

**OFFICE OF TECHNOLOGY AND BUSINESS DEVELOPMENT
Invention Disclosure**

Office of Technology and Business Development Use Only	
DOCKET# :	Date Received:
When completed submit via email to: <u>technology@mssm.edu</u> Office of Technology and Business Development Mailing Address: Box 1675, One Gustave L. Levy Place Office Location: 71 East 96 St NY NY Phone: 212-659-9680 Fax: 212-348-3116	IMPORTANT NOTE: 1. Premature disclosure of invention in lectures, seminars, abstracts, articles, etc. may result in loss of some or all of your Rights to obtain a patent. 2. Incomplete Invention Disclosure Form will delay patent application process.

Names of Inventors:
Title of Invention:
Targeted therapeutic area/market:
Are you interested in participating in the licensing and commercial development? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you know of any companies that may be interested in licensing? YES <input type="checkbox"/> NO <input type="checkbox"/>
List names of potential companies:

Invention description:	1. What it is	2. Practical application of the invention	3. Existing
	technology most similar to your invention	4. How is your invention different from the existing technology	

Please attach additional information if needed (i.e. manuscript, data, etc)
 Please attach additional market analysis (commercial potential, market size, competition, etc)

How would your invention be used in the commercial world?		
What commercial problems could your invention solve?		
Date of conception:	How is this documented:	
Is your invention supported by experimental data (reduction to practice)? YES <input type="checkbox"/> NO <input type="checkbox"/>		Date:
Most relevant publications by inventors or others :		
Have you ever disclosed your invention in conferences, poster, abstract, paper, etc? YES <input type="checkbox"/> NO <input type="checkbox"/>		
List public disclosure:		
Date of anticipated publication, oral disclosure, submission:		

Was this invention developed with the use of any research grant/contract funds (including NIH, foundations, philanthropy, company) ? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Contract/Grant No(s)	Sponsor(s)	Project No(s).	Principal Investigator
Accurate and complete sponsorship information is necessary to fulfill Mount Sinai's obligations under research grants and contracts.			
Did you use any materials and/or reagent which were obtained from another institution or company to make this invention? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, list providers and dates:			

List of Inventors			
Name:		Name:	
Home Address:		Home Address:	
Work Address:		Work Address:	
Tel (H):	(W):	Tel (H):	(W):
Institution/Dept:		Institution/Dept:	
Country of Citizenship:		Country of Citizenship:	
Signature:	Date:	Signature:	Date:

Name:		Name:	
Home Address:		Home Address:	
Work Address:		Work Address:	
Tel (H):	(W):	Tel (H):	(W):
Institution/Dept:		Institution/Dept:	
Country of Citizenship:		Country of Citizenship:	
Signature:	Date:	Signature:	Date:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true.