

**1. Title of Invention:**

--

**2. Principal Inventor (and key contact person)**

SURNAME, GIVEN NAMES:		Citizenship:
		Faculty/Dept/Other Affiliation:
Position:		Bldg & Room #:
Permanent Home Address:		Western/Hospital Employee # (Required):
		Telephone:
Inventorship share:	%	Email:
<b>Signature:</b>		<b>Date:</b>

**3. Co-Inventor(s)**

SURNAME, GIVEN NAMES:		Citizenship:
		Faculty/Dept/Other Affiliation:
Position:		Bldg & Room #:
Permanent Home Address:		Western/Hospital Employee # (Required):
		Telephone:
Inventorship share:	%	Email:
<b>Signature:</b>		<b>Date:</b>

SURNAME, GIVEN NAMES:		Citizenship:
		Faculty/Dept/Other Affiliation:
Position:		Bldg & Room #:
Permanent Home Address:		Western/Hospital Employee # (Required):
		Telephone:
Inventorship share:	%	Email:
<b>Signature:</b>		<b>Date:</b>

**4. External Inventor(s)**

SURNAME, GIVEN NAMES:		Citizenship:
Position:		
Institution:		
Institution Address:		Telephone:
Inventorship share:	%	Email:
<b>Signature:</b>		<b>Date:</b>

*It is the responsibility of all inventors to keep WORLDDiscoveries® informed of address changes*

**Note to Principal Inventor:**

a) If more Co-Inventors or External Inventors, please add a separate sheet and check here

b) If tenured at another institution, but Western adjunct or affiliated, please indicate.

This report of Innovation may be signed by wet or electronic signature, either of which will constitute proof of personal principal inventor consent to, and affirmation of, the content herein.

I, \_\_\_\_\_ (Principal Inventor), acknowledge that to the best of my knowledge there are no other inventors to this invention. If in doubt, add names of potential inventors or collaborators below.

Other Potential Inventors/Collaborators:

\_\_\_\_\_

\_\_\_\_\_

---

### Signature of Principal Inventor

Please fill in the names of your Dean, Chair and/or Hospital/Research Institute Director.

Dean: \_\_\_\_\_ Chair: \_\_\_\_\_

Director: \_\_\_\_\_

For the Report of Invention (ROI) involving one of the affiliated institutions, The University of Western Ontario/Lawson Health Research Institute will reserve the right to share information in this ROI on a confidential basis, as part of an inter-institutional agreement. The University of Western Ontario/Lawson Health Research Institute are committed to the protection of all personal information in accordance with the principles set out in PIPEDA and the provisions of the University's Guidelines/Lawson's Policies on Access to Information and Protection of Privacy. The University/Lawson will comply with PIPEDA with respect to all personal information collected, used or disclosed by it in the course of commercial activities.

## 5. Summary Description of Invention

Please provide a short summary here, and attach any full-length descriptions such as a thesis paper to the end of this document. Enclose sketches, drawings, photographs, screen prints and other materials to help illustrate the description

## 6. Is this invention related to any other *Report of Innovation* previously disclosed?

## 7. What existing problem(s) does this invention solve?

## 8. What are the technical features of the invention that solve this problem(s)? How do these features solve the problem(s)?

## 9. How is the problem(s) currently solved by others?

## 10. How is this invention different than the other existing solutions?



**13. Development History:**

	DATE	Place, References, Comments
A – When did you come up with the initial idea?		
B – When did you first describe the invention - oral or written?		
C – When was your first successful demonstration? (reduction to practice)		
D – Are your lab books and other records in order and available?		Yes <input type="checkbox"/> No <input type="checkbox"/>

**14. Funding Sources.** Please list all sources of funding related to the conception and development of this intellectual property. It is important that this information is accurate and complete because sponsors may have certain rights in the intellectual property

Sponsor	Project Title	ROLA #

**15. Third Party Rights in the Intellectual Property.** Are there any other agreements in place with a third party that may affect ownership of this intellectual property? Examples – Material Transfer Agreements (MTA), Confidentiality Agreements (CDA/NDA), Private Foundation Grants etc.

- Yes** – Identify the third party  
*Please attach a copy of each agreement(s)*  
 **No**

**16. Industry or Other Contacts for Commercialization (Optional).** Do you know what Industry would be interested in this? Are you working with industry partners who would be interested in this invention? If yes, please list.

**17. Additional Information or Comments (Optional).**

**18. Do you intend to assign the rights in this technology to the Institution?**

*Note: **WORLDdiscoveries**<sup>®</sup> assists in the commercialization of innovations. Assignment to the Institution is required to secure that assistance, however, neither assignment nor securing assistance are mandatory under the applicable Intellectual Property Policy of your Institution.*

Yes:  No:  Undecided:

Once completed please forward fully executed original to:

Manager, Intellectual Property and Administration  
WORLDdiscoveries® Business Development Office  
Western University, The Gordon Mogensson Building  
100 Collip Circle, Suite 105, London, ON N6G 4X8

In addition, please forward an electronic copy to [ipm@worlddiscoveries.ca](mailto:ipm@worlddiscoveries.ca) (WORD or PDF file)  
If signed digitally, only an electronic copy is necessary.

Acknowledgement of Receipt by WORLDdiscoveries®

\_\_\_\_\_  
Lisa Cechetto  
Executive Director  
WORLDdiscoveries® Business Development Office

\_\_\_\_\_  
Date

**(To be completed by WORLDdiscoveries®)**

BDM handling this file: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Within 30 days of receipt of this Report of Invention, a meeting with the Business Development Manager will determine whether additional information (detailed disclosure) is required.