1. **Detailed Information on Inventors:**

[Please provide name, department, full home address with city and zip code, country of citizenship, and email address. Space for additional inventors at the end.]

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| --- | --- | --- | --- |
|  | **Inventor #1** | **Inventor #2** | **Inventor #3** |
| **Name** |  |  |  |
| Position |  |  |  |
| Department |  |  |  |
| MUSC Office Location |  |  |  |
| E-mail Address |  |  |  |
| Work Telephone |  |  |  |
| Home Address  (include city & zip code) |  |  |  |
| Home Telephone |  |  |  |
| Citizenship |  |  |  |

1. **Title of Invention:** [Title should be sufficiently descriptive to identify the Invention yet not reveal unique unpublished details.]

1. **Do any of the inventors have VA “eighths” or a research contract (WOC or DAP)?**

If so, who, what and when is appointment effective?

**IMPORTANT:** VA requires completion of their own Reporting of Invention form and Certification of Reporting for Inventions to be forwarded to them separately. You may download these forms from the FRD site at

<https://research.musc.edu/resources/frd/services/for-inventors/disclosures>

1. **Was Federal Funding used to support the conception or actual practice of this invention?**

If so, list Contract Name, Grant/Contract No., Date of Award and PI

4a. What other sources of funding (corporate sponsored research, foundation funding, internal awards, etc.) were used to support the conception or actual practice of this invention?

1. **Brief Description of Invention** [Please summarize your invention describing the unique characteristics and advantages over existing technology.]

1. **Potential Commercial Use of Invention** - What are the possible uses of the invention (e.g. diagnostic, device, therapeutic, research tool)? What further research and development is necessary before your invention can be used by the public? What are your thoughts about how this invention could be commercialized? Do you know of any companies that would be interested in licensing this technology?

1. **Disclosures of the Invention (THIS IS IMPORTANT)**

Check any prior disclosures or anticipated disclosures, either written or oral, of the Invention:

**Abstract(s) Publication(s) Grant application(s) Presentation(s) Other None**

For each disclosure, provide the following information as appropriate in the space below:

If **published (Paper, abstract or on-line)**, include all journal citations and attach a reprint. If **not yet published OR PRESENTED, indicate any date and PLACE WHERE YOU PLAN TO DISCLOSE THIS INVENTION**.

1. **Detailed Description of the Invention –** Please provide a detailed description of how to make and use the Invention. The description must contain sufficient detail so that one skilled in the same discipline could reproduce the Invention. Include the following as necessary:

**1**- data pertaining to the Invention;

**2**- drawings or photographs illustrating the Invention;

**3**- structural formulae if a chemical;

**4**- procedural steps if a process;

**5**- a description of any prototype or working model.

**In many cases, a manuscript prepared for submission to a journal will satisfy this requirement.**

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|  | **Inventor #4** | **Inventor #5** | **Inventor #6** |
| **Name** |  |  |  |
| Position |  |  |  |
| Department |  |  |  |
| MUSC Office Location |  |  |  |
| E-mail Address |  |  |  |
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|  | **Inventor #7** | **Inventor #8** | **Inventor #9** |
| **Name** |  |  |  |
| Position |  |  |  |
| Department |  |  |  |
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| Work Telephone |  |  |  |
| Home Address  (include city & zip code) |  |  |  |
| Home Telephone |  |  |  |
| Citizenship |  |  |  |

**Signatures:** If possible, please have all parties sign and date this form. **DO NOT DELAY** submitting this ROI if all parties are not readily available.  **SUBMIT** now and follow up with the signed version.

**As indicated by their signatures below, the following individuals acknowledge that they have reviewed and understand the Medical University of South Carolina’s Intellectual Property Policy; do hereby assign their individual rights and ownership in this invention, creation, or discovery to the Medical University of South Carolina; and agree that the MUSC Foundation for Research Development may, in its sole discretion, administer, protect, license, or otherwise use or exploit this invention for the benefit of the Medical University of South Carolina, MUSC Foundation for Research Development, and the individual inventors. Said assignment does not supersede or replace in any way the revenue distribution outlined in the University’s Intellectual Property policy.**

**Signatures below certify that all information provided in this disclosure is true and accurate to the best of the undersigned inventor’s knowledge.**

|  |  |  |  |
| --- | --- | --- | --- |
| Inventor Signature | Date | Witness Signatures | Date |
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