Invention Disclosure Form

Use this form to let HSC Innovations know about an invention arising from your research or practice. While ‘invention’ (used throughout this form) primarily refers to a technological innovation, this form can also be used to disclose designs, databases, cell lines, training materials and other products of your work.

Read the notes on page 2 before completing and submitting this form.

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| 1. Summary Details
 |
| Title of invention |       | Choose a short title summarising the project or activities to be undertaken. |
| Key contact name |       | The most appropriate day to day contact for this disclosure, usually the lead inventor. |
| Post / job title |       |  |
| Employer | WHICH Health and Social Care Trust | Normally one of the five Health and Social Care trusts. |
| Site |       | On which hospital or other HSC site is the applicant based? |
| E-mail address |       | Preferably an HSC e-mail address. |
| Telephone |       |  |
| HSC Innovations reference number |       | For HSC Innovations use only. |

Notes

In accordance with the HSC Innovation Policy and the Research Governance Framework for Health and Social Care, HSC bodies and their members of staff have an obligation to identify and where appropriate protect, manage and exploit intellectual property emerging from HSC research and practice. HSC Innovations provides an intellectual property management service for all HSC trusts and the HSC R&D Division (in the Public Health Agency). The aim of seeking protection and ultimately commercial exploitation of inventions is to ensure that the knowledge and innovation becomes available to improve service delivery.

This Invention disclosure Form should be used to provide details of an invention to HSC Innovations. HSC Innovations will evaluate each invention to determine whether any intellectual property rights can be obtained to assist in this commercial exploitation.

This form should be signed by all the inventors/contributors.

Once you have submitted this form HSC Innovations will review the information and may seek clarification of some aspects before undertaking research into the technological and market aspects of your invention. If you have a connection with a university or other institution we will contact that institution to consider how to proceed in the best interests of both institutions.

IMPORTANT: The information supplied on this form will be treated as confidential by HSC Innovations and will only be used for assessing the potential for protecting and commercialising the innovation. Disclosure of any sort outside this form may jeopardise intellectual property protection and adversely affect potential future commercial exploitation.

Do not leave any question unanswered. If no information is available enter ‘none’ or ‘n/a’.

HSC Innovations is hosted by Belfast Health and Social Care Trust. If you have any questions about this form or the work of HSC Innovations please contact the HSC Innovations team – tel: 028 9063 5794; e-mail: enquiries@innovations.hscni.net. Further information is available on the website at [www.innovations.hscni.net](http://www.innovations.hscni.net).

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| 1. About the Technology
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| Describe the invention in technical terms. Attach additional sheets or papers if necessary. Particularly include information about:* How the invention works and what problem it solves.
* How the invention is new and inventive (not obvious) compared to the current state of the art. What current problems the invention overcomes.
* The current stage of the invention – whether theoretical concept, prototype made, in trial, etc.
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|       |
| 1. Date of Invention
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| On what date did you make the invention? What evidence exists of the date of origin and nature of the idea/invention? (For example signed and dated laboratory note books.) |
|       |
| 1. Disclosure / Publication
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| Please be aware that the types of publication / disclosures include: details in any thesis submitted in respect of a degree or other qualification conference papers, seminar contributions, internet/web abstracts, correspondence, grant proposals, public or private demonstrations, poster presentations, oral or written communications any third party (including companies, universities or charities). |
| Has the idea/invention been disclosed by any means to any other person who is not a full-time employee of your employer?If so, please give details and indicate the date of disclosure/publication and occasion if appropriate. Please attach a copy of the publication/s if available. | Yes [ ]  |  | No [ ]  |
|       |
| Do you plan to publish or talk publicly about the invention in a journal or at a conference or otherwise in the near future? If so, when will this take place? | Yes [ ]  |  | No [ ]  |
|       |
| 1. Associated Funding
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| Was any part of the invention generated with the use of research grant/contract funds?If so, provide the name of the sponsor, any grant reference number and the name of the principal investigator. | Yes [ ]  |  | No [ ]  |
|       |
| 1. Exploitation
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| What could be the benefit if this invention in the health and social care service? What might be the commercial application(s) of this idea/invention? |
|       |
| What do you know of any competing products, inventions or ideas currently on the market? Who provides, makes or sells them? |
|       |
| 1. Inventors
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| Give a list of all the people who have provided an inventive contribution to this idea (that is those without whose intellectual contribution the invention would not have been possible). Please indicate their status (at the time of the invention) in the HSC Trust – employee, honorary appointment, joint appointment (or none) and all affiliations to any other organisation, particularly a university or company. Indicate how revenue (if any) should be split between the inventors/contributors. If the split is not equal, explain why not. If you need to list more inventors, add them in the notes box below or add a separate page. |
| Name | Employment status | E-mail address | Telephone number | Employer(s) | % contribution to the idea |
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| Notes: |
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| 1. Statement
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| I/We, the undersigned, have read the notes on this form and confirm that the information given in this Invention Disclosure Form is, to the best of our knowledge, full and accurate.I/We understand that HSC Innovations will, on behalf of each employing trust, conduct investigations into the technological aspects of this invention and the market opportunities presented by it, in co-operation with any other employers that have been named on this form.I/We confirm that the intellectual property described on this form is assigned to my/our employer(s) and that the employer(s) will take actions to develop this invention and recognise the inventors in accordance with the HSC Innovation Policy (and equivalent policies in other employers). |
| Signature | Name | Date |
|  |       |       |
|  |       |       |
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**Thank you for completing this form.**

Now send this form to the HSC Innovations office by post or e-mail:

HSC Innovations, NICTU, 1st Floor Elliott Dynes Building, Royal Hospitals, Grosvenor Road, Belfast, BT12 6BA; e-mail: enquiries@innovations.hscni.net.

Note that if you submit a form without the signatures of all the inventors the HSC Innovations team will be contact all the inventors to confirm the information included in this form.

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