# Official_UST_Seal_25%University of Santo Tomas

# OFFICE OF THE VICE-RECTOR FOR RESEARCH AND INNOVATION

Innovation and Technology Support Office

# INVENTION DISCLOSURE FORM

***General Instructions***

The purpose of this invention disclosure form is to generate a written, dated record of your invention and to provide information from which the patent potential and commercial potential of your invention can be evaluated. The University needs this documentation to comply with most industrial contract requirements and the Philippine laws and regulations concerning grants and contracts. Please review the following information before completing the attached form.

* The form is in Microsoft Word format and may be downloaded from the university website ([www.ust.edu.ph](http://www.ust.edu.ph)). Once completed, it may be returned electronically; however one hard copy with all signatures will need to be sent via campus mail, regular mail, or fax.
* An invention disclosure form should be completed when something new and useful has been conceived or developed, or when unusual, unexpected or unobvious research have been achieved and can be utilized. In accordance with the University Intellectual Property Policy, any such invention is to be promptly disclosed to the University.
* Identifying all individuals who contributed to the conception or development of the technology is very important. Please note that inventorship is **not** the same as authorship and will be determined according to Philippine patent law when a patent application is filed. When completing this form, it is best to list the potential **pool** of individuals who contributed to the conception and/or development of the invention.
* To fully and properly evaluate the invention, the technology transfer office **must** receive all data supporting the invention (tables, charts, graphs, presentations, manuscripts, etc.).
* The technology transfer office will begin its internal review upon receipt of the signed, completed form. Questions or requests for meetings to discuss the form will be directed through the Primary Contact; however we encourage all potential inventors to participate as much as possible.
* Please do your best to complete as much of this form as possible. Incomplete form submissions may be delayed. If you have any questions, please contact the Innovation & Technology Support Office at the address below.
* Add spaces and/or table rows as needed; otherwise do not modify the form. If a question does not apply, please mark “N/A”. if for any reason the information you need to add does not fit within the boxes, please feel free to add information as an attachment as necessary.

For advice on completing this form or for additional information, contact **Assoc. Prof. Michael Jorge N. Peralta**. Upon completion of the form, please return one (1) signed copy, along with all supporting documentation to:

**Innovation and Technology Support Office**

**Office of the Vice Rector for Research and Innovation**

**Ground Floor, Thomas Aquinas Research Complex**

**University of Santo Tomas**

**España Boulevard, 1015 Manila**

**T/F: +63 (02) 740–9731**

**TL: +63 (02) 406–1611 local 4039**

**Email: itso@ust.edu.ph**

 (Version 2011 September 22)

**INVENTION DISCLOSURE**

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| **1. Title of invention** (Please provide a non-confidential title.) |
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| **2a. Chronology of invention** (It is important to document when the invention was conceived and reduced to practice.) |
|  |  |
|  | **Date** (mm/dd/yyyy) | **Location and Comments** |
| Idea first conceived |  |  |
| Experimental evidence of invention (Reduced to practice) |  |  |
| First written description |  |  |

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| **2b. Have the essential elements of the invention been communicated to anyone outside of your laboratory, either orally or in writing?** (e.g., publication, thesis/dissertation, seminar, poster, meeting abstract, web page. Public disclosure of your invention prior to filing a patent application is likely to result in the loss of patent rights in foreign countries. The Philippines provides for a one-year grace period for the filing of a patent application following public disclosure. Please list any disclosures including university presentations, which described the invention.)**🞏 Yes 🞏 No**If **Yes**, please specify (e.g., date, name, circumstances) |
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| **2c. Do you intend to publicly communicate the essential elements of the invention in the future, either orally or in writing?** **🞏 Yes 🞏 No**(If **Yes**, please specify planned date of disclosure.) |
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| **3a. Provide a non-confidential, simple and commercially applicable summary of the invention** (This information will largely support marketing evaluation. Please include advantages, characteristics and industry applications.) |
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| **3b. Detailed description of the invention** (If necessary, additional descriptive information may be added as an appendix; e.g., data charts, graphs, publications, abstracts, grant applications, presentations, etc.) |
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| **3c. What are the practical and commercial applications of the invention** (e.g., what problem does it solve?) |
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| **3d. What are the advantages of your invention over currently available technologies** (e.g., what technology is currently used to meet this need and how is your technology better?) |
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| **4. Funding sources** (Please list all funding sources for materials, equipment and/or salaries of all personnel involved in conception and development of the invention.) |
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| **Funding Source** | **Name of Department, Company, Agency, etc.**(e.g., UST, DOST, MMHRDC, etc.) | **Grant Number** |
| Government/Other Government Funds |  |  |
| Corporate/Industrial |  |  |
| Private/Public Foundation |  |  |
| University/Departmental |  |  |
| Others (Please specify) |  |  |
| If government funds, please provide the grant administrator contact info: |  |

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| **5. Did this invention utilize outside sources of materials or confidential information?** (Please list all agreements, e.g., MOA, consulting, contracts, etc.) |
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| **Source** | **Materials/Information** | **Type of Agreement and Date** |
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| **6. Please list any companies you find are/might be interested in your invention** (Specific contacts are most helpful.) |
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| **Name of Company** | **Contact Information** |
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| **7. List any known pre-existing technology which your invention derives from, integrates or otherwise would be required to utilize** If none click here **🞏** |
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| **8. Inventor identification** (Please include all ***potential*** inventors, including collaborators from other institutions outside the University. We will consult the Primary Contact on whether and how best to contact any outside potential inventors.) |

ALL POTENTIAL INVENTORS/AUTHORS AFFILIATED WITH THE UNIVERSITY DURING THE CONCEPTION, DEVELOPMENT, AND PRODUCTION OF THIS INVENTION MUST SIGN BELOW. BY SIGNING THIS NEW INVENTION NOTIFICATION FORM YOU HEREBY ASSIGN YOUR RIGHTS IN THIS INVENTION TO THE UNIVERSITY.

To the best of my knowledge all statements and information provided in this form are true and complete. I understand and agree that all rights, obligations, and financial interests pertaining to or derived from the invention are as determined under the University Intellectual Property Policy and other applicable policies. I also understand and acknowledge that the University has the right to change the Policy from time to time, including the percentage of net royalties paid to me. Further, I acknowledge that the percentage of net royalties paid to inventors is derived only from consideration in the form of money or equity received under a license, option, or material transfer agreement for licensed rights. I agree to assist the University in the evaluation, possible, protection and commercialization of the invention as described in this form.

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| **Primary Contact** |
|  |  |
| **Name:** |
| **Citizenship:** |
| **Home Address:** |
| **Work Address:** |
| **Phone:** | **Fax:** |
| **Email:** |
| **College/Department:** |
| **Signature:** |

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| **Name:** |
| **Citizenship:** |
| **Home Address:** |
| **Work Address:** |
| **Phone:** | **Fax:** |
| **Email:** |
| **College/Department:** |
| **Signature:** |

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| **Name:** |
| **Citizenship:** |
| **Home Address:** |
| **Work Address:** |
| **Phone:** | **Fax:** |
| **Email:** |
| **College/Department:** |
| **Signature:** |

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| --- |
| **Name:** |
| **Citizenship:** |
| **Home Address:** |
| **Work Address:** |
| **Phone:** | **Fax:** |
| **Email:** |
| **College/Department:** |
| **Signature:** |

*If more space is needed to identify all potential inventors, please provide the above information for each additional individual in an attachment.*