

Code for the Mission

Disclosure form

This is an interactive form that may be filled out in Word. For instructions on where to send the completed invention report, please see the last page. For questions please contact our office at (310) 794-0558.

1. INNOVATORS

Please list all of your competition members

Full Name	_____	Position	_____
Company/University	_____	Department(s)	_____
UCLA ID (if applicable)	_____	Citizenship	_____
Work Telephone	_____	Work Email	_____
Home Address	_____	Work Address	_____
Home City, State, Zip	_____	Work City, State, Zip	_____

Signature _____ **Date** _____

Full Name	_____	Position	_____
Company/University	_____	Department(s)	_____
UCLA ID (if applicable)	_____	Citizenship	_____
Work Telephone	_____	Work Email	_____
Home Address	_____	Work Address	_____
Home City, State, Zip	_____	Work City, State, Zip	_____

Signature _____ **Date** _____

Full Name	_____	Position	_____
Company/University	_____	Department(s)	_____
UCLA ID (if applicable)	_____	Citizenship	_____
Work Telephone	_____	Work Email	_____
Home Address	_____	Work Address	_____
Home City, State, Zip	_____	Work City, State, Zip	_____

Signature _____ **Date** _____

[Note- Please use the last page of this disclosure form for additional innovators.]

2. APP TITLE

Please create a title that does not contain details that would enable others to reproduce the APP.

3. APP PLATFORM(S)

Please indicate what platform or platforms the APP is written for.

4. IS THERE A DEVICE ASSOCIATED WITH YOUR APP?

Please indicate if there is any device (other than a phone, tablet, or computer) that is necessary for your APP.

4. APP DETAILS

Describe how to your APP works or might work.

5. COMMERCIAL APPLICATIONS & COMPETITIVE ADVANTAGES

Describe what commercial unmet need this APP addresses and how it differs from competing APPS.

6. STATE OF THE ART

Describe the existing state of the art for your APP.

7. APP FUNDING & RESOURCES: *(Include all funding such as federal, corporate and foundations)*

Sponsor(s)	Grant/Contract Number(s)	Principal Investigator	Administering Dept/Center

Did you have any funding for developing this app? (if no, skip to the next section)

Yes No

Was the APP developed at a Howard Hughes Medical Institute (HHMI) affiliated lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the APP developed at a Veterans Administration (VA) lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the APP developed at a California NanoSystems Institute (CNSI) affiliated lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the APP developed at a Translational Applications of Nanoscale Multiferoic Systems (TANMS) Center affiliated lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the APP developed in a lab associated with the Los Angeles Orthopaedic Hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the APP developed using funding or materials from the California Institute for Regenerative Medicine (CIRM)? If yes, please indicate the CIRM grant number.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the APP developed using materials received from a third party under an MTA (e.g. equipment, cell lines, antibodies, software)? If yes, please indicate the material name, provider and material transfer agreement number.	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. APP DISTRIBUTION

Please note if and when any of the following have taken place

		DATE	PLEASE INDICATE WHERE THE APP WAS OR WILL BE RELEASED
Has the APP gone live?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there an upcoming release?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What will be your APP target release?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide details of any barriers to going live:			

9. COPYRIGHTS

Please note if you have developed or incorporated any of the following.

<input type="checkbox"/> Audiovisual work	<input type="checkbox"/> Sound Recordings	<input type="checkbox"/> Literary work (document, questionnaire)
<input type="checkbox"/> Dramatic works, including any accompanying music	<input type="checkbox"/> Musical works, including any accompanying words	<input type="checkbox"/> Pantomimes and choreographic works
<input type="checkbox"/> Pictorial, graphic, and sculptural works	<input type="checkbox"/> Architectural works	<input type="checkbox"/> Mask Work

Once completed, please submit the invention report by:

(i) Email, along with any attachments, to: innovation@research.ucla.edu

(ii) Mail or hand deliver one copy to:
 UCLA Office of Intellectual Property
 Campus Mail Code: 140607

OR

UCLA Office of Intellectual Property
 11000 Kinross Avenue, Suite 200
 Los Angeles, CA 90095-1406

When completed and signed, this disclosure form becomes a legal document which may be relied upon during patent prosecution. A detailed description of this invention should not be divulged to sponsors or others without first consulting OIP. Sponsors whom the University may owe rights in patents will be notified of this invention in confidence by the University.

Please use the section below for additional inventors.

Additional Innovators <i>(inventorship subject to legal review)</i>	
Full Name _____	Position _____
Company/University _____	Department(s) _____
UCLA ID (if applicable) _____	Citizenship _____
Work Telephone _____	Work Email _____
Home Address _____	Work Address _____
Home City, State, Zip _____	Work City, State, Zip _____
Signature _____	Date _____
Full Name _____	Position _____
Company/University _____	Department(s) _____
UCLA ID (if applicable) _____	Citizenship _____
Work Telephone _____	Work Email _____
Home Address _____	Work Address _____
Home City, State, Zip _____	Work City, State, Zip _____
Signature _____	Date _____
Full Name _____	Position _____
Company/University _____	Department(s) _____
UCLA ID (if applicable) _____	Citizenship _____
Work Telephone _____	Work Email _____
Home Address _____	Work Address _____
Home City, State, Zip _____	Work City, State, Zip _____
Signature _____	Date _____