**DISCOVERY DISCLOSURE FORM**

# Section 1. DESCRIPTION

Discoveries include new processes, software, methods of doing something, products, apparatus, compositions of matter, living organisms and improvements to (or new uses for) things that already exist. If there is any doubt that legal protection may be available for a particular discovery or research result, please seek direction from the McMaster Industry Liaison Office.

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| **A. Invention Title:**      |
| **B. Description of the Discovery: (No more than one page)**      |
| **C. Has Proof-of-Principle been performed?**      |
| **D. What are the immediate and/or future applications of the discovery?** **Have products, apparatus or compositions, etc. been made and tested?**       |
| **E. Why is the discovery better — more advantageous — than present technology? What are its novel and unusual features? What problems does it solve?**      |
| **F. Is work on the invention continuing? Are there limitations to be overcome or other tasks to be done prior to practical application? Are there any test data?**      |

**Section 2. PUBLICATIONS, PUBLIC USE AND SALE**

Valid legal protection for your discovery depends on accurate answers to the following items.

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| **A. Has the discovery been disclosed in an abstract, paper, conference presentation or poster, informal discussion, news story or a thesis? If yes, indicate type of disclosure made and date. (Provide copy, if available.)**      |
| B. Is a publication or other disclosure planned in the next six months? If yes, indicate type of disclosure and date to be disclosed. (Provide copies, if available.)      |
| C. Has there been any public use or sale of products embodying the discovery including and testing or experimental uses in public? If yes, describe parties involved and provide dates.      |
| D. Are you aware of related developments by others? If yes, please give citations and copies.      |
| **E. Have you performed any patent searches of your own? If yes, please provide citations.**      |
| **F. Key words used to describe invention:**      |

**Section 3. SPONSORSHIP**

If the research that led to the discovery was sponsored in any manner, please fill in the following details. If sponsorship funds were involved in any direct or indirect way in the discovery (e.g. if equipment used was purchased with funds, graduate student support, materials/supplies, etc.) please indicate the extent and manner of the support.

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| **A. Sponsor’s name(s) (please include MILO grant or contract number if applicable):**      |
| **B. Please describe the nature of the sponsor(s) contribution leading to the discovery disclosed in this form.** |
| **C. Has this discovery already been disclosed to any of the sponsor(s)? If yes, please provide details including the names of the sponsors, their representatives and the dates of such disclosures.**      |
| **D. Please briefly describe any other sponsorship support you receive in general for your research.**      |
| **E. Are there any other persons who may believe that they have provided support for your research in general? If yes, please briefly describe the circumstances related to such a belief.**      |
| **F. Please indicate whether this discovery was made in the research facilities of**  **McMaster, Hamilton Health Sciences, and/or St. Joseph’s Healthcare Hamilton.** **Check all that apply.****[ ]  McMaster (MAC)****[ ]  Hamilton Health Sciences (HHS)****[ ]  St. Joseph’s Healthcare Hamilton (SJH)** |

**Section 4. CREATORS**

1. Please list each person who made a contribution to the creative or inventive aspects of the discovery disclosed in this form. If you are unsure, please contact MILO for assistance.

**\*\*\* NOTE: A creator is the person (may be more than one person) who has made a contribution to the conception (mental formulation and disclosure of the inventive idea) of the subject matter of the invention. To be a creator, the person’s contribution must show up in at least one of the claims in the patent.**

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| **Creator’s Name** | **Appointed By**  *(MAC, HHS, SJH)* | **Dept.** | **Campus or Hospital** **Address** | **Home** **Address** | **Citizenship** | **Email**  |
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**PARTICIPANTS**

1. Please list all participants (including undergraduate students, graduate students, Post-doctoral Fellows, Research Associates and Technicians) who are, or have been involved in the research that resulted in this Discovery.

**\*\*\*Note: Participants are individuals who simply followed instructions and a protocol/method that relates to the discovery.**

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| **Participants Names (one per line)** | **Status (Undergraduate, technician, etc.)** | **Email** |
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# MAC, HHS and SJH Creators have rights in certain circumstances to share in the net revenues arising from the commercialization of a discovery under McMaster’s IP Policy. Please indicate in the following table your proposal how creators’ share of any such revenues are to be divided (based on a

# total of 100%).

# \*\*Please only list MAC, HHS and SJH creators below\*\*

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| Creator’s Name | **Percentage Share** |
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| Total: | 100% |

1. **Formal Declaration** (**All creators MUST read the following and sign below**)

Each of the undersigned is a person who has participated in the completion of this form. Each of us further declares to McMaster University the following:

1. All facts related to the discovery or creation of the intellectual property described in this form (the Subject IP), including all creators and participants, are complete and correct;
2. I am an inventor of the Subject IP described in this disclosure;
3. I agree to share the creator’s share of any net revenues that may arise from the Subject IP in the proportions outlined in section **4C**;
4. I agree to the commercialization of the Subject IP pursuant to the *Intellectual Property Policy* of McMaster University. I will, as may be reasonably requested:
	1. assist the McMaster Industry Liaison Office in the commercialization of the Subject IP including obtaining any appropriate legal protection;
	2. confirm my assignment of the intellectual property described herein and sign any forms and assignments as required; and
	3. limit any publications or other disclosures related to the Subject IP to allow proper commercialization to take place, within the limits set out in the *Intellectual Property Policy*.
5. I acknowledge that McMaster University shall be the owner of the Subject IP, and any patent or other intellectual property protection obtained therefor.

THEREFORE, in good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged, I confirm that I have assigned our full and exclusive right to any such invention to McMaster University.

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| Creator’s Name | **Creator’s Signature** | **Date** |
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**\*\* Please send a completed signed electronic copy to:**

Attention: IP Administrator, ipadmin@mcmaster.ca

 McMaster Industry Liaison Office (MILO)
 175 Longwood Road South
 Suite 305, McMaster Innovation Park
 Hamilton, ON L8P 0A1
 (905) 525-9140 ext. 28646

**PRIVACY COLLECTION NOTICE**

McMaster University's McMaster Industry Liaison Office is collecting the information on this form under the authority of *The McMaster University Act*, 1976, for the purposes of securing intellectual property protection and pursuing commercialization. The information you provide will be protected and used in compliance with Ontario's *Freedom of Information and Protection of Privacy Act* (RSO 1990) and will be disclosed only in accordance with this Act.

By signing this form, you consent to McMaster University disclosing your personal information to those individuals and organizations that the University deems necessary for securing intellectual property rights and pursuing commercialization.

If you have any questions about the collection or use of this information, please contact the Executive Director of the McMaster Industry Liaison Office at McMaster Innovation Park, Suite 305, 175 Longwood Road S. Hamilton, ON L8P 0A1, 905-525-9140, ext. 28646.