**INVENTION DISCLOSURE FORM**

**FOR DISCLOSURE OF TECHNOLOGY**

**AARHUS UNIVERSITY / CENTRAL DENMARK REGION**

**GUIDELINES**

This is a protected Microsoft Word form. To move between fields, simply click with your mouse or use the Tab-key. If you need more space, than already available, each field will expand as you type.

Completion of the form should take **less than** **1 hour**.

**NEED HELP?**

In case you have any questions when filling out the form, we are happy to help. Please don´t hesitate to contact one of our business developers directly: <http://www.au.dk/samarbejde/teknologioverfoersel/kontakt/>

**WHAT IS THE PURPOSE OF THE INVENTION DISCLOSURE FORM?**

The purpose of this document is to enable Aarhus University and Central Demark Region to answer a range of commercial and legal questions:

For example:

* Is the invention is patentable?
* Does the invention offers a “superior” solution to an unmet need?
* Are there any contracts that describe your research related to this invention?

The document will help us answer these questions. It is also important that every inventor signs the document (section 9) and that your CPR number is included.

**The completed and signed Invention Disclosure Form must be e-mailed to** **patent@au.dk****.**

The inventor(s) will receive confirmation of received disclosure.

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| **1. TITLE OF INVENTION** |
| Click here to write text. |

| **2. DESCRIPTION** |
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| Describe the invention in brief – approximately 1,500 characters. As supplement you can include a manuscript in preparation or the like. |
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| Click here to write text. |

| **3. DEVELOPMENT STAGE** |
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| State the invention’s current development stage; in vitro data, in vivo data, clinical data, proof-of-concept, prototypes, theoretical concept etc. Summarize what documentation exists in the form of studies, prototypes, animal experiments, etc. that prove the invention’s applicability? If possible, indicate the [Technology Readiness Level – (TRL) level: 1-9 - Link](http://ec.europa.eu/research/participants/data/ref/h2020/wp/2014_2015/annexes/h2020-wp1415-annex-g-trl_en.pdf)). |
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| **4. ASSOCIATED RESEARCH AND TIME FRAME OF WORK** |

| 4a. List (if any) which research project has led to the invention and the collaboration partners taking part herein.If any research funding, grants, material transfer agreements (MTA), collaboration agreements or similar has been associated to the invention please list below. State all parties involved in the research. |
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| Click here to write text. |
| 4b. Within what timeframe was the invention conceived? |
| Click here to write text. |
| 4c. Describe where and how the invention is documented. |
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| Laboratory records  | [ ]  | Computer files | [ ]  |
| Correspondence | [ ]  | No documentation other than this ID form | [ ]  |
| Other documentation | [ ]  |  |  |

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| **5. RELEVANT EXISTING TECHNOLOGY** |

| List your current knowledge of existing technology, publications, articles, patents etc.(both your own as well as competing research/commercial solutions). |
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| **6. COMMERCIAL ASPECTS** |

| Please provide below, any thoughts, opinions or assumptions that your inventor group may have considered regarding the commercialization of this invention. For example, what problem(s) your invention solves, current solutions on the market and specific companies/partners who could be interested in exploiting the invention. |
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| **7. CONFIDENTIALITY** |

| Has the invention remained confidential? Any planned publication, PhD defense or similar? |
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| Click here to write text. |

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| **8. INVENTOR(S) CONTRIBUTIONNote: A person’s status as an inventor is assessed based on the extent to which the person in question has made an original, significant, intellectual contribution during the conception of the actual invention.** |

| List all inventors by name and the preliminary proportional % contribution to the invention. (internal AU and CDR and external parties, incl. master students).The final inventorship split will be decided upon during the assessment. |
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| Click here to write text. |

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| **9. SIGNATURE(S) OF THE INVENTOR(S)** |
| The undersigned hereby confirm(s) the above information to be correct. Further as employee of AU/CDR, I/we have hereby assumed a duty not to make public or exercise any rights over the invention for two (2) months from AU Corporate Relations and Technology Transfer’s date for receiving this Invention Disclosure Form, cf. the Danish Act on Inventions at Public Research Institutions, Section 11 (2).Nationality and private address(es) are required by the patent authorities when a patent application is submitted, so please make sure to complete this information as well.For non AU/CDR employees I/we do hereby agree not to make public any parts of the invention, and will collaborate with AU/CDR to assess the invention.**SIGNATURES REQUIRED! (Scanned version is sufficient)** |

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| --- | --- |
| Name of inventor (1) | Click here to write text. |
| Employer | AU [ ]  | Central Denmark Region [ ]  | AU&CDR [ ]  |
| External: | Click here to write text. |
| Position | Click here to write text. |
| Department/hospital unit/etc. | Click here to write text. |
| Nationality | Click here to write text. |
| E-mail address | Click here to write text. |
| Phone no. at work | Click here to write text. |
| Private address | Click here to write text. |
| Danish CPR No. | Click here to write text. |
| Date and signature |  |

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| --- | --- |
| Name of inventor (2) | Click here to write text. |
| Employer | AU [ ]  | Central Denmark Region [ ]  | AU&CDR [ ]  |
| External: | Click here to write text. |
| Position | Click here to write text. |
| Department/hospital unit/etc. | Click here to write text. |
| Nationality | Click here to write text. |
| E-mail address | Click here to write text. |
| Phone no. at work | Click here to write text. |
| Private address | Click here to write text. |
| Danish CPR No. | Click here to write text. |
| Date and signature |  |

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| Name of inventor (3) | Click here to write text. |
| Employer | AU [ ]  | Central Denmark Region [ ]  | AU&CDR [ ]  |
| External: | Click here to write text. |
| Position | Click here to write text. |
| Department/hospital unit/etc. | Click here to write text. |
| Nationality | Click here to write text. |
| E-mail address | Click here to write text. |
| Phone no. at work | Click here to write text. |
| Private address | Click here to write text. |
| Danish CPR No. | Click here to write text. |
| Date and signature |  |

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| Name of inventor (4) | Click here to write text. |
| Employer | AU [ ]  | Central Denmark Region [ ]  | AU&CDR [ ]  |
| External: | Click here to write text. |
| Position | Click here to write text. |
| Department/hospital unit/etc. | Click here to write text. |
| Nationality | Click here to write text. |
| E-mail address | Click here to write text. |
| Phone no. at work | Click here to write text. |
| Private address | Click here to write text. |
| Danish CPR No. | Click here to write text. |
| Date and signature |  |

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| Name of inventor (5) | Click here to write text. |
| Employer | AU [ ]  | Central Denmark Region [ ]  | AU&CDR [ ]  |
| External: | Click here to write text. |
| Position | Click here to write text. |
| Department/hospital unit/etc. | Click here to write text. |
| Nationality | Click here to write text. |
| E-mail address | Click here to write text. |
| Phone no. at work | Click here to write text. |
| Private address | Click here to write text. |
| Danish CPR No. | Click here to write text. |
| Date and signature |  |