- | --- |
| 1. **Record of Invention** | | |
| **Date first thought of idea or discovery?** |  |
| **Has the Invention been Reduced to Practice?** | **\_\_Yes \_\_No** |
| **Date demonstrated to work?** |  |
| **Is a prototype available?** |  |
| **Location of documentation (e.g. notebooks, etc.)** |  |

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| --- | --- |
| 1. **Public Disclosures** | |
| **Have you disclosed this invention to persons outside of your employer or are you planning to disclose in the near future? \_\_Yes \_\_No If yes (the following are mandatory field):** | |
| **Please indicate the date and the journal, conference name, or person as applicable and attach or describe the disclosed materials** |  |

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| 1. **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.** |
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| 1. **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.** |

**Important: All Inventors must sign on the following page**

**for this Invention Disclosure to be complete.**

**Acknowledgement and Agreement:**

**I/We, the undersigned, do hereby assign all right, title and interest in and to this disclosed invention and all patents, patent applications and patent rights worldwide related thereto, to the following** (check one)**:**

⁮ **Women & Infants Hospital of Rhode Island**

**⁮ Butler Hospital**

**⁮ Kent County Visiting Nurse Association d/b/a VNA of Care New England**

**⁮ Care New England Health System**

**⁮ Kent County Memorial Hospital**

**Primary Investigator (PI):**

Print Name Signature Date

**Inventor 2:**

Print Name Signature Date

**Inventor 3:**

Print Name Signature Date

**Inventor 4:**

Print Name Signature Date

**Inventor 5:**

Print Name Signature Date

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

**PLEASE SUBMIT TO (**[**TVO\_Patents@Brown.edu**](mailto:TVO_Patents@Brown.edu)**). If confirmation is not received within 48 hours consider it not received by TVO and please re-submit.**