

# DISCLOSURE OF INVENTION

## LOYOLA UNIVERSITY OF CHICAGO HEALTH SCIENCES DIVISION (HSD)

*This disclosure is an important legal document. It should be carefully completed by the inventor(s). Your signature(s) certifies that you will comply with all Loyola University of Chicago intellectual property policies and procedures in regard to this disclosure. Please review and be certain that you understand the Loyola University of Chicago Intellectual Property and Technology Transfer Policy (<http://www.luc.edu/ors/patentpolicy.shtml>) prior to completing this form.*

This Disclosure of Invention is composed of two parts, to be completed on the attached forms and submitted together. The completed Disclosure of Invention should be signed by the inventors, a competent witness, and the Department Chairperson (or equivalent) and then delivered as follows:

Original Signed Form:	HSD Director of Technology Transfer
Exact Copies:	Departmental Chairperson(s) or equivalent

### **Instructions for Completing the Disclosure of Invention**

**PART I** - See attached; all sections must be completed; correct dates are critical in section 4

**PART II** - See attached; give a concise technical description of the invention using the headings shown below:

- a) General purpose of the invention
- b) Prior art - previous methods, materials or devices performing the function of the invention—provide specific reference to existing patents and related literature
- c) Disadvantages of prior art
- d) Identification of component parts, or steps, and explanation of mode of operation of invention
- e) Alternate embodiments of the invention (other ways that your invention can be made or used)
- f) Advantages of invention over prior art
- g) Features of the invention believed to be new
- h) If a joint invention, the contribution of each inventor (as a percentage; this will be used to determine percent ownership)
- i) Drawings, sketches, photographs, reports, if available, may form a part of the disclosure, and reference thereto can be made to complete this description.

The completed description should be signed by the inventor(s), and then read and signed by a technically competent witness, using the statement:

DISCLOSED TO AND UNDERSTOOD BY ME THIS \_\_\_\_DAY OF \_\_\_\_\_, 20\_\_.

**LOYOLA UNIVERSITY OF CHICAGO  
HEALTH SCIENCES DIVISION  
(RESTRICTED INFORMATION FOR USE OF LOYOLA UNIVERSITY ONLY)**

***DISCLOSURE OF INVENTION  
PART I***

1. DESCRIPTIVE TITLE OF INVENTION

2. NAME(S), TITLE(S), AND HOME ADDRESS(ES) OF INVENTOR(S)—include percentage shares if more than one inventor

3. DEPARTMENT ADDRESS(ES) AND TELEPHONE NUMBER(S)

4. TIMETABLE OF DEVELOPMENT (complete where applicable)

STAGE OF DEVELOPMENT	DATE (MONTH/YEAR)	LOCATION	IDENTIFYING PERSONS OR SUPPORTING RECORDS
First disclosure to others			
First sketch, drawing and/or written description			
Completion of first model or full size description			
First successful operational test			

5. LIST OTHER PERTINENT NOTEBOOK ENTRIES, PHOTOGRAPHS, REPORTS, DRAWINGS AND PUBLICATIONS

[Empty rectangular box for notebook entries, photographs, reports, drawings and publications]

6. LIST ANY KNOWN OR CONTEMPLATED PUBLIC USE, PUBLICATION OR ORAL PRESENTATION OF INVENTION

[Empty rectangular box for public use, publication or oral presentation of invention]

7. INDICATE ANY PAST, PRESENT OR CONTEMPLATED GOVERNMENT SPONSORSHIP OF THE INVENTION

[Empty rectangular box for government sponsorship of the invention]

8. INDICATE ANY PAST OR PRESENT EMPLOYMENT OR AFFILIATION OF THE INVENTOR(S) BY OR WITH INSTITUTIONS OTHER THAN LOYOLA UNIVERSITY OF CHICAGO, INCLUDING LUHS AND VA HOSPITALS, WITH WHICH OR DURING WHICH ACTIVITIES RELATED TO THIS INVENTION WERE CONDUCTED (PROVIDE RELEVANT DATES OF AFFILIATION OR EMPLOYMENT)

[Empty rectangular box for past or present employment or affiliation of the inventor(s)]

SIGNATURE OF INVENTOR(S) \_\_\_\_\_ DATE \_\_\_\_\_  
[add additional lines as necessary]

SIGNATURE OF CHAIRPERSON\* \_\_\_\_\_ DATE \_\_\_\_\_  
\*or equivalent

SIGNATURE OF HSD TECHNOLOGY TRANSFER DIRECTOR \_\_\_\_\_ DATE OF RECEIPT \_\_\_\_\_

**LOYOLA UNIVERSITY OF CHICAGO, HEALTH SCIENCES DIVISION  
(RESTRICTED INFORMATION FOR USE OF LOYOLA UNIVERSITY OF CHICAGO ONLY)**

***DISCLOSURE OF INVENTION  
PART II***

Give a concise technical description of the invention using the headings shown below:

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DISCLOSED TO AND UNDERSTOOD BY ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

Name of witness (please print) \_\_\_\_\_ Signature of witness \_\_\_\_\_