

HENRY FORD HEALTH SYSTEM

RECORD OF INVENTION AND INVENTION DISCLOSURE

Date: _____

Name: _____

Please indicate your job title: Physician _____ Resident _____ Bioscientific Staff _____ Nurse _____
Fellow _____ Intern _____ Student _____ Other _____

The purpose of this disclosure is to gather information so that any rights to the invention you describe herein may be appropriately protected. The information you provide will also help to document the earliest date of your invention if a question as to priority of inventorship should arise.

In addition, please note that rights to a patent may be seriously compromised by describing the invention (e.g., experimental methods and/or results), either orally, in writing or by display to someone other than a Henry Ford Health System employee or co-inventor. Therefore, if you plan to give a seminar or poster session or submit an abstract or paper that describes concepts or experimental results related to your invention, please inform the Intellectual Property Committee well in advance so that appropriate measures may be taken to protect your invention.

1. TITLE OR SUBJECT OF INVENTION OR DISCOVERY

2. INVENTOR(S) FULL NAME(S) (print/type)	DEPT/EXTENSION	CITIZENSHIP
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

HOME ADDRESS(ES) in order listed above

- a.
- b.
- c.
- d.

3. DATE OF FIRST CONCEPTION of the invention or discovery

4. FIRST REDUCTION TO PRACTICE
 - a. Date of first successful test:
 - b. By whom was first successful test made?
 - c. Location of record of that test:
 - d. Who witnessed that test?
 - e. Who witnessed the record of that test?
 - f. Result of that test
 - g. Date of first successful test in USA, if different from 5a.

5. FIRST ACT(S) TO ESTABLISH CONCEPTION (other than written description/drawing)
 - a. Date
 - b. Act(s)

6. FIRST WRITTEN DESCRIPTION OR DRAWING of the invention
 - a. Date
 - b. Location of that first description of drawing

7. FIRST DISCLOSURE TO ANOTHER WITHIN HENRY FORD HEALTH SYSTEM
 - a. Date
 - b. To whom was disclosure made?
 - c. Location or record of first disclosure:

8. Has your invention been described orally or in writing to any person other than Henry Ford Health System employee or co-inventor? If so,
- a. Date
 - b. To whom was disclosure made?
 - c. Location or record of first disclosure:
 - d. Was Confidentiality Agreement signed by that entity? Yes/No? If yes, attach a copy hereto.
9. Have any specific embodiments of your invention (e.g. peptide, protein, cells, antibodies, DNA preparations, etc.) been distributed to persons other than Henry Ford Health System employees or co-inventors?
- Yes _____ No _____

If yes, what and to whom?

10. Has a PAPER or ABSTRACT DESCRIBING THIS INVENTION been submitted for publication? If so, projected journal and publication date:

Please attach a copy of the manuscript.

11. Has a SEMINAR or POSTER SESSION BEEN SCHEDULED for future presentation?

Yes _____ No _____ If yes, where/when?

12. COMMERCIAL STATUS OF INVENTION

a. Has the invention been commercialized?

b. If yes, by whom and date of first sale:

13. Additional remarks

14. FUNDING USED TO SUPPORT THIS INVENTION

a. Is it possible that governmental funds were used? (Note grant number(s))

b. Were any private funds used to support invention? (Note from whom)

The undersigned hereby acknowledges and agrees to the terms of the Henry Ford Health System Intellectual Property Policy and Procedures. In consideration of the undersigned's employment relationship with Henry Ford Health System, and subject to any prior agreements with Henry Ford Health System, this invention is assigned to Henry Ford Health System, together with all patents covering said invention.

15. SIGNATURE(s) of INVENTOR(s)	Date	<u>Percent of Contribution</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

WITNESS to SIGNATURES (witness should not be an Inventor)

a. _____ Date _____

This document, including the attached memorandum, consisting of _____ page(s) was read and understood by me on the date opposite my name.

16. DETAILED DESCRIPTION of the INVENTION: Attach additional pages with a full discussion of the following points:

- a. A brief abstract;
- b. The purpose of the invention, (i.e., the problem attacked);
- c. A detailed description of the invention, (i.e., the solution to the problem attacked);
- d. The advantage provided by the invention;
- e. Commercial significance of that advantage;
- f. The closest known prior publications and prior uses, if any.

Any pertinent references cited either in the disclosure, in a manuscript or in a preprint should be appended.

Representative(s) of HFHS Receiving this Disclosure. I hereby certify that I have received the above Disclosure and confirmed that all spaces for requested information have been filled in.

a. _____ Date _____