**New York Medical College**

**Invention Disclosure**

 An invention disclosure should be made when something new and useful has been conceived or developed, or when unusual, unexpected, or unobvious research results have been achieved and can be utilized. Any new and useful process, machine, manufacture, or composition of matter or any new and useful improvement thereof may be a patentable invention. Even if not patentable, new drugs, newly discovered, mutated or genetically engineered microorganisms or plants, new or altered forms of plant life, vaccines, cells, tissue and organ cultures, products of recombinant DNA research, hybrid cell cultures, processes involving microorganisms, monoclonal and polyclonal antibodies, engineered proteins should be disclosed.

 The purpose of this disclosure form is to permit evaluation of your invention to determine whether it is patentable and/or whether commercial development is feasible. The invention should be clearly described so that someone having knowledge in the field of the invention can understand its technical merits, its usefulness, and possible practical applications. Information that helps evaluators appreciate the invention will increase its ultimate chances for successful patenting and later market development.

 The issue of Public Disclosure is especially important since it places severe limitations on available patent protection. Non-confidential disclosure of an invention (to people outside the University) initiates a one-year period within which a U. S. patent application must be filed. If an application is not filed within that time, U. S. law prevents you from obtaining patent protection of the disclosed invention. The right to foreign patent protection is lost immediately upon public disclosure unless a U. S. Patent application is filed prior to such disclosure. Thus, if you want the College to consider patent protection, it is important that invention disclosures be submitted for timely review so that a U. S. patent application can be filed before public disclosure occurs.

For advice on completing the disclosure form or for additional information, contact Salomon Amar, D.D.S., Ph.D., Director, Office of Research Administration (914-594-2600)

|  |  |  |
| --- | --- | --- |
|  | **NEW YORK MEDICAL COLLEGE****OFFICE OF RESEARCH ADMINISTRATION Technology Development** **(914) 594-4480**  | **For TD Use**  |
|  | **TD #** **Date**  |
| **INVENTION DISCLOSURE COVER PAGE****Invention disclosure guidelines and this cover page may be downloaded from the ORA web site above.** |
|   |
| **1.Title of the invention:** |       |
| **2.Did the invention result, at least in part, from Federal funding?**  **Yes**  **No (If yes, identify agency and grant number.)**  | **3. Date of conception of invention?**       |
|   | Agency       | Grant No.       |
|   | Agency       | Grant No.       |
| **4. Inventor(s)** |
|   | **Name** | **Title/Position** | **Department** |
|  (a) |       |       |       |
|  (b) |       |       |       |
|  (c) |       |       |       |
|  (d) |       |       |       |
|  (e) |       |       |       |
| **5. Contact person:** The undersigned inventors agree to designate the inventor named below to be their contact with Technology Development and with patent counsel. The inventor named below agrees to keep the other inventors informed, on a timely basis, of all matters related to the invention including modifications of this invention disclosure.  |
|  Name      | Phone      | Fax      |
| Address      | E-mail      |
| **6. Signature(s) of Inventor(s) Date Signature(s) of Department Chair Date**  |
|  (a) |   |   |
|  (b) |   |   |
|  (c) |   |   |
|  (d) |   |   |
|  (e) |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Invention Disclosure**

1. **CONCISE DESCRIPTION OF INVENTION:** To enable someone having knowledge of the field to understand the invention. Include all essential elements (features, concepts, or new research results), their relationship to one another, and their mode of operation. Identify the elements that are considered novel. Also, if the invention is an apparatus or system, attach drawings or a sketch and indicate if it has ever been built or tested.

1. **BACKGROUND:** In order to determine the patentability of this invention, it will be necessary to compare it to existing technology (“prior art”). Please identify references to the prior art by patent number or journal article identification and provide copies.

1. **FACILITY IN WHICH INVENTION WAS MADE:** The name and address of the campus, building, laboratory where the work was done.

1. **CHRONOLOGY OF EVENTS IN CONCEPTION/DEVELOPMENT**

Earliest conception date:

Date of disclosure in writing to other persons and names of such persons:

First written record pertinent to invention:

Date and result of first test of the invention:

1. **USES/USEFULNESS/ADVANTAGES OF INVENTION:** Describe what is presently available in the field. Identify existing devices or processes (and their shortcomings) and list any published material such as patents, commercial literature, scientific articles relating to the invention. Identify the advantages or benefits of the invention over currently available technology, such as efficiency, cost benefit, simplicity, overcoming a defect. Identify possible uses or new uses of existing technology.

1. **LIMITATIONS OF INVENTION:** Does the invention have limitations? How can they be overcome? Is further development of the invention now in progress or planned?

1. **EXPERIMENTAL VERIFICATION:** Have you tested the invention experimentally? If yes, state when and attach a copy of the experimental data.

1. **POTENTIAL COMMERCIAL APPLICATIONS/LICENSEES:** Have you had contact with any party regarding the licensing of your invention? Are you aware of any companies in the field that may be interested in your invention? Are there current plans to use your idea commercially?

1. **PUBLIC DISCLOSURE/:** Identify dates and circumstances of any past publications and public disclosures. Include abstracts and presentations at scientific meetings (including poster sessions), public seminars, shelving of theses, publications, disclosure to others outside of the College who have not signed a confidentiality agreement.

1. **PUBLICATION PLANS:** Do you plan a publication or oral presentation that concerns this invention within the next 12 months?

1. **FINANCIAL SUPPORT ( EXTERNAL) :** Identify the specific grant or contract number(s), if applicable and the account number(s) and the external sponsors (governmental agencies, industrial sponsors, private agencies, or others) which provided support used to defray costs related to the research from which the invention resulted
2. **COLLEGE CONTRIBUTIONS**: Identify College contributions to the invention (materials, people, laboratory, salary)

1. **INVENTORSHIP:** List below all persons who participated in conception or in the first experimental verification of the invention. Provide name, title, institution, affiliation if not NYMC, a brief description of the nature and extent of that person’s contributions to the invention, e.g., conception, experimental verification or both. Please provide addresses and phone numbers where they may be contacted. If co-authors of any of the publications cited have contributed, explain why they should not be considered for inventor status.

1. **ASSIGNMENT:** In consideration of One Dollar and other good and valuable considerations, the receipt and sufficiency whereof are hereby acknowledged, the undersigned hereby assigns to **New York Medical College**, a New York Corporation, having an address of Valhalla, New York 10595, its successors and assigns the entire right, title and interest in the invention or improvements of the invention disclosed here and all other applications for United States letters patent, which the undersigned may file, either solely or jointly with others, on said invention or improvements, and in any and all Letters Patent, applications, and in any reissue or extension thereof.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

 Witness

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_