Confidential Invention Disclosure

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## Title of Invention:

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## Inventors and Contributors:

### Inventors at the University of Toronto: List all individuals who have made an inventive contribution to this disclosure through the use of U of T resources (i.e., faculty, students, postdocs, staff, visiting scientist, etc.). Attach separate pages if necessary.

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| **LEGAL SURNAME, GIVEN NAMES** **Name must match government-issued ID, e.g., passport** | **U of T PERSONNEL NO** **(if applicable)**Student ID’s not required  | **DEPARTMENT**  List all cross appointments or affiliated institutions | **AFFILIATION WITH U of T** i.e., faculty, research assoc., post-doc, student, staff, visitor | **EMAIL ADDRESS** | **PERSONAL CONTACT INFO** HOME address with postal code, Personal Phone # | **% CONTRI-BUTION\***required for Assignment | **Initials confirming that I reviewed my information and it is accurate** |
| **Surname** | **Given Name(s)** |
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\* If invention is assigned to UofT, percentage will be used as a basis for sharing future revenues. Revenue distribution agreed to by the parties in an assignment agreement will govern. For more information, see our Disclosure Guide.

### External Inventors: List all individuals who have made an inventive contribution to this disclosure using non-U of T resources (i.e., sponsor employees, academic collaborators, etc.). **Please include names, organization, contact information, and email address.**

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### Contributors (Non-Inventors): List all individuals at or external to U of T who have not made an inventive contribution but have contributed to the development of the invention. Please include name, organization and email address.

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## Location(s) of Work:

Please list all locations (U of T AND External) of the work leading to this invention, be specific (i.e., Laboratory, department, faculty, building, hospital, etc.).

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## Invention Description:

Please provide a description of this invention for evaluation, highlighting its novel or patentable aspects. Attach separate pages as necessary.

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## Dissemination:

List all publications, abstracts, presentations or any other forms of public dissemination regarding this work, include dates.

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| [ ] No [ ] Yes (Provide details) |
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## Funding Sources (mandatory):

In the table below, provide the full contract or grant number used for your research regarding any funding used in the development of this invention. Please include industry sponsored research, non-profit funding, governmental funding, applicable fellowships (i.e., salary or stipend support, materials, equipment, etc.) for which you have a fund.

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| **Sponsor NAME** | **PI NAME**  | **PROJECT TITLE** (TITLE OF RESEARCH) | **RIS FUND # (**e.g., **4XXXXX** or **5XXXXX)** |
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## Related Agreements and Third-party Rights:

In addition to Section 6, you shall provide the information necessary for us to perform our obligations to sponsors and understand whether other organizations have rights to the invention that we need to honour.

Was the work leading to this invention subject to any written contract(s) or other agreement(s) such as: material transfer, data transfer, software licence, confidentiality, collaboration, and/or sponsored research?

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| [ ] No [ ] Yes (Provide details) |
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## Patent Applications:

Have any patent applications or other intellectual property protections been filed in respect of this invention?

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| [ ] No [ ] Yes (Provide details) |
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## Plans for Commercialization:

Please let us know of your ideas for the market application of this Invention:

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| 1. Do you intend to create your own **start-up** to commercialize this invention?

[ ] No [ ] Yes [ ]  N/A1. Do you have a relationship with, or a contact at, any company who would be interested in this invention?

 [ ] No [ ] Yes [ ]  N/A1. Provided that the university does not have an obligation to sponsors, inventors have a choice to commercialize on their own. Given the choice, will you:

[ ]  Commercialize on your own[ ]  Require the University to commercialize[ ]  Do not know yet  |

## Warranty:

**I/We,** **the Inventors listed in Section 2(a)**, **have read, understood and agree to all of the preceding**, and declare that all of the information provided in this disclosure is complete and correct. To the best of our knowledge, all persons who might legally make an ownership claim in this Invention are identified in **Section 2(a) and 2(b).**

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| **FUll legal Name (typed):** | **Signature:** | **Date :** |
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| **Submission Instructions:**Please send an electronic draft of the disclosure form to the IP Officer for review **prior** to obtaining signatures. Once reviewed for completeness and accuracy, the completed and signed form should be returned to the IP Officer via email at **ip.officer@utoronto.ca**. If you have questions, please contact the IP Officer. |