

1. Name of Mark:

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- 2. Does the mark also have a design element to it?** Yes No
 If yes, please attach a black and white copy of the design.

3. Principal Creator (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:
Signature:		Date:

4. Co-Creator(s)

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

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

5. External Creator(s)

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

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

- Note to Principal Creator:**
- a) If more Co-Creators or External Creators, please add separate sheet and check here
- b) If tenured at another institution, but Western adjunct or affiliated, please indicate.

I, _____ (Principal Creator), acknowledge that to the best of my knowledge there are no other co-creators to this copyright. If in doubt, add names of potential creators or collaborators below.

Other Collaborators:

Signature of Principal Creator

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

Dean: _____ Chair: _____

Director: _____

For the Copyright Disclosure Report (CDR) 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.

6. Summary Description of Mark

Describe i) the need for the mark, ii) the goods or services the mark will be used in connection with, and iii) how the mark will be used with the goods and/or services (e.g. printed on the goods, used in advertisements, used on labelling etc.).

7. Use of the Mark

Has the mark already been used? Yes No

If yes, provide the date the mark was first used: _____

If no, when do you anticipate it to be used? _____

Do you have evidence of use? Yes No

Will the mark be used outside of Canada? Yes No

If yes, list the countries where the mark will be used: _____

How long do you anticipate the mark will be in use? _____

8. Has a trademark search been conducted on the mark? Yes No

If yes, please describe the search results below.

9. 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 #

10. Third Party 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 licensing this mark? If yes, please list.

11. Additional Information or Comments (Optional).

12. Do you intend on assigning rights in this mark to the Institution?

*Note: **WORLDiscoveries**[®] 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
 WORLDiscoveries[®] 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 (Word or PDF file)

Acknowledgement of Receipt by WORLDiscoveries[®]

 Lisa Cechetto
 Executive Director
 WORLDiscoveries[®] Business Development Office

 Date

(To be completed by WORLDiscoveries[®])

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.