# INVENTION DISCLOSURE REPORT & ASSIGNMENT

# NEW YORK STATE DEPARTMENT OF MENTAL HYGIENE

# OFFICE OF MENTAL HEALTH OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

#### **AND**

# RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.

The purpose of this form is to disclose potentially patentable inventions. Please return completed form to:

Contract and Grants Administration Research Foundation for Mental Hygiene, Inc. 150 Broadway, Suite 301 Menands, NY 12204

Phone: (518) 474-5661 Fax: (518) 474-6995

Email: Contracts@rfmh.org

### **LEAD INVESTIGATOR:**

Employ	yee of (check all that apply:)	NYS	RFMH	University:	
	NAME:				
	TITLE OR POSITION:				Degree
	INSTITUTE:				
	DEPARTMENT:				
	ADDRESS:				
	PHONE:			FAX:	
	E-MAIL:				

# **CONTRIBUTOR(s)**

If the contributor has a joint appointment with an affiliated organization, please name the organization.

1.	NAME:		
	INSTITUTE:		Degree
	DEPARTMENT:		
	PHONE:	EMAIL:	
2.	NAME:		
	INSTITUTE:		Degree
	DEPARTMENT:		
	PHONE:	EMAIL	
3.	NAME:		Degree
	INSTITUTE:		Degree
	DEPARTMENT:		
	PHONE:	EMAIL:	
4.	NAME:		Degree
	INSTITUTE:		Degree
	DEPARTMENT:		
	PHONE:	EMAIL:	
5.	NAME:		Degree
	INSTITUTE:		Degree
	DEPARTMENT:		
	PHONE:	EMAIL:	

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1.	Title of the Invention:
2.	Please briefly describe the invention. If possible, attach a manuscript, research proposal, sketch, drawing or any other materials that would assist in the understanding of the invention.
3.	Has the invention been reduced to practice? Yes No If so, approximately when?
4.	Identify and describe the closest technological development, either in the U.S. or abroad, that you are aware of. Such technology may have been described in any patent, publication, or presented at a public talk or trade fair, or be on sale now or in the past or near future.
5.	Do you know if anyone else has invented something similar which is not yet publicly available, as defined in paragraph above?
6.	Please distinctly specify the differences between your invention and the closest prior technology, as defined in paragraph 4 and 5 above. What advantages does your invention provide over the prior technology? What defects does it overcome?

7.	What are all of the possible uses for the invention? Please reasonably speculate on any additional uses that your invention may have, either by itself or in combination with other known, or as yet unknown, technology.
8.	What is (or are) the best way (or ways) of carrying out your invention? If a product (chemical or otherwise), what are the optimum materials and proportions? If a process, what are the optimum conditions and parameters?
9.	Are there any disadvantages or problems with your invention? Can they be overcome? How?
10.	Did research leading to this invention involve collaboration with other institutions? Y N If so, please identify the institution(s) and collaborator(s).
11.	Have you or any of your collaborators described this invention or a similar invention in whole or in part in manuscripts, reports, grant applications, theses, abstracts, oral presentations, demonstrations or sales catalogues? If so, describe each event with dates and authors. Have any patent applications been filed on closely related inventions? Has there been a public use or an offer for sale? When?

12.	Did research leading to this invention make use of materials (e.g., biological materials, reagents, etc.) obtained under a Materials Transfer Agreement (MTA) or Materials Use Agreement (MUA) with a company or other third party? Yes No If so, please identify the material(s) and the provider(s).
13.	Are there any written records, such as laboratory notebooks, etc., in which the invention is described? Where can they be found? Do not enclose any material now; simply indicate location, custody, etc., of the records, starting with the earliest ones. Yes No
14.	Are there any witnesses who can corroborate the making of the invention, from the early days of conception to the reduction of practice? Please give their names, addresses and/or telephone numbers.
15.	Are you planning any disclosure of the invention in the future? Is there any imminent publication, oral presentation, showing , offer of sample or sale of the invention? Please give approximate dates and locations. Yes No

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conce	ach contributor listed on page 2, please indicate their contribution(s): proposal, ption, experimentation, useful or crucial suggestions, etc. Please indicate each cor's percentage of contribution to the overall invention (should equal 100% between ventors).
Who	sponsored or paid for the work that led to the invention or part thereof?
a.	U.S. Government Agency(ies):
	Contract or Grant number(s):
b.	Industrial Sponsor(s) (Please enclose relevant patent section from the contract if available):
c.	Other (self, university, private foundation or individual, etc.):
	here been any commercial interest in this invention? If available, please name anies and specific persons.
	who sa.  b.  c.

19.	List any other commercial firms who m	ay be interested in your in	vention:
20.	Would your invention be of particular invention is a drug for a tropical disease		than the U.S. (e.g., the
21.	Name(s), address(es), and telephone nu about the invention:	mbers of person(s) who r	may be contacted further
22.	Signature(s), date(s), and percent contributem 16) of person(s) making this disclosing the Signature		ntributions should match  Percent contribution
	Signature	Date	Percent contribution
	Signature	Date	Percent contribution
	Signature	Date	Percent contribution
	Signature	Date	Percent contribution
	Signature	Date	Percent contribution

23.	Signature of Institute Director or Deputy Director of Administration.			
	I have read and understood the foregoing disc	closure represented by paragraphs 1-22 above		
	Signature	Date		
	Name	Title		

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