

INVENTION DISCLOSURE FORM

(single copy form)

1. DISCLOSING PARTIES* :

FULL LEGAL NAME	HOME ADDRESS	CITIZENSHIP	LAB/DEPARTMENT/ DIVISION	AFFILIATION (OSR, FCSR, UNIVERSITY, OTHERS)	PERCENTAGE CONTRIBUTION (including a brief description of the relative contribution to support the identified percentage)

Please list all individuals who were associated with making the invention including all San Raffaele investigators, post-doctoral fellows, technicians and non-San Raffaele collaborators.

**We ask for "disclosing parties" rather than "inventors" because an inventor is one who contributes to the conception of an invention as that invention is subsequently defined by one or more patent claims; therefore the final determination on inventorship must wait until such time as a patent application is filed.*

***If any of the inventors were employed by other institutions while the invention was being made, please include the name, address and phone number of that institution.*

Pursuant to section 5.2 of the "Regolamento in materia di proprietà industriale e intellettuale", I/we hereby disclose details about the following invention:

2. TITLE OF INVENTION:

3. DATE OF INVENTION: [Indicate actual or approximate dates.]

Earliest conception*:

Experimentation Period:

Reduction to Practice**:

**Conception means the formation, in the mind of the inventor(s), of a definite and permanent idea of the complete and operative invention as claimed, as it is thereafter to be applied in practice.*

Are experimental data validating the invention or prototypes of the invention available?

***If the invention has not been reduced to practice, please so indicate.*

4. DESCRIPTION OF INVENTION:

- a. Describe the invention in brief. Enclose preprint or publication drafts for detailed description of the invention.
- b. Expand on novel and unusual features which distinguish this invention from present technology. What problems does the invention solve or what advantages does it possess over gold standard technologies?
- c. Are there known inventions or products that would compete with this one? Please describe.
- d. What further research would be necessary for commercialization of your invention; and generally, what are your future research plans (*in vitro*, *in vivo*, *clinical phases*) for the invention, within your group or in collaboration.

5. PREVIOUS AND/OR FUTURE DISCLOSURES OF THE INVENTION:

- a. Indicate details of any full or partial prior disclosure of this invention such as: manuscript, article, report, grant application, thesis, abstract, poster, demonstration, sales catalog, news release, internal memorandum, oral presentation, or discussion with an industry representative. **SPECIFY DATE AND ATTACH COPIES OF ANY WRITTEN PRIOR DISCLOSURE.**
- b. Have there been any changes in the invention since disclosure mentioned above? If so, describe.

- c. Describe in detail any plans for future disclosure of this invention. This may include submission of a manuscript, article, report, grant application, thesis, abstract, poster, demonstration, sales catalog, news release, internal memorandum, oral presentation, or discussion with an industry representative, offer of samples, or a sale. **SPECIFY DATE AND ATTACH COPIES OF PROPOSED WRITTEN DISCLOSURE, IF AVAILABLE.** [THE EXPECTED DATE OF PUBLICATION IS VERY IMPORTANT AS IT IDENTIFIES THE DEADLINE FOR PATENT FILING]

6. SPONSORSHIP FOR WORK LEADING TO THE INVENTION: (this includes industry, no-profit foundation and state or european sponsorships. If there is no sponsorship, type "none" in the sponsor field.)

- a. Name of sponsor(s): _____
 Grantee: _____
 Complete sponsor contract/grant number(s): _____
 Funding period: _____
 Principal Investigator(s): _____

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 Funding period: _____
 Principal Investigator(s): _____

- b. Please list *any* encumbrances or obligations affecting this invention due to a Material Transfer Agreement (MTA), receipt of equipment or supplies, or other obligations.

7. PROSPECTS FOR COMMERCIALIZATION:

- a. In one paragraph, please speculate (and be creative!) about possible commercial uses of your invention or discovery.

- b. Please name companies and preferential key contact person, if known.

8. UNDERTAKINGS, REPPRESENTATIONS AND WARRANTIES:

I/we acknowledge and agree that ownership of and any interest in the invention disclosed herein and related industrial and intellectual property rights (hereinafter also jointly referred the "Invention") shall vest in Ospedale San Raffaele S.r.l. (and/or in any third party with which Ospedale San Raffaele S.r.l. may have executed an agreement) and, if necessary, I/we assign to Ospedale San Raffaele S.r.l. (and/or to any third party with which Ospedale San Raffaele S.r.l. may have executed an agreement) the ownership and any rights on the Invention by means of the present Invention Disclosure Form (also undertaking to undersign any eventual needed deed, including assignment deeds - as required for such purpose).

I/we am/are the legitimate inventors of the invention disclosed herein . In particular, I/we represent and warrant that there are no agreements between me/our and any third parties that (a) preclude or otherwise limit, exclude or materially affect my/our ability to perform my/our obligations under herein and/or (b) limit, exclude or materially affect the assignment of the rights to Ospedale San Raffaele S.r.l. in relation to the Invention and/or (c) under which any third party may claim any right on the Invention or may claim the payment of any amount (including down-payment, upfront payment, royalty, etc.) in relation to the Invention and its assignment to Ospedale San Raffaele S.r.l..

In addition to the above representations and warranties, I/we further represent and warrant that each and every one of the statements contained herein (such as, for example, those related to the invention, the percentage of the contribution, grants and fundings, etc.) is and will be true, correct and not misleading.

*** Note: The Regolamento in materia di proprietà industriale e intellettuale is available in the Intranet (Area Qualità e Accreditamento/Documenti/Regolamenti).**

Signature(s) of Disclosing Party(ies):

Name_____	Signature_____	date_____
Name_____	Signature_____	date_____
Name_____	Signature_____	date_____
Name_____	Signature_____	date_____
Name_____	Signature_____	date_____
Name_____	Signature_____	date_____

Please send to: **Office of Biotechnology Transfer**
 Ospedale San Raffaele
 Via Olgettina 60, 20132 Milano (Italy)
 e.mail: businessdevelopment@hsr.it

Office of Biotechnology Transfer:

Acknowledged by:

Signature

Date disclosure received by Office of Biotechnology Transfer