

**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)**

<b>SURNAME, GIVEN NAMES:</b>		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. Co-Creator(s)**

<b>SURNAME, GIVEN NAMES:</b>		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>

<b>SURNAME, GIVEN NAMES:</b>		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>

**5. External Creator(s)**

<b>SURNAME, GIVEN NAMES:</b>		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<sup>®</sup> 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.

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

Other Collaborators:

\_\_\_\_\_

\_\_\_\_\_

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### 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: **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<sup>®</sup> Business Development Office  
 Western University, The Gordon Mogenson 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 electronically, only an electronic copy is necessary.

Acknowledgement of Receipt by WORLDdiscoveries<sup>®</sup>

\_\_\_\_\_  
 Lisa Cechetto  
 Executive Director  
 WORLDdiscoveries<sup>®</sup> Business Development Office

\_\_\_\_\_  
 Date

**(To be completed by WORLDdiscoveries<sup>®</sup>)**

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.