



Invention Disclosure Form

(updated March 2023)

PLEASE COMPLETE ALL FIELDS, THEN SIGN AND DATE. IF YOU NEED HELP PLEASE CONTACT US AT tech-innovations@brown.edu OR YOUR DIRECTOR OF BUSINESS DEVELOPMENT AT THE TECHNOLOGY INNOVATIONS OFFICE. EMAIL THE COMPLETED, SIGNED AND DATED FORM, ALONG WITH ANY RELEVANT BACKGROUND MATERIALS (PAPERS, MANUSCRIPTS, DATA SETS, ETC.) TO: tech-innovations@brown.edu WITH A COPY TO YOUR DIRECTOR OF BUSINESS DEVELOPMENT.

1. Title of invention/discovery: In one sentence, describe the invention. Suggested formats:
“A novel _____ to do / achieve _____”; “First in class _____ for use in _____”

2. Date of submission of this Invention Disclosure:

3. Describe the Technology: Provide a detailed description of your invention highlighting what it is, what is new and innovative and how it works. Include a manuscript, publication, comprehensive protocol, slide deck, conference poster, drawings, diagrams or similar descriptive material as applicable.

4. Potential impact: what problem does it solve?: What clear unmet need or problem could be solved with the invention/discovery? Why does addressing this problem or need matter, and how big is the need?

5. Product(s) or Service(s) enabled / usefulness: Describe the *product(s) or service(s)* that could be enabled by the discovery/invention, and how they would be used (who would use them, buy them, and for what).

6. Compelling advantages: Describe how this is better than existing alternatives at solving the problem described in #4 above - i.e., what advantages would compel users and buyers described in #5 above to use this? Why do the advantages matter? What makes this a “must-have” solution (vs. a “nice-to-have” solution)? ***Importantly, list the things that are novel and unique about the discovery / invention.***

7. Inventorship:	
Please provide all the information requested below for each contributing inventor.	
	Primary Investigator
Name	
Position	
Department	
Home address	
Telephone	
Brown E-mail	
Alternate E-mail	
Citizenship (for future Int'l Patent filings)	
Affiliation at time of invention. If not at Brown please provide details	
Please list all other affiliations, appointments or employers that inventor may have <u>whether paid or not</u> . For example, list affiliation with the Veterans Administration , any hospital or another academic institution .	
	Inventor 2
Name	
Position	
Department	
Home address	

Telephone	
Brown E-mail	
Alternate E-mail	
Citizenship (for future Int'l Patent filings)	
Affiliation at time of invention. If not at Brown please provide details	
Please list all other affiliations, appointments or employers that inventor may have <u>whether paid or not</u> . For example, list affiliation with the Veterans Administration , any hospital or another academic institution .	
	Inventor 3
Name	
Position	
Department	
Home address	
Telephone	
Brown E-mail	
Alternate E-mail	
Citizenship (for future Int'l Patent filings)	
Affiliation at time of invention. If not at Brown please provide details	
Please list all other affiliations, appointments or employers that inventor may have <u>whether paid or not</u> . For example, list affiliation with	

the Veterans Administration , any hospital or another academic institution .	
	Inventor 4
Name	
Position	
Department	
Home address	
Telephone	
Brown E-mail	
Alternate E-mail	
Citizenship (for future Int'l Patent filings)	
Affiliation at time of invention. If not at Brown please provide details	
Please list all other affiliations, appointments or employers that inventor may have <u>whether paid or not</u> . For example, list affiliation with the Veterans Administration , any hospital or another academic institution .	
	Inventor 5
Name	
Position	
Department	
Home address	
Telephone	

Brown E-mail	
Alternate E-mail	
Citizenship (for future Int'l Patent filings)	
Affiliation at time of invention. If not at Brown please provide details	
Please list all other affiliations, appointments or employers that inventor may have <u>whether paid or not</u> . For example, list affiliation with the Veterans Administration , any hospital or another academic institution .	

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

8. Funding and Support: <input type="checkbox"/> Yes <input type="checkbox"/> 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 Brown. (Brown may have obligations to providers of all such support. If only Brown 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 Brown	

9. Use of Proprietary Materials: __Yes __No	
<p>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.</p> <p>Proprietary materials may have been made available by industry-sponsored research agreements (SRAs), material transfer agreements (MTAs), etc. (Brown may have obligations to providers to such proprietary materials.)</p>	
Recipient's Name	
Provider's Name	
Proprietary Material	
Comments	

10. 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.)	

11. Public Disclosures *** For legal purposes ***
Have you disclosed this invention to persons outside of Brown or planning to disclose in near future? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes (the following are mandatory field):

Please indicate the date, journal or conference name, or person as applicable and attach the disclosed materials	
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12. Prior Art
Please provide details of any publications or patents known to you which are highly relevant to this invention. Attach results of any literature or patent searches which you have performed (IMPORTANT: when providing references, please make sure to attach actual Journal article or document in a form of pdf). Use Innography PatentScout tools available for you with your Brown e-mail.

13. 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.

Assignment and Agreement
(read carefully)

I, the undersigned each individually, do hereby represent that to the best of my actual knowledge there are no inventors of the invention disclosed herein other than the inventors named above in this Invention Disclosure.

I hereby assign to Brown University all right, title and interest in and to this disclosed invention and all patents, patent applications and patent rights worldwide related thereto. I hereby acknowledge my obligations under the Brown University Patent and Invention [Policy](#).

Primary Investigator (PI):

Print Name	Signature	Date
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Inventor 2:

Print Name	Signature	Date
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Inventor 3:

Print Name	Signature	Date
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Inventor 4:

Print Name	Signature	Date
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Inventor 5:

Print Name	Signature	Date
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If additional inventors, continue their names, signatures and date on separate sheet as necessary. PLEASE SUBMIT TO Tech-Innovations@brown.edu. If confirmation is not received within 48 hours consider it not received and please re-submit.