

Boxes outlined in red are mandatory

1. Title of Work:

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2. Principal Creator (and key contact person)

SURNAME, GIVEN NAMES:		Citizenship:
		Faculty/Dept/Other Affiliation:
Position:		Bldg & Room #:
Permanent Home Address:		Western/Hospital Employee # (Required):
		Telephone:
Nature of Contribution & Percentage:		Email:
Signature:		Date:

3. Co-Creator(s)

SURNAME, GIVEN NAMES:		Citizenship:
		Faculty/Dept/Other Affiliation:
Position:		Bldg & Room #:
Permanent Home Address:		Western/Hospital Employee # (Required):
		Telephone:
Nature of Contribution & Percentage:		Email:
Signature:		Date:

SURNAME, GIVEN NAMES:		Citizenship:
		Faculty/Dept/Other Affiliation:
Position:		Bldg & Room #:
Permanent Home Address:		Western/Hospital Employee # (Required):
		Telephone:
Nature of Contribution & Percentage:		Email:
Signature:		Date:

4. External Creator(s)

SURNAME, GIVEN NAMES:		Citizenship:
Position:		
Institution:		
Institution Address:		Telephone:
Nature of Contribution & Percentage:		Email:
Signature:		Date:

It is the responsibility of all inventors to keep WORLDDiscoveries[®] informed of address changes
Note to Principal Creator:

- a) If more Co-Creators or External Creators, please add separate sheet and check here
- b) If tenured at another institution, but Western adjunct or affiliated, please indicate.

This report of Innovation may be signed by wet or electronic signature, either of which will constitute proof of personal principal inventor consent to, and affirmation of, the content herein.

I, _____ (Principal Creator), acknowledge that to the best of my knowledge there are no other co-creators to this copyright. If in doubt, add names of potential creators or collaborators below.

Other Collaborators:

Signature of Principal Creator

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

Dean: _____ Chair: _____

Director: _____

For the Copyright Disclosure Report (CDR) 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.

5. Summary Description of Work (please attach additional documentation if necessary)

Describe the work. What type of work is it (e.g. literary, musical, dramatic, pictorial, audiovisual, sound recording etc.)? Is the work part of a series? Is the work a derivative of another work? If so, please indicate the original work.

6. Status of the Work

Is there ongoing development or is the work completed?

7. Has it been developed with/by external contractors or consultants? If so, who?

8. Public Disclosure or Public Use/Sale. List the titles and dates of all possible public disclosures of the intellectual property (past or future, internal or external) and attach copies of published or submitted versions. This request includes internal university disclosures as well. The public disclosure date is the date the material is or will be available to others.

Papers (including manuscripts, letters and abstracts):	Date:

Presentations and Posters:	Date:

Thesis (presentation and publication):	Date:

Websites:	Date:

Other Public Disclosures (including public use and sales):	Date:

9. Development History:

	DATE	Place, References, Comments
A - When was the first version of the work created?		
B - When was the work reduced to a tangible medium (e.g. paper, lyrics, song, film, etc.)?		
C - Is it related to other works or products? (List ROI or SDR #(s), if any previously reported to WORLDdiscoveries®)		
D - Are your development records and other documents in order and available?		Yes <input type="checkbox"/> No <input type="checkbox"/>

10. Funding Sources. Please list all sources of funding related to the conception and development of this intellectual property. It is important that this information is accurate and complete because sponsors may have certain rights in the intellectual property.

Sponsor	Project Title	ROLA #

11. Third Party Rights in the Intellectual Property. Are there any other agreements in place with a third party that may affect ownership of this intellectual property? Examples – Material Transfer Agreements (MTA), Confidentiality Agreements (CDA/NDA), Private Foundation Grants etc.

Yes – Identify the third party

Please attach a copy of each agreement(s)

No

12. Third Party or Other Contacts for Commercialization (Optional). Do you know what Industry would be interested in this? Are you working with industry partners who would be interested in this work? If yes, please list.

13. Additional Information or Comments (Optional).

14. Do you intend on assigning rights in this work to the Institution?

*Note: **WORLDDiscoveries**[®] assists in the commercialization of innovations. Assignment to the Institution is required to secure that assistance, however, neither assignment nor securing assistance are mandatory under the applicable Intellectual Property Policy of your Institution.*

Yes: No: Undecided:

Once completed please forward fully executed original to:

Manager, 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)

If signed electronically, only an electronic copy is necessary.

Acknowledgement of Receipt by WORLDDiscoveries[®]

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.