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**CONFIDENTIAL**

*To be filled in by Unitec*

#### **Invention Disclosure**

Any invention resulting from research conducted at the University of Geneva (UNIGE) and/or at the Geneva University Hospitals (HUG) has to be announced to Unitec (UNIGE) or the Bureau de l’innovation (HUG).

The purpose of this form is to record the invention and the circumstances under which it was generated.

This document will be used to evaluate whether it would be appropriate to attempt to commercialize the disclosed invention. It will also serve as a basis for a potential patent application.

If the invention is successfully commercialized, any revenue received by UNIGE and/or HUG will be redistributed according to the *Directives en matière d’accords de transferts de technologies et de compétences* (UNIGE) and/or the *Directive en matière de transfert de technologie et de promotion de l’innovation* (HUG). The inventor share to be redistributed to the UNIGE and/or HUG inventors will be calculated taking into account their relative contribution to the invention, as indicated in this document.

Please fill out the form, have it signed by all the inventors, and send the original to Unitec (UNIGE) or the Bureau de l’Innovation (HUG):

Université de Genève Hôpitaux Universitaires de Genève

Unitec Attn: Aurélia Weber

24, rue Général-Dufour Centre de l’innovation

1211 Genève 4 17 rue Alcide-Jentzer

1205 Genève

Tél.: (022) 379 03 50 Tel: +41 (0)79 553 98 83

E-mail: unitec@unige.ch aurelia.weber@hcuge.ch

**Title of the invention (short and non-confidential)**

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**1. The inventors**

Please state the name of all the individuals that you believe to be inventors (including those affiliated to other institutions), knowing that an inventor is an individual who has conceived an essential element of the invention either independently or jointly with other inventors. In case of doubt, a patent attorney will be consulted to determine inventorship. If there are more than 3 inventors, please use the last page of this form.

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|  | **Inventor 1** | **Inventor 2** | **Inventor 3** |
| **Name** |  |  |  |
| **Employer(s)\*** |  |  |  |
| **Department(s)\*** |  |  |  |
| **Position** |  |  |  |
| **Work phone** |  |  |  |
| **Work email** |  |  |  |
| **% contribution\*\*** |  |  |  |

*\* if you are employed by UNIGE and HUG, please indicate both affiliations*

*\*\* estimated % of relative contribution of each inventor to the invention (total should be 100%)*

Inventor to whom correspondence should be addressed:

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Professor(s) responsible for the group(s) (“Group Supervisor(s)”):

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## 2. Description of the invention

* *General purpose of the invention*

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* *Technical description of the invention (including key data if available)*

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* *Which product or service do you envision to commercialize ?*

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* *Advantages and improvements compared to other available/commercialized solutions*

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* *Envisioned modifications and variations*

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* *Most closely resembling publications or patents*

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* *What do you consider to be novel compared to the state-of-the-art (publications, products,…)?*

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**3. Funding/Possible third-party claims -** *this section refers to UNIGE and HUG employees only*

*Have you received any materials used to develop the invention from a third party?*

🗆 Yes (please specify) 🗆 No

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If yes, have you signed a material transfer agreement (MTA)?

🗆 Yes (please provide a copy) 🗆 No

Have you developed the invention as part of a collaboration with a third party?

🗆 Yes(please specify) 🗆 No

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If yes, have you signed a collaboration agreement?

🗆 Yes (please provide a copy) 🗆 No

Who has funded the research leading to this invention? Please state the name of all sponsors, grant numbers (if available), as well as the name of the recipients.

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*Was the research leading to this invention funded to at least 30% by SNF?*

🗆 No 🗆 Yes Name of NCCR (if applicable):

**4. Publications**

* **Previous disclosures**

Has any aspect of this invention been published, presented at a scientific meeting or otherwise disseminated (including for example on your web site)?

🗆 Yes (please specify) 🗆 No

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* **Planned disclosures**

Are you planning to publish or otherwise disseminate any aspect of this invention in the future ? If yes, please specify and list dates.

🗆 Yes (please specify) 🗆 No

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**5. Declaration and signatures**

I declare to the best of my knowledge, that the information given in the above form is complete and accurate. I believe that the list of inventors is correct and comprehensive and that no person(s) other than those listed in this document have made an inventive contribution to the invention.

Signatures of all the inventors (including those affiliated to other institutions):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : Date

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Name : Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : Date

**Acknowledgement by UNIGE and/or HUG**

Group Supervisor(s) (UNIGE) / Direct Supervisor(s) (HUG) :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nom: Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nom: Date

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Nom: Date

***Please send a signed original to Unitec (UNIGE) or the Bureau de l’innovation (HUG).***

***Please use this additional page if there are more than 3 inventors***

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| --- | --- | --- | --- |
|  | **Inventor 4** | **Inventor 5** | **Inventor 6** |
| **Name** |  |  |  |
| **Employer(s)\*** |  |  |  |
| **Department(s)\*** |  |  |  |
| **Position** |  |  |  |
| **Work phone** |  |  |  |
| **Work email** |  |  |  |
| **% contribution\*\*** |  |  |  |

*\* if you are employed by UNIGE and HUG, please indicate both affiliations*

*\*\* estimated % of relative contribution of each inventor to the invention (total should be 100%)*