**INVENTION DISCLOSURE FORM**

**UCSF INNOVATION VENTURES – OFFICE OF TECHNOLOGY MANAGEMENT & ADVANCEMENT**

1. INVENTION DETAILS

In this section you will provide details about your invention to help us better understand it and its commercial potential.

1. Short Invention Title:
2. Long Invention Title (Optional):
3. One paragraph summary description of your invention. Please attach detailed decriptions, manuscripts, figures, etc. [If your invention has resulted from use of any Federal Government funding, please attach a detailed description (with drawings if applicable) and a manuscript, if available, as required by the Federal Government. This will help UCSF meet its obligations to the Federal Government.]**[[1]](#footnote-2)**
4. What are the customer benefits of your invention?
5. CATEGORY
6. Inventions often give rise to products and services. What products or services could be derived from your invention?
7. Is this technology a new platform that can be used to create multiple products?

[ ] Yes [ ] No

1. Select all invention types relevant to your technology. If more than one invention type is checked, please indicate the most relevant in **BOLD** text.

[ ]  Therapeutic

[ ]  Diagnostic

[ ]  Medical Device (Invasive and Non-Invasive devices)

[ ]  Digital Health (Software, app, algorithm. Note: Select Digital Health if invention is software alone even if it can be classed as medical device by FDA. For disclosures that contain hardware and software together select medical device instead)

[ ]  Research Tool

[ ]  Data/Know-How

[ ]  Content (Questionnaire, Book, Training material, Video)

[ ]  Trademark

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Select the indication(s) for this invention:

☐ Acute Injury

☐ Autoimmune/ Inflammatory

☐ Cardiovascular

☐ CNS

☐ Dental

☐ Dermatology

☐ Endocrinology

☐ Fibrotic Disease

☐ Gastrointestinal

☐ Hematology

☐ Hepatology

☐ Immunology

☐ Infectious Disease

☐ Mental/Behavioral Health

☐ Metabolic Disease

☐ Microbiome

☐ Neurodegeneration

☐ Oncology

☐ Ophthalmology

☐ Orthopedics

☐ Otology

☐ Pain

☐ Pediatric

☐ Radiology

☐ Rare/Orphan Disease

☐ Renal Disease

☐ Reproductive Health

☐ Respiratory

☐ Sleep Disorders

☐ Veterinary

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. INVENTORS
2. In this section you should list all of the contributing inventors for your invention. You should include inventors from other institutions but only inventors from UCSF should sign this form. Under US patent law, an inventor is one who has contributed to the conception of the invention. If you are uncertain who to include as an inventor, you may review <http://www.uspto.gov/web/offices/pac/mpep/documents/2100_2137_01.htm> to learn how inventorship is determined under US patent law. If a patent application is filed, then legal inventorship may be determined by the patent attorneys based on US patent law.

Lead Inventor’s Name:

Institutional Affiliation at time of invention:

Email:

Name:

Institutional Affiliation at time of invention:

Email:

Name:

Institutional Affiliation at time of invention:

Email:

Please add additional names, if needed

1. When did you start work on this invention?
2. When was the invention completed?
3. Have you thought about how any income from this invention might be distributed amongst the co-inventors? (see <http://innovation.ucsf.edu/policies>)
	1. In the absence of an agreement it will be shared equally. Please indicate if you feel this should be evenly split:

[ ] Yes [ ] No

* 1. If no, is there an agreement in place?

[ ] Yes [ ] No

* 1. If no, it’s usually very important to get the Inventor team aligned on what benefits they might receive and to establish clear inventorship as soon as possible. While we are not always able to help with the history and the group dynamics, we can give you some help to navigate this issue. Would you like our help?

[ ] Yes [ ] No

1. OBLIGATIONS
	* + 1. Did any of the following organizations contribute resources or are any of the inventors members of any of the following groups?

[ ]  Chan Zuckerberg Biohub

[ ]  HHMI (Howard Hughes Medical Institute)

[ ]  PICI (Parker Institute for Cancer Immunotherapy)

[ ]  VA (US Department of Veteran’s Affairs)

[ ]  CDMI (Center for Disruptive Musculoskeletal Innovations)

[ ]  UCSF InVent Fund (UCSF Innovation Ventures Fund)

[ ]  Arc Institute

* 1. If you indicated PICI above, is this invention in the field of immuno-oncology?

[ ] Yes [ ] No

* 1. If you indicated PICI above, was this invention developed using PICI funding?

[ ] Yes [ ] No

1. To help us determine any obligations we might have, how was this invention funded?

[ ]  No funding

[ ]  Internal UCSF

[ ]  External Awards/Grants/Other

* 1. Please provide the funding source and award number of internal and external awards, if known:

|  |  |
| --- | --- |
| Funding Source | Award Number |
|  |  |
|  |  |

1. Was this invention developed using i) Chan/Zuckerberg BioHub facilities, ii) UCSF equipment purchased or maintained using BioHub funding, or iii) UCSF supplies obtained using BioHub funding or iv) Chan/Zuckerberg Biohub funding?

[ ] Yes [ ] No

* 1. If yes, was such use important, material, or significant to the development of this invention?

[ ] Yes [ ] No

1. Was this invention developed using i) Arc Institute facilities, or ii) Arc Institute funding?

[ ] Yes [ ] No

* 1. If yes, was such use important, material, or significant to the development of this invention?

[ ] Yes [ ] No

1. If this invention uses data or materials obtained from outside your lab, please list the material; name of the providing UCSF PI, outside company or institution; and whether the data/material was obtained via an MTA, SRA, Consulting Agreement, procurement/vendor agreement, or other:
2. If this is a Software or Data disclosure, please list any third party data or code that it contains or third party content to which it links:
3. COMPETITION
	* + 1. Please list the potential competitors that exist on the market addressing the same problem or opportunity that your invention might solve:
4. Identify some characteristics that make your invention different than existing technologies (check all that apply):

 [ ]  Technologically better

 [ ]  Cost Benefit

 [ ]  Able to unlock a revenue source for a user

 [ ]  More efficient

 [ ]  A completely new approach

 [ ]  Other

1. There are many ways to realize value from an invention, which include licensing and creation of a start up company. Is this something that might interest you?

[ ] Yes [ ] No

* 1. If yes, have you accessed any of the education or resources at UCSF (or elsewhere) to help in the process? (QB3, Catalyst, Start Up 101, Alliance Management, etc.)

[ ] Yes [ ] No

* + 1. If yes, tell us what you have experienced:
1. VALUATION
	* + 1. Please list the names of and feedback received from any commercial partners or investors with whom you have discussed your invention:
2. UCSF isn’t driven solely by financial value but it is useful for us to know about your perception of the financial value of the invention. While this is a hard question, it is really about the prospective and potential value. Would you say on a scale it is low or high? (Feel free to leave this blank if it is something you haven’t considered)

[ ]  Low

[ ]  Medium

[ ]  High

* 1. Tell us about why you chose this value:
1. PATENTABILITY
2. On a sliding scale, where do you anticipate you are in the development process of getting a product/service to market?

[ ]  Discovery/Concept/Idea

[ ]  Basic Research

[ ]  Early Validation

[ ]  Validated Prototype

[ ]  Product fit for sale or transfer

1. If you have disclosed your invention to anyone or any organization, please provide details (including dates). (This can mean a publication, an abstract, a thesis, poster, oral presentation, awarded NIH grant, web disclosure, or conversation with outsiders that could allow them to understand or reproduce the invention):
2. If you have future plans to disclose this invention, please tell us how and when you might make a public disclosure (including dates):
3. APPLICATIONS
	* + 1. Lots of inventions can have different applications; that is, they can work in different markets achieving the same result. Do you think your invention might have other applications in other fields or uses?

[ ] Yes [ ] No

* 1. If yes, what applications do you think it might have?
1. Returning to the team and the people around your innovation, how stable is the research team and the research at UCSF?

[ ]  One-off project

[ ]  Invention in my course of work

[ ]  Research Project that is ongoing

[ ]  Core part of research group and focus

1. MARKET
	* + 1. Please indicate the status of each of the factors below relating to your invention:

A. Product/Service Defined: [ ]  No [ ]  Partially [ ]  Yes

B. Unmet Need: [ ]  No [ ]  Niche [ ]  Significant

C. Market Size: [ ]  $0-100mm [ ]  $100-500mm [ ]  $500mm+

D. Competitive Landscape: [ ]  None [ ]  Few [ ]  Many [ ]  Crowded

E. Publications/Disclosures: [ ]  None [ ]  Few [ ] Many

F. Business Model Defined: [ ]  No [ ]  Partially [ ]  Yes

G. Time to Market: [ ]  <1 yr [ ]  1-3 yrs [ ]  3-5 yrs [ ]  >5 yrs

H. Cost to Market: [ ]  $100k-1mm [ ]  $1-5mm [ ]  $5-25mm [ ]  >$25mm

I. Market Interest: [ ]  None to Date [ ]  Some Interest [ ]  Significant Interest

1. What are the steps required to bring your product or service to market?
2. Is there anything else you believe would help us in this process? Identifying barriers as you see them or, alternatively, any groups that bring significant market pull to your invention would help:
3. Have you discussed this particular invention with anyone in the Engagement and Opportunity Development team (EOD) within UCSF Innovation Ventures before? If so, please tell us who:
4. Is this invention an improvement of or closely related to a previous invention you’ve disclosed to our office? If so, please identify the invention title or case number:
5. SIGNATURES

Please have each inventor from **UCSF** sign this disclosure form before submitting it.

I HEREBY ASSIGN ALL RIGHT, TITLE, AND INTEREST, INCLUDING BUT NOT LIMITED TO COPYRIGHT AND COPYRIGHT RIGHTS, PATENT RIGHTS AND PROPERTY RIGHTS, IN THE INVENTION DISCLOSED HEREIN TO THE REGENTS OF THE UNIVERSITY OF CALIFORNIA.

Inventor's Signature:

Inventor’s Name (print):

Date:

Inventor's Signature:

Inventor’s Name (print):

Date:

Inventor's Signature:

Inventor’s Name (print):

Date:

**Please complete, sign and send with any relevant attachments by email to:** **innovation@ucsf.edu**

**For OTMA:**

Case No:

Business Development Manager:

1. *According to the Federal Government, such description “… shall be sufficiently complete in technical detail to convey a clear understanding to the extent known at the time of the disclosure, of the nature, purpose, operation, and the physical, chemical, biological or electrical characteristics of the invention. The disclosure shall also identify any publication, on sale or public use of the invention and whether a manuscript describing the invention has been submitted for publication and, if so, whether it has been accepted for publication at the time of disclosure.”* [↑](#footnote-ref-2)