## WMed Intellectual Property Disclosure Form – CONFIDENTIAL

The purpose of this form is to provide a written, dated notice of your invention or discovery and comply with WMed's IP Policy. A disclosure may also be required in order for WMed to meet its obligations arising under federal law and/or to comply with third party contractual requirements. Completion of the Intellectual Property Disclosure Form has at least two other important functions. First, it serves as a written, dated record of your invention, still important despite the change in US law to first-inventor-to-file. Second, it provides the basic information which helps to evaluate, subsequently protect, and potentially commercialize the intellectual property.

It is not necessary to answer every question in order to submit this disclosure form but the more information you provide, the more accurate the assessment will be. If you have any questions or would like assistance completing the form, please contact the Office of Technology Development at <a href="mailto:wmedic@wmed.edu">wmedic@wmed.edu</a>.

Please read all instructions thoroughly before completing the form.

Title of Invention (Generic see instructions)	
Search Terms (see instructions)	
Summary of Invention (see instructions)	

	inven	ntion (Attach abstracts, manuscripts, additional info see instructions)		
Patent Potent	ial of	the Invention (see instructions)		
	Date	Details		
Conception of invention. Is this date documented in writing? If so, where?	Date	Details		
	Date	Details		
Is this date documented in writing? If so, where?	Date	Details		
Is this date documented in writing? If so, where?  First reduction to practice.		Origin (Check where appropriate and describe below see instructions)		
Is this date documented in writing? If so, where?  First reduction to practice.  nvention Suppo	ort and	Origin (Check where appropriate and describe below see instructions)	Yes	No I
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Is this date documented in writing? If so, where?  First reduction to practice.  Invention Suppo  Any Federal research grants or the sponsoring agency, o  Developed with Corporate, S  Any third-party collaborators	ort and s used? Ple r final Inver State, or Fo s (e.g. indus	Origin (Check where appropriate and describe below see instructions)  Passe list agency, federal grant number. Info should be consistent with the information provided to SPA, antion Reports:  Soundation funds? Please list the sponsor and the grant number:	Yes	

Is any other group, la				 _
	ab, or researc	ther using your invention in their research program? If yes, please provide details:		
		cts with 3 <sup>rd</sup> parties related to this invention? (e.g. consulting (OWP) agreements, other agreements you dentify these contracts:		
Was any aspect of the listed above or from	ne invention morganizations	nade possible, in whole or in part, by the use of software obtained from individuals other than contributors other than WMed? If yes, please provide details:		
Software (co	omplete if	applicable see instructions)		
oes this invention co	nsist of or incl	lude software?		
	or Pres	sentation Date(s) (Papers, abstracts, talks, including those that are planne	ed.)	
Publication  Event/Publication	or Pres	sentation Date(s) (Papers, abstracts, talks, including those that are planned Reference / Comments	ed.)	
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# Industry Contacts (Please include any industry contacts made or to be made related to this invention.)

Name	Company	Address/Phone/Email

# **Contributors** (See instructions)

Continuations (See matrictions)		
A.		
Name	WMed Position	
WMed Department or Other Organization	Contribution %	
Home Address / City / State / Zip	Home Phone	Citizenship
Work Address / City / State / Zip	Work Phone	Email
В.		
Name	WMed Position	
WMed Department or Other Organization	Contribution %	
Home Address / City / State / Zip	Home Phone	Citizenship
Work Address / City / State / Zip	Work Phone	Email
<u>.</u>	I	
Name	WMed Position	
WMed Department or Other Organization	Contribution %	
Home Address / City / State / Zip	Home Phone	Citizenship
Work Address / City / State / Zip	Work Phone	Email
).		
Name	WMed Position	
WMed Department or Other Organization	Contribution %	
Home Address / City / State / Zip	Home Phone	Citizenship
Work Address / City / State / Zip	Work Phone	Email

# **DECLARATION**

Each WMed contributor, as listed above, hereby:

- acknowledges and confirms his/her prior assignment to WMed of all rights in the invention herein disclosed ("WMed Invention") pursuant to WMed's IP Policy;
- acknowledges and confirms that WMed holds all rights in the WMed Invention and all resulting patents; and

 for the avoidance of doubt by any third parties in connection with the licensing and commercialization of the University Invention, agrees to assign, and does hereby assign, to the university the entirety of his/her intellectual property rights in the University Invention and agrees to execute, upon request of the University, any and all documents that the university deems necessary to record and/or perfect the assignment of rights to the university.

Each non-WMed innovator agrees to promptly notify the OTD of any employment, contractual, or other obligation to assign his/her rights in the invention or discovery which is the subject matter of this Invention Disclosure to any non-WMed entity.

Contributor Name (print/type)	Signature	Date

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WMed's IP Policy: https://wmed.policytech.com/dotNet/documents/?docid=2503&app=pt&source=browse&public=true

Revised: July 2024

Return the original signed Invention Disclosure Form and any supporting documentation to:

WMed Office of Technology Development WMU Homer Stryker M.D. School of Medicine 4717 campus Drive, Suite #100 Kalamazoo, MI 49008

Phone: 269-353-1823
wmedic@wmed.edu

WMed Reference Number:	Date:

## WMed Intellectual Property Disclosure Form – INSTRUCTIONS

### Instructions

**Title of the Invention.** Use a brief title, omitting any confidential information, acronyms, and trademarks (title should be very generic).

**Search Terms.** We use the Internet as a research tool when searching databases and markets. To make our searches efficient, please provide a short list of words, common industry phrases and/or categories (minimum of 3, maximum of 10).

**Summary of Invention.** Provide a 3-4 paragraph general layperson's overview of the invention and how it works. What does it do? How does it do it? What is the purpose of the invention; what problem does it solve? Is it a new product, process, or composition of matter? Or is it a new use for or improvement to an existing product, process, or composition of matter? What are the features and benefits of the invention?

**Details of Invention.** Please provide a detailed description of the invention. Address as many of the following descriptive points as possible. When emailing the form to the OTD, attach additional necessary information such as abstracts, manuscripts, drawings, etc.

- (a) Invention Details
  - What parts (steps, if a method) make up the invention, in its best (preferred) form?
  - What does each contribute to the invention?
  - Which parts are new to this invention (in form or usage), which are old (conventional, used in the expected way)?
  - In what way do the parts interact to make the invention work?
  - For each part, indicate if the part (or its form or interconnection) is ESSENTIAL to the invention - that is, for each part, ask, "if this part were left out, or changed, would the remaining device still be my invention?" Or, "if this part were changed or left out, would the invention still work?
- (b) Alternatives. You have described the best way to build (perform) your invention. Now consider the alternatives.
  - In what ways could the parts (steps) be changed, or equivalent parts substituted without changing the basic invention?
  - Is there a generic description for any of the parts you listed (i.e. "fastener" instead of "Machine Screw", or "plastic" instead of "polypropylene")?
  - Could the functions of any of the parts be changed, combined, eliminated?
  - What could be added to make the invention work better?
  - What could be left out?
  - Can your invention be used for anything other than its preferred use?
- (c) Limitations. When will the invention not work?
  - Are there any critical ranges of size, weight, pressure, etc. for any of the parts of your invention? (i.e. "the cap must be made of steel with a Rockwell hardness of 32-56")
  - Must some parts be made of specific substances??
- (d) Drawings
  - If possible, use labeled sketches to detail your invention. Be sure all essential parts
    are shown on the sketch and try not to include extraneous details. Measurements are
    not required unless they are essential to the operation of the invention. Please attach
    any related manuscripts, publications, presentations, posters, etc.

**Patent Potential of Invention. To** be patentable, an invention must be NOVEL, USEFUL and NOT OBVIOUS to one skilled in the art, based upon everything that was available at the time of the invention. Please explain why you believe your invention can be patented, keeping the following in mind:

(a) State of the Art: Consider what was already in existence (whether patented or not)

before the invention.

- a. How is the function of the invention being done today?
- b. What is the closest device (method) you are aware of to your invention?
- c. Is there something that performs the same function in a different way?
- d. Is there any combination of existing devices (methods) which would be similar to your invention?
- e. How does your invention perform its function different from, or better than, these prior devices (methods)?
- f. How are they similar?
- g. Resources for search
  - i. If you hadn't invented the invention, where would you go to find one?
  - ii. What catalogs, publications, etc. would you look in?
  - iii. To what extent have you looked?
  - iv. Who would be likely to purchase or use the invention?
  - v. Do you know of any publications that might describe the invention or its competitors?
- (b) You may not get a patent on an invention which was already patented, or described in a printed publication, or in public use or on sale either by others, before you invented it, or by anyone, more than one year before you apply for a patent.
  - a. Date of Invention: "Invention" means a combination of conception (coming up with the idea of the invention) and reduction to practice (building it or applying for a patent).
  - b. Conception: When did you first begin to work on the invention?
  - c. Reduction to Practice: Has the invention been built? If so, when?
  - d. Publications: Has the invention ever been described in any printed form, by anyone? If so, where and when?
  - e. Cite any of your own publications and patents, and those of anyone else believed by you to disclose ideas most closely related to the invention.
  - f. Prior Filings: Have you filed a Disclosure Document or Provisional Patent Application on this invention, or has there been an application for patent in the USA or elsewhere?
    - i. Type of Filing:
    - ii. Date of Filing:
    - iii. Serial Number:
    - iv. Where filed:
- (c) Public Use: Has the invention ever been shown or used in public? If so, where and when?
- (d) Sale: Has the invention ever been sold? If so, where and when?

### **Invention Support and Origin**

WMed is required to report all inventions made with Federal funding to the relevant agency, so it is imperative that you provide details on all federally funded inventions, in particular the agency and the grant number. Please list all other potentially relevant grants, funds, collaborations, or materials received from third parties such that we can do the appropriate reporting to the sponsoring groups and determine if there are any pending license rights to the invention.

#### Software

If you answer yes, provide the following details:

If software has been developed, please list the authors of the software's source and executable code, specifically:

- (a) Author's name
- (b) Author's status at WMed (faculty, staff, resident, student, etc.)
- (c) Author's contribution to the code
- (d) Department/School/Affiliation
- (e) Contact information (email, telephone number, mailing address)
- (f) Please provide any additional information in respect of the involvement of any external

authors.

Third Party Software Code:

- (a) Name of the third-party code
- (b) Web page to download the code
- (c) Web location of the third-party license

If the software developed is a modification or improvement to an existing work or incorporating elements not original to the developer(s), identify that work and its developer(s).

## **Publication or Presentation Dates**

Please identify all past and future seminars, talks, abstracts, publications, and web postings describing the invention. These may affect the scope of patent protection and the timing of filing. *Disclosure to Others* is the oral, written, or electronic dissemination of the invention to a person outside of WMed that would enable someone working in the field to practice the invention or repeat its development. Provide accurate dates and comments to enhance the understanding of critical events and/or make a note that you wish to discuss these issues with us. We are interested in any potential public disclosure (papers, posters, abstracts, talks, etc. including those that are planned) of the invention, to help us and our lawyers evaluate any potential patent protection issues.

#### **Commercialization Potential**

Stage of Development: describe the development status (idea/concept only, laboratory tested, proof of concept achieved, prototype developed, minimum viable product created, industry interest/use).

Further R&D: briefly indicate what additional development may be necessary over the next 12 months to demonstrate proof of concept and/or further validate the invention for commercialization.

Closest known product / technology: Identify other products/technology against which your invention would compete. Provide links to related companies' products or services webpages.

Competitive Advantage: What are the advantages and benefits of your invention over the competitors named above? Have you experimentally compared your invention to the "gold standard" competitor technology or process?

Potential Licensees: Identify companies that you think could benefit from the use of this technology. Note, some potential licensee may be the competition but not often.

## **Industry Contacts**

Please provide evidence of industry interest by listing the private-sector people you have contacted, or will contact, about licensing your technology. It is expected that you list at least one individual contact person, and three would be ideal.

#### **Contributors**

Contributors are individuals who may have conceived or developed elements of the invention, either independently or jointly with others. When identifying contributors, use the broadest spectrum possible. If this invention disclosure results in a patent application, a patent attorney will determine inventorship based on information from contributors listed in this form. Fill in the "Contribution %" to provide your assessment of each individual's relative contribution to the concepts of the invention. License revenues, if any, will be distributed according to WMed IP policy. The first individual listed will be the OTD's primary contact and agrees to act as conduit of information with the other contributors. Please provide complete addresses (including city, state, zip for home address).

Any non-WMed affiliation should be stated (e.g. corporate, other university, or joint appointments). Attach an extra sheet if necessary. If a Contributor is affiliated with more than one department, OTD will need the names of each relevant department and a breakdown of the "Contribution %" of that Contributor applicable to each department (due to revenue sharing with each department). The best way to do this is to use a separate entry for each department of the Contributor. For example, if Contributor A is has a

"Contribution %" of 20% and is affiliated with both Dept. X and Dept. Y, and the invention was made 60% under the auspices of Dept. X and 40% under the auspices of Dept. Y, then the Contribution % for this Contributor A should be 12% for the entry for Dept. X and 8% for the entry for Dept. Y. If this breakdown is not provided, then each department will be weighted equally. Please email with questions.

## Return the original signed Invention Disclosure Form and any supporting documentation to:

WMed Office of Technology Development WMU Homer Stryker M.D. School of Medicine 4717 campus Drive, Suite #100 Kalamazoo, MI 49008

Original Effective Date: 07/01/14 Reviewed Date(s): 09/10/25 Revised Date(s): 07/31/24 Phone: 269-353-1823 wmedic@wmed.edu