



A Teaching Affiliate of Harvard Medical School



## Massachusetts Eye and Ear Infirmary

### **Invention Disclosure**

---

*Please submit typed (not handwritten) Invention Disclosure forms. Invention Disclosure forms should be hand delivered to Barbara Murphy (6th floor, 325 Cambridge St). If possible, an electronic version should also be emailed to facilitate the patenting process.*

Date of Receipt: \_\_\_\_\_

The herein described invention is submitted pursuant to the provisions of the Patent Policy adopted by the Board of Managers in September 1985 (Revised: September 1987).

The purpose of this disclosure is to help the Infirmary evaluate the invention; to allow the Infirmary to research applicable material, including authorizing a patent search; to assist in assessing the invention's potential market value; to facilitate application for a patent and to provide a record of the invention.

- Descriptive Title:
- Purpose, Summary and Probable Uses:
  
- Former method(s) of performing function of invention. Provide most pertinent citations
  
- Disadvantages of the former method(s)
  
- Attach is a detailed description comprising \_\_\_\_ pages and the following papers and other reference materials.
  
- Advantages of invention over former method(s).

- Alternative methods of practicing the invention.
- Features which are believed to be novel.
- Commercial possibilities and potential commercial interest in invention.
- Invention conceived on (indicate date):
- Invention first tested on (indicate date):
- Invention reduced to practice on (indicate date):
- Has there been any experimental and clinical use?
- If this invention has been described in any publication(s) or report(s) or if such publication(s) or report(s) are in preparation, please identify.
- Was this invention conceived or first reduced to practice in the performance of experimental, developmental or research work funded by a research grant?

No       Yes      If yes, please provide the following information:

Sponsoring Agency:

Grant Title

Grant Number

- Was this invention conceived or first reduced to practice in the performance of experimental, developmental or research work relating to the subject matter of a Government Contract, or done upon the understanding that a Contract would be awarded?

No       Yes      If yes, please provide the following information:

Sponsoring Agency:

Contract Title  
Contract Number (if known)

- Was this invention conceived or first reduced to practice in the performance of experimental, developmental or research work funded by or requested by a private party?

No     Yes    If yes, please identify: \_\_\_\_\_

- This work was sponsored and/or supported by: Please identify all party(ies)/agency(ies) and grant number (if applicable).

- Although the concepts were uniquely developed by the undersigned, significant collaborative contribution(s) were made by the following individuals: Please indicate name, institutional affiliation and department for each.

Name	Institution	Department	Telephone
------	-------------	------------	-----------

- Inventor's Legal Name
- Citizenship of Inventor (Required by U.S. Patent Office)
- Inventor's Home Address
- Inventor's Home Telephone
- Inventor's Department
- Inventor's Departmental Telephone

---

Inventor's Signature

---

Date

---

If more than one inventor, please provide the following information for each:

- Inventor's Legal Name
- Citizenship of Inventor (Required by U.S. Patent Office)
- Inventor's Home Address
- Inventor's Home Telephone
- Inventor's Department
- Inventor's Departmental Telephone

---

Inventor's Signature

---

Date

---

**WITNESS:**

- This invention was first explained to me by the above- identified inventor(s) on \_\_\_\_\_ (date) and is understood by me.

Name and Department: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

Laboratory Director: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

---

Informational Review by Department Chief and Date:

\_\_\_\_\_

---