

1. Title of Invention:

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2. Principal Inventor

Principal Inventor Name: <small>(Note: Person to whom inquiries for additional information should be made)</small>		Citizenship:
		Faculty/Dept/Other Affiliation:
Position:		Bldg & Room #:
Permanent Home Address:		Western/Hospital Employee # (Required):
Institution Address:		Telephone:
Inventorship share:	%	Email:
Signature:		Date:

3. Co-Inventor(s)

Name:		Citizenship:
		Faculty/Dept/Other Affiliation:
Position:		Bldg & Room #:
Permanent Home Address:		Western/Hospital Employee # (Required):
Institution Address:		Telephone:
Inventorship share:	%	Email:
Signature:		Date:

Name:		Citizenship:
		Faculty/Dept/Other Affiliation:
Position:		Bldg & Room #:
Permanent Home Address:		Western/Hospital Employee # (Required):
Institution Address:		Telephone:
Inventorship share:	%	Email:
Signature:		Date:

It is the responsibility of all inventors to keep WORLDDiscoveries® informed of address changes

Note to Principal Inventor:

- a) If more Co-Inventors, please add separate sheet.
- b) If tenured from another institution, but Western adjunct or affiliated, please indicate.

I, _____ (Principal Inventor), acknowledge that to the best of my knowledge there are no other inventors to this invention. If in doubt, add names of potential inventors or collaborators below.

Other Potential Inventors/Collaborators:

Signature of Principal Inventor

Please fill in the names of your Dean, Chair and/or Hospital/Research Institute Director.

Dean: _____ Chair: _____

Director: _____

For the Report of Invention (ROI) involving one of the affiliated institutions, The University of Western Ontario/Lawson Health Research Institute will reserve the right to share information in this ROI on a confidential basis, as part of an inter-institutional agreement. The University of Western Ontario/Lawson Health Research Institute are committed to the protection of all personal information in accordance with the principles set out in PIPEDA and the provisions of the University's Guidelines/Lawson's Policies on Access to Information and Protection of Privacy. The University/Lawson will comply with PIPEDA with respect to all personal information collected, used or disclosed by it in the course of commercial activities.

4. Summary Description of Invention (please use additional sheets if necessary)

Enclose sketches, drawings, photographs, screen prints and other materials to help illustrate the description.

5. General Purpose and if known Commercial Application of Invention

6. a) Advantages and Unique Features of Invention

Please identify, from your perspective, the **novel** and **distinguishing** features of the Invention. Consider what problem the invention solves; how this solution differs from existing technologies and how these differences are advantageous over these existing technologies.

b) Alternate Technologies

Describe alternate technologies/products which you are aware accomplish the same purpose as this invention, along with the companies that market, manufacture or make use of them. If not known, please state: "Not aware of any alternate technologies/companies".

7. Any Plan of Publication? When?

8. Invention History:

	DATE	Place, References, Comments
A – Initial idea		
B – Description of complete invention, oral or written		
C – First successful demonstration (reduction to practice)		
D – First publication (article, thesis, oral presentation, abstracts, poster)		
E – Disclosures to industry		
F – Other disclosures		
G – Is it related to other inventions? (List ROI #(s), if any previously reported WORLDDiscoveries®)		
H – Are your lab books and other records in order and available?		

9. Do you feel that there may be any outstanding commercialization obligations, either contractual or grant based, with respect to the invention? Yes: No:

If yes, please provide details:

10. Do you feel that you may have utilized any sponsorship dollars, or received any third party in-kind contributions, as pertains to the invention? Yes: No:

If yes, please provide details:

Once completed please forward fully executed original to:

Manager of Intellectual Property and Administration
 WORLDDiscoveries® Business Development Office
 Western University, The Gordon Mogenson Building
 100 Collip Circle, Suite 105, London, ON N6G 4X8

In addition, please forward an electronic copy to ipm@worlddiscoveries.ca (Word or PDF file preferred)

Acknowledgement of Receipt by THE UNIVERSITY OF WESTERN ONTARIO

 Lisa Cechetto
 Executive Director
 WORLDDiscoveries® Business Development Office

 Date

(To be completed by WORLDDiscoveries®)

BDM handling this file: _____

Phone: _____ Email: _____

Within 30 days of receipt of this Report of Invention, a meeting with the Business Development Manager will determine whether additional information (detailed disclosure) is required.