|  |  |
| --- | --- |
| Docket #: |  |

Submit completed invention disclosure to [disclose@pci.upenn.edu](mailto:disclose@pci.upenn.edu%20-)

**INVENTION DESCRIPTION**

Please complete these sections to provide background information about your invention.

**Title**

*Provide a short descriptive title of the invention.*

**Description**

*Write a detailed description of the invention.* ***In order to meet Penn’s Federal reporting requirements, the invention description should be at least 2 pages in length*** *and can be completed on a separate page if necessary. In addition, please attach any relevant papers, manuscripts, grants, grant applications etc. which you feel provide a more comprehensive understanding of the invention.*

**Use of Artificial Intelligence and/or Machine Learning**

Was Artificial Intelligence (AI) and/or Machine Learning (ML) used in the development of this invention? Yes No

*If yes, please describe how AI and/or ML were used.*

**Related Inventions**

Is this invention related to a prior invention disclosed to PCI? Yes No

*If yes, please provide the docket number and/or title of the related invention(s).*

**Innovation**

*Describe the problem that the invention solves and how it is different from similar inventions. Describe how the invention might be used in a commercial setting (i.e. what would a product, method, or service look like, who would be the most likely end user, etc.) and how it is unique/improved over existing products/methods.*

**Future**

*Indicate how you will be further developing the invention over the next year (i.e. funding, animal studies, trails, prototypes, etc.) and any additional developmental milestones you expect to reach.*

**Partners**

*List any companies that you feel might be interested in helping to further develop or take a commercial interest in the invention.*

**Researchers**

*Identify any researchers working in a similar area of research (at Penn or elsewhere.)*

**Check the reason(s) that best describe why you submitted this invention disclosure (check all that apply)**

|  |  |  |
| --- | --- | --- |
|  | The invention is groundbreaking/revolutionary | |
|  | The invention has significant commercial potential | |
|  | The invention is a platform technology (i.e. has many different product indications) | |
|  | The invention is a significant improvement over existing technology | |
|  | A specific company has already expressed interest in licensing and/or developing the invention | |
|  | A partner in development/colleague suggested I should | |
|  | I/we are interested in being involved with a startup company based on this invention | |
|  | To comply with the obligations of an existing sponsored research agreement/university alliance, or university policy | |
|  | Other (please specify) |  |

**CRITICAL DATES**

Please complete these sections to help identify any previous or upcoming public disclosures which could affect our ability to seek the broadest possible protection for the invention. Public disclosures include but are not limited to publications, abstracts posters and oral presentations at meetings, website publication, grand rounds, awarded grants, and third-party discussions. Presentations to Penn personnel are not considered public disclosures provided that non-Penn personnel are not in attendance. If you have any questions about what constitutes a public disclosure, please contact us ([disclose@pci.upenn.edu](mailto:disclose@pci.upenn.edu)).

**List any previous or upcoming disclosures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disclosure Type** | **Yes** | **No** | **Date (MM/DD/YYYY)** | **Citation or Explanation** |
| Published abstract or manuscript, including advance online postings |  |  |  |  |
| Submitted for publication (include name of journal and approx. publication date/stage of review) |  |  |  |  |
| Presentation at a meeting (past or upcoming). Please include the name of the meeting. |  |  |  |  |
| Part of an awarded grant |  |  |  |  |
| Described in a thesis |  |  |  |  |
| Discussed orally or in writing with a third party (investors, company, etc.)  CDA? Yes No |  |  |  |  |
| Other past/upcoming disclosures |  |  |  |  |

**Please provide a copy of any previous or upcoming PUBLIC disclosure with this form.**

**FUNDING AND CONTRACTUAL OBLIGATIONS**

*What funding source(s) were used to develop the invention? Please check all that apply and enter detailed information in the table below as appropriate.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Government (Federal) Yes No | Company Sponsored Research Yes No | | Foundation Yes No | |
| University Alliance Yes No | Abramson Funding Yes No | | HHMI Yes No | |
| Center for Healthcare Innovation Yes No | Other Yes No | |  | |
| **Sponsor, Foundation or Granting Agency** | | **Grant #, Contract #, Agreement #** | | **Principal Investigator** |
|  | |  | |  |
|  | |  | |  |
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*Was the invention developed using any research tools, biological substances, or other proprietary materials obtained from a third party? If so, was there a Material Transfer agreement?*

|  |  |  |
| --- | --- | --- |
| **Material** | **Party** | **MTA (Yes or No)** |
|  |  |  |
|  |  |  |
|  |  |  |

*Are you aware of any other contracts/agreements that relate to this invention? Please check all that apply and enter detailed information in the table.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consulting Agreement Yes No | | Collaboration Agreement Yes No | | Data Use Agreement Yes No |
| Confidentiality Agreement (CDA) Yes No | | Service Agreement Yes No | | Existing License Yes No |
| Other Yes No | |  | |  |
| **Agreement Type** | | **Party/Contact Information** | |
|  | |  | |
|  | |  | |
|  | |  | |

**\*\*\*\*THIS INFORMATION IS REQUIRED IN ORDER FOR PENN TO COMPLY WITH FEDERAL REGULATIONS AND LEGAL CONTRACTUAL COMMITMENTS\*\*\*\***

**CONTRIBUTORS**

All University of Pennsylvania inventors that have not already done so are required to submit an updated Participation Agreement to PCI (updated in the revised Patent Policy effective July 1, 2010). If you have not already submitted an updated Participation Agreement, please complete and submit one along with this form. Click here to access [Participation agreement](https://pci.upenn.edu/inventors/how-it-works-commercializing-innovation/policies/).

Primary Investigator (PI)

|  |  |  |
| --- | --- | --- |
| **Printed Name:** |  | |
| **Signature and date:** |  | |
| **Citizenship:** |  | |
| **School and Dept:** |  | |
| **Phone, Fax and E-mail:** |  | |
| **Home Address\*:** |  | |
| **Work Address:** |  | |
| **Penn ID Number:** | | **PennKey:** |
| Do you have an appointment with the VA?  **No Yes** | | Do you have an appointment with CHOP?  **No Yes** |

Other contributors (attach additional sheet if necessary):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Printed Name:** |  | | | |
| **Signature and date:** |  | | | |
| **Citizenship:** |  | | | |
| **School and Dept:** |  | | | |
| **Phone, Fax and E-mail:** |  | | | |
| **Home Address\*:** |  | | | |
| **Work Address:** |  | | | |
| **Penn ID Number:** | | | **PennKey:** | |
| Do you have an appointment with the VA?  **No Yes** | | Do you have an appointment with CHOP?  **No Yes** | | Are you an UPHS Employee?  **No Yes** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Printed Name:** |  | | | |
| **Signature and date:** |  | | | |
| **Citizenship:** |  | | | |
| **School and Dept:** |  | | | |
| **Phone, Fax and E-mail:** |  | | | |
| **Home Address\*:** |  | | | |
| **Work Address:** |  | | | |
| **Penn ID Number:** | | | **PennKey:** | |
| Do you have an appointment with the VA?  **No Yes** | | Do you have an appointment with CHOP?  **No Yes** | | Are you an UPHS Employee?  **No Yes** |

\**Home address necessary to comply with certain patent office requirements.*