Invention Disclosure Form

Please complete all sections of the form according to the instructions in the Invention Disclosure Form Guide.

If you have any doubts please contact [imm-techtransfer@medicina.ulisboa.pt](mailto:imm-tto@medicina.ulisboa.pt) .

Official processing of this invention disclosure cannot begin until it is fully completed, submitted to the TTO and signed by all inventors and the group leader for the research (whether or not the group leader is an inventor).

# Section 1 – Scientific Contributor Information

## Title of Invention

* 1. Title suggested by inventors:

## Group Leader

1.2 Please list the group leader for the research that led to the creation of the intellectual property.

Name

Position

Email

Phone number

ID document number

Taxpayer number

Home address

Country of citizenship

Did the group leader contribute to the creation of the intellectual property? (check one) [  ]Yes    [  ]No

Group Leader’s signature:

Date:

## Principal Investigator

1.3 Please list the principal investigator that led the creation of the intellectual property disclosed **(if not the group leader only)**.

Name

Position

Email

Phone number

ID document number

Taxpayer number

Home address

Country of citizenship

Principal Investigator’s signature:

Date:

## Other Contributors

1.4 Please list all those who contributed to the invention. (Copy this block to list additional contributors.)

Name

Position

Organisation

Email

Phone number

ID document number

Taxpayer number

Home address

Contributor's signature:

Date:

## Relationship of Inventors to iMM

1.5 At the time of making an inventive contribution to the disclosed invention, were **all** inventors acting in their capacity as employees of iMM?  
(check one) [  ]Yes    [  ]No

If No, please identify and explain:

1.6 If the answer to 1.5 was No, did **all** of the inventors listed in Section 1.4 use iMM resources or facilities in making their contribution to the invention?  
(check one) [  ]Yes    [  ]No

If No, please identify and explain:

1.6 Was any portion of the research that led to this invention conducted at another institution, a company or otherwise outside of the university?  
(check one) [  ]Yes    [  ]No

If Yes, please identify and explain:

Does an inter-institutional agreement (IIA) exist? (check one) [  ]Yes    [  ]No

## All contributors and inventive contribution

1.7 Please fill in the following table with information about all inventors that contributed to the invention and attributed percentages.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position | Organisation | Inventive Contribution (%) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Section 2 – Description of the Invention

## Intellectual Property Description

2.1 Please categorise the potential uses of your invention below by checking all anticipated uses (check one or more):

[ ] Service [ ] Product – therapeutic

[ ] Product – device [ ] Product – method

[ ] Research – reagent [ ] Research – animal model

[ ] Drug - compound [ ] Drug – delivery system

[ ] Diagnostic – test [ ] Other

2.2 In laymen’s terms, please provide a summary of the invention, its use and purpose (please attach relevant papers, write-ups, drawings of the invention if needed).

2.3 What particular features of the invention are unusual AND how do they differ from present technology(ies)?

2.4 What clinical and/or technical problem(s) does it solve?

2.5 What advantages over current solutions does it possess?

2.6 Does the invention possess disadvantages or have limitations? Can they be overcome? How?

2.7 If not indicated previously, are there other uses that might be realised in the future?

2.8 Fill in the following dates (month/date/year):

Date of conception:

Date of first written record of invention:

Date of first experiment demonstrating the invention:

## Materials Used

2.9 If a material, whether biological or non-biological, from a secondary source is incorporated or was used in the research that lead to the development of the invention, was this material obtained from some source other than your laboratory? (check one) [  ]Yes    [  ]No  
If No, please skip to Question 2.10.

a) What is (are) the material(s)?

Please specify the source of the material(s):

Another iMM laboratory:

A company:

Another university or non-profit institution:

Other (please explain):

b) Was this material(s) covered by a Material Transfer Agreement, Sponsored Research   
 Agreement, Collaboration Agreement, or any other type of agreement? (check one) [  ]Yes    [  ]No

If Yes, with whom?

## Software

2.10 Is software incorporated into your invention? (check one) [  ]Yes    [  ]No  
If No, please skip to Question 2.11.

a) Is software:

[  ]an original work

[  ]obtained from a third-party source

b) If obtained from third-party source, please specify source(s).

## Commercialisation Information

2.11 What companies do you believe would be interested in commercialising the invention?

2.12 Have you worked with/been approached by any companies regarding the invention?  
(check one) [  ]Yes    [  ]No

If Yes, which companies?

2.13 For those inventions that are specifically directed toward clinical, therapeutic, diagnostic, or device technologies, please supply any additional market information that you may have obtained through your studies; for example, how many people would the technology affect if fully developed and commercialised (total and per year)?

# Section 3 – Public Disclosures and Background Information

Please note: Journal publications, poster sessions, abstract submission(s), and oral presentationsmay all be considered as disclosures and should be listed below.

With respect to all publications and disclosures listed below, attach a copy of the publication(s), a draft copy if available and not yet published, and/or any materials used in oral presentations. (Copy the block below to list additional public disclosures.)

## Prior Disclosures

3.1 Have there been any public disclosures of this invention *prior* to your submission of this form? (check one) [  ]Yes    [  ]No

If Yes, please identify:

Title of publication/presentation

Journal name or audience of presentation (if oral)

Date

Title of publication/presentation

Journal name or audience of presentation (if oral)

Date

Title of publication/presentation

Journal name or audience of presentation (if oral)

Date

## Pending/Expected Disclosures

3.2 Please identify any disclosures, either written or oral, of the invention that you expect to make to others *in the future*.

Title of publication/presentation

Journal name or audience of presentation (if oral)

Expected date

Title of publication/presentation

Journal name or audience of presentation (if oral)

Expected date

Title of publication/presentation

Journal name or audience of presentation (if oral)

Expected date

## Background Information

3.3 Are laboratory records and data available? Give reference numbers and physical location, but **do not** enclose documentation.

3.4 Are related patents known to the inventor? List below:

3.5 List most relevant articles, journals, or abstracts of other authors.

3.6 Are the inventors aware of any other patents that may be required to practice the invention disclosed herein? (check one) [  ]Yes    [  ]No

If Yes, please identify and explain:

# Section 4 – Financial Resources Used/Prior Obligations

4.1 Was the development of *this intellectual property* supported by a grant or contract?   
(check one) [  ]Yes    [  ]No

If Yes, please list below.

Note: Types of sponsors include but are not limited to, FCT, ANI, IAPMEI, EC, NIH, non-profit research foundations, and private companies. Gift contributions need not be listed. (Copy this block to list additional sponsors.)

Name of sponsor:

Title of project:

Grant Officer at iMM:

Is iMM acting as subcontractor? [  ]Yes    [  ]No

If Yes, identify prime contractor:

Name of sponsor:

Title of project:

Grant Officer at iMM:

Is iMM acting as subcontractor? [  ]Yes    [  ]No

If Yes, identify prime contractor:

4.2 Do you have any *other current* sponsored research agreements in place?   
(check one) [  ]Yes    [  ]No

If Yes, please list below.

Name of sponsor:

Title of project:

Grant Officer at iMM:

Is iMM acting as subcontractor? [  ]Yes    [  ]No

If Yes, identify prime contractor:

Name of sponsor:

Title of project:

Grant Officer at iMM:

Is iMM acting as subcontractor? [  ]Yes    [  ]No

If Yes, identify prime contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.3 Are any other agreements in place that are relevant to this invention? If none, check here [  ]

| Check here | Agreement type | Other parties to agreement,  and description of agreement |
| --- | --- | --- |
|  | License agreement |  |
|  | NDA/confidentiality agreement |  |
|  | Collaboration agreement |  |
|  | Research agreement |  |
|  | Consortia agreement or funding |  |
|  | Memorandum of understanding (MOU) |  |
|  | Consulting agreement |  |
|  | Inter-institutional agreement |  |
|  | Material transfer agreement |  |
|  | Industrial affiliate program |  |
|  | Other |  |

4.4 Are you aware of any other encumbrance on this invention that is not listed above?   
(check one) [  ]Yes    [  ]No

If Yes, please provide details:

4.5 Do you intend to continue development of this technology? (check one) [  ]Yes    [  ]No

a) If Yes, are resources available through the resources listed above or through other resources?

(check one) [  ]Yes    [  ]No

b) Is this invention the subject of a pending grant or contract proposal?

(check one) [  ]Yes    [  ]No

If Yes, please specify potential funding source and the date funding may be received:

Funding source

Date

# Section 5 – Non-Proprietary Description

This one-page form will be used to market your technology to interested parties, and to promote it more broadly in the media. The text should be understandable by anyone who is semi-skilled in your technology area.

Please email an electronic version of this Non-Proprietary Description at any time to the Technology Transfer Office at [**imm-techtransfer@medicina.ulisboa.pt**](mailto:imm-techtransfer@medicina.ulisboa.pt).

Non-Proprietary Description

Title:

Background:

*(Why is there a need for such a solution? What are the drawbacks of other, similar solutions if available?)*

Invention Description:

*(A non-confidential description of the invention)*

Features:

*(The characteristics of the invention)*

Benefits:

*(The results of the features. Why do I care?)*

Markets:

*(Who might be interested in your invention? Quantify if possible; cite sources)*

Development Stage:

*(Choose one:   
Idea / Proof of concept / Lab or bench prototype / Beta or commercial prototype / Commercial product)*