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| Disclosure number:  |
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| Title:  |
| Shaded areas for TDO use |

#### **Provincial Health Services Authority, Invention Disclosure and Assignment**

**Section 1: Contributor Information**

**Section 2: Invention Description**

**Section 3: IP Assessment**

**Section 4: Commercial Assessment**

**Section 5: Assignment**

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| **AN original invention disclosure signed by all contributors is required****Please send the signed original to:**Attention: Scientific Development Officer**TDO****PHSA 675 West 10th Ave** **Vancouver, BC V5Z 1L3****A fax copy may be sent ahead of the signed original at 604-675-8000. Electronic copies of this invention disclosure will help in expediting the review of this invention. Please email the completed form and any additional documents to either:****Ron Lauener (****rlauener@bccancer.bc.ca****): or****Patrick Rebstein (prebstein@bccancer.bc.ca):**  |

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| --- |
| Explanation of the Legal Standards for Inventorship**An inventor is one who makes a material contribution to the subject matter of at least one claim of the patent. Since the scope of the patent claims are not determined until the *end* of the patent-prosecution process, a definitive determination of inventorship is not possible in this disclosure. This form requests that you provide a list of those individuals who contributed materially to what you consider to be the novel and non-obvious aspects of the subject matter of this disclosure. You should understand that the final determination of who to list as inventors, both on any patent application which is filed based on this subject matter and on any patent that ultimately issues, will be made by a patent attorney applying legal standards of inventorship.** |

SECTION 1: CONTRIBUTOR INFORMATION

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| **In order to best protect this intellectual property, our patent attorneys have asked that you provide a brief description of the contribution made by each contributor. Please include the relative percent contribution of each contributor to the subject matter being disclosed. These percentages will be considered the default in the absence of any future agreements based on inventorship.****Attach additional sheets as required.**  |

|  |  |
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| **Contributor A (primary contact)** |  |
| Contributor Name: |  |  |
|  | *first* | *last* |  |
| Home Address: |  | Work Address: |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
| Home Phone: |  | Work Phone: |  |  |
| Citizenship: |  | Work Fax: |  |  |
|  |  | Email: |  |  |
|  |  |  |  |  |
| BC Cancer Position: | Faculty |  | Post-doc |  | Research Scientist |  |  |
|  |  |  |  |  |  |  |  |
|  | Student |  | Technician |  | other |  |  |
|  |  |  |
| Primary Appointment: |  |  |
|  | *Faculty* | Department |  |
| Other Appointments:  |  |  |
|  | *Department(s)* |  |
| Other Affiliations: | VH/UBCH/GF Strong |  | BC Children & Women’s |  | Providence |  |  |
|  | Company  |  | BCCDC |  | UBC |  |  |  |
|  |  Name |  |
| Contribution to Technology: |  |  |
|  |  | Percent contribution |  |  |
| Please provide the names of all funding agencies or granting agencies, national centres of excellence or companies that funded the work, and the year(s) of funding. |  |
| NRC |  | TFRI |  | NCE |  |  |
| CIHR |  | CPACC |  |  | Name of National Centre of Excellence |  |
| NCI |  | LLS |  | Genome |  |  |
| CFI |  |  |  |  | Genome BC, Genome Prairie, Genome Quebec, Genome Atlantic, Ontario Genomics Institute |  |
| MSFHR |  |  |  | Other |  |  |
| Contributor B |  |
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| Contributor Name: |  |  |
|  | *first* | *last* |  |
| Home Address: |  | Work Address: |  |  |
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| Home Phone: |  | Work Phone: |  |  |
| Citizenship: |  | Work Fax: |  |  |
|  |  | Email: |  |  |
|  |  |  |  |  |
| BC Cancer Position: | Faculty |  | Post-doc |  | Research Scientist |  |  |
|  |  |  |  |  |  |  |  |
|  | Student |  | Technician |  | Other |  |  |
|  |  |  |
| Primary Appointment: |  |  |
|  | *Faculty* | Department |  |
| Other Appointments:  |  |  |
|  | *Department(s)* |  |
| Other Affiliations: | VH/UBCH/GF Strong |  | BC Children & Women’s |  | Providence |  |  |
|  | Company |  | BCCDC |  | UBC |  |  |  |
|  |  Name |  |
| Contribution to Technology: |  |  |
|  |  | Percent contribution |  |  |
| Please provide the names of all funding agencies or granting agencies, national centres of excellence or companies that funded the work, and the year(s) of funding. |  |
| NRC |  | TFRI |  | NCE |  |  |
| CIHR |  | CPACC |  |  | Name of National Centre of Excellence |  |
| NCI |  | LLS |  | Genome |  |  |
| CFI |  |  |  |  | Genome BC, Genome Prairie, Genome Quebec, Genome Atlantic, Ontario Genomics Institute |  |
| MSFHR |  |  |  | Other |  |  |

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| Contributor C |  |
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| Contributor Name: |  |  |
|  | *first* | *last* |  |
| Home Address: |  | Work Address: |  |  |
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| Home Phone: |  | Work Phone: |  |  |
| Citizenship: |  | Work Fax: |  |  |
|  |  | Email: |  |  |
|  |  |  |  |  |
| BC Cancer Position: | Faculty |  | Post-doc |  | Research Scientist |  |  |
|  |  |  |  |  |  |  |  |
|  | Student |  | Technician |  | Other |  |  |
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| Primary Appointment: |  |  |
|  | *Faculty* | Department |  |
| Other Appointments:  |  |  |
|  | *Department(s)* |  |
| Other Affiliations: | VH/UBCH/GF Strong |  | BC Children & Women’s |  | Providence |  |  |
|  | Company |  |  BCCDC |  | UBC |  |  |  |
|  |  Name |  |
| Contribution to Technology: |  |  |
|  |  | Percent contribution |  |  |
| Please provide the names of all funding agencies or granting agencies, national centres of excellence or companies that funded the work, and the year(s) of funding. |  |
| NRC |  | TFRI |  | NCE |  |  |
| CIHR |  | CPACC |  |  | Name of National Centre of Excellence |  |
| NCI |  | LLS |  | Genome |  |  |
| CFI |  |  |  |  | Genome BC, Genome Prairie, Genome Quebec, Genome Atlantic, Ontario Genomics Institute |  |
| MSFHR |  |  |  | Other |  |  |
| **Contributor D**  |  |
|  |  |  |
| Contributor Name: |  |  |
|  | *first* | *last* |  |
| Home Address: |  | Work Address: |  |  |
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| Home Phone: |  | Work Phone: |  |  |
| Citizenship: |  | Work Fax: |  |  |
|  |  | Email: |  |  |
|  |  |  |  |  |
| BC Cancer Position: | Faculty |  | Post-doc |  | Research Scientist |  |  |
|  |  |  |  |  |  |  |  |
|  | Student |  | Technician |  | Other |  |  |
|  |  |  |
| Primary Appointment: |  |  |
|  | *Faculty* | Department |  |
| Other Appointments:  |  |  |
|  | *Department(s)* |  |
| Other Affiliations: | VH/UBCH/GF Strong |  | BC Children & Women’s |  | Providence |  |  |
|  | Company |  | BCCDC |  | UBC |  |  |  |
|  |  Name |  |
| Contribution to Technology: |  |  |
|  |  | Percent contribution |  |  |
| Please provide the names of all funding agencies or granting agencies, national centres of excellence or companies that funded the work, and the year(s) of funding. |  |
| NRC |  | TFRI |  | NCE |  |  |
| CIHR |  | CPACC |  |  | Name of National Centre of Excellence |  |
| NCI |  | LLS |  | Genome |  |  |
| CFI |  |  |  |  | Genome BC, Genome Prairie, Genome Quebec, Genome Atlantic, Ontario Genomics Institute |  |
| MSFHR |  |  |  | Other |  |  |

SECTION 2: INVENTION DESCRIPTION

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| **Non-Confidential Invention Title** |
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| **NON-CONFIDENTIAL INVENTION DESCRIPTION****Is this invention a new process, a new composition of matter, a new device? Is the invention a new use for, or an improvement to, an existing product or process? (30 words):** |
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|  |

| DETAILED INVENTION DESCRIPTION**Highlight and expand in as much detail as possible on each novel and unusual feature of the invention. Attach additional sheets as required. Include background descriptive material from papers or grant applications as appropriate.** |
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| INVENTION SAMPLES OR PROTOTYPES**Has the apparatus, product or process been made or tested? If yes, does a sample or prototype of your invention exist and is it available for demonstration? Attach sketches, drawings, photographs and other materials that help illustrate the description.** |
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SECTION 3: intellectual property assessment

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| **PUBLIC DISCLOSURE****The ability to patent your invention is critically dependent on public disclosure. Please complete all that apply, below:** |
|  |  |  |  |  | Date of Disclosure |  |
|  |  |  | An abstract describing the invention has been or will be (highlight one) printed or |  |  |  |
|  |  |  | published on the Web (highlight one). |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | A manuscript that describes the invention has been or will be submitted for publication. |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | A manuscript that describes the invention has been or will be published. |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | A presentation / poster that describes the invention has been or will be given, either  |  |  |  |
|  |  |  | on-site or off-site. |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | A news article or feature report that describes the invention has been or will be printed  |  |  |  |
|  |  |  | Or published on the Web. |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | Information describing the invention has been or will be provided to a person or |  |  |  |
|  |  |  | company or institution outside BC Cancer, without a confidentiality agreement. |  |  |  |
|  |  |  | Data has been uploaded to database (e.g. International Cancer Genome Consortium) |  |  |  |
|  |  |  |  |  |  |  |

| **If you completed any of the above, please describe how much of the invention description in Section 2 was or will be disclosed.** |
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| **Please list and attach copies of any publications (theses, reports, preprints, reprints, paper or Internet abstracts) pertaining to the invention, including publication dates. Please include manuscripts in preparation, news releases, feature articles and internal reports.** |
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|  |  |  |
| --- | --- | --- |
| **Are lab records available?** | **Location of lab records** | **Are lab records dated and signed?** |
| **Yes** | **X** | **No** |  |  | **Dated** |  | **Signed** |  |

| RELATED PUBLICATIONS**Are there related publications known to the inventor? Please list.** |
| --- |
|  |

| **Does the contributor know of any other investigators in the world that are conducting research that is related to the invention? Please list.** |
| --- |
|  |

| RELATED PATENTS**Are there related patents known to the contributor? Please list.** |
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|  |

| THIRD PARTY RIGHTS**Please list the site(s) where research was conducted that led to the invention.** |
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|  |

| **Please list any companies or agencies that may have rights to the invention as a result of the use of their goods or services in the course of the research that led to this invention.** |
| --- |
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| **Does the invention incorporate any material obtained from companies or institutions outside BC Cancer? If so, was a Material Transfer Agreement (MTA) been signed for this material? Please list material, date received and supplier** |
| --- |
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| **Please list Non-Disclosure Agreements (NDA) that may involve an aspect of the invention.** |
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SECTION 4: COMMERCIALIZATION

| COMMERCIAL POTENTIAL**Please indicate the commercial potential for the invention, including possible uses and markets for the invention, who would use it and why, and what the current solutions are. In addition to immediate applications, are there any other uses that might be realized in the future?** |
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| **Does the invention possess disadvantages or limitations? Can they be overcome? How?** |
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| COMMERCIAL INTEREST**Is there any commercial interest shown at this stage? Name companies and contacts if contact information is available**. |
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Section 5: assignment

Section 5: assignment

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| **For valuable consideration, we, the contributors as identified in section #1 of this document, assign all of our interest in and to the invention herein described, together with any future improvements, to the**  **Provincial Health Services Authority .** **the Contributors represent and warrant that:****(a) each Contributor has read the completed Invention Disclosure,****(b) the Contributors agree on their relative percent contribution to the technology disclosed,****(C) commercialization of the invention will require a commitment of their time towards technology assessment, patenting and commercialization processes.** |
| **Signature(s) of Contributors. NOTE: (a) All Contributors must sign here; (b) please re-enter percent contribution.**  |
|  |  | **NAME** |  | **PERCENT****CONTRIBUTION** |  | DATE |  |
|  | **A** |  |  | % |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **B** |  |  | % |  |  |  |
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|  | **D** |  |  | % |  |  |  |

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| **BC CANCER** |
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| **Per:** |  |
| **Title:** |  |
| **Date:** |  |