

**THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
And
THE HENRY M. JACKSON FOUNDATION FOR THE ADVANCEMENT OF
MILITARY MEDICINE**

JOINT OFFICE OF TECHNOLOGY TRANSFER (JOTT)

CONFIDENTIAL INVENTION DISCLOSURE FORM

(Please use as much space as you need for each item.)

RETURN COMPLETED FORM TO:

**ALYSSA SHEPARD, Ph.D.
HENRY M. JACKSON FOUNDATION
1401 ROCKVILLE PIKE, SUITE 600
ROCKVILLE, MD 20852**

DATE RECEIVED BY JOTT:

**FOR ASSISTANCE IN FILLING OUT THIS
FORM, PLEASE CONTACT:**

**ALYSSA SHEPARD, Ph.D.
Tel: (301) 294-8135 (HJF)
Fax: (301) 294-8130
Email: ashepard@hjf.org**

I. Invention Title:

II. Name of Inventor who will be the contact person* for this invention:

Last Name

First Name

*This person will be responsible for:

- (1) Communicating with co-inventors, JOTT, USUHS, Foundation and patent law firm personnel concerning the invention;
- (2) Providing requested documents and information to JOTT and the patent attorney; and
- (3) Notifying JOTT and the patent attorney of changes to the invention.

III. INVENTORS

A.) Last Name: _____
First Name: _____ Initial: _____
Employer: _____
Other USUHS/Foundation Affiliation: _____
Department: _____
Work Phone: _____ FAX: _____
Email: _____
Residential Address: _____
Social Security Number: _____

B.) Last Name: _____
First Name: _____ Initial: _____
Employer: _____
Other USUHS/Foundation Affiliation: _____
Department: _____
Work Phone: _____ Fax: _____
Email: _____
Residential Address: _____
Social Security Number: _____

C.) Last Name: _____
First Name: _____ Initial: _____
Employer: _____
Other USUHS/Foundation Affiliation: _____
Department: _____
Work Phone: _____ Fax: _____
Email: _____
Residential Address: _____
Social Security Number: _____

D.) Last Name: _____
First Name: _____ Initial: _____
Employer: _____
Other USUHS/Foundation Affiliation: _____
Department: _____
Work Phone: _____ Fax: _____
Email: _____
Residential Address: _____
Social Security Number: _____

(Please photocopy and attach additional pages if five or more inventors.)

INVENTION

- I. Brief Summary of the Technology Including Purpose and Use of the Invention**
(Please attach a **detailed** description of the invention on a separate page(s). Please include copies of draft abstracts, manuscripts, drawings, photographs, charts, etc. Each sheet should be dated and signed by each inventor and two witnesses.)
- II. Particular Features of the Invention That Are Novel Over Other Work**
- III. Prior Art**
(Please state what has been done previously in the art. List any publications, patents, patent applications, or other references of which you are aware that may bear upon this technology. Please attach these references if available.)
- IV. Publication or Presentation**
(Have you submitted or do you plan to submit for publication any report, abstract, or other written description of this technology, or have you made or do you plan to make any presentation or poster at any public meeting, conference, seminar, or other open discussion? Provide details and dates of all such publications and presentations.)
- V. When did you first conceive of this invention?**
- VI. What is the date of the first written record (notebook, letter, proposal, sketches, drawing, etc.) of the invention?**

Identify the document (e.g., lab notebook, page numbers involved) and location of document.

- VII. To whom was the invention first disclosed? When and where?**

VIII. When and where did you first successfully test this invention? Describe the details. Who was present? What were the results?

FUNDING SOURCE(S)

- I. List the sources(s) of funding (e.g., federal, Foundation, industry) of the project under which the invention arose. Identify the contract, grant number; the funding agency; and the Principal Investigator/Supervisor and Department Chairperson.**

- II. Identify the source and use in making the invention, of any materials, reagents, or know-how obtained from third parties (e.g., academic and/or industrial colleagues or collaborators).**

- III. List and provide copies of any agreements that relate to the invention (e.g., Material Transfer Agreements, Confidential Disclosure Agreements, Sponsored Research Agreements, CRADAs, License Agreements, or Inter-Institutional Agreements), and identify all sponsors.**

COMMERCIALIZATION

- I. List possible commercial applications of your invention. For each, identify competitive products and their manufacturers.**

- II. Identify any companies you think might be interested in this invention and why. Include names of individuals and contact information where possible.**

- III. If any companies have contacted you, or if you have contacted any companies, please provide a list of these contacts. Were these contacts covered by Confidential Disclosure Agreements?**

- IV. Has the invention (or any product made using the invention) ever been used publicly, sold, or licensed? Provide dates, locations, and details.**

MISCELLANEOUS

- I. Do you know of anyone at USUHS or the Foundation, other than the inventors, who is qualified to assist the JOTT in evaluating this invention?

- II. Are there any experts in the field outside of USUHS or the Foundation who can assist the JOTT in evaluating this invention?

- III. Is there anyone at USUHS or the Foundation whom you *DO NOT* want JOTT to contact regarding this invention (e.g., someone working on a competing research project)?

SIGNATURES OF ALL INVENTORS AND WITNESSES

INVENTORS:

Signature: _____ Date: _____

Name: _____

WITNESSES:

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____

(Please photocopy and attach additional pages if five or more inventors.)