



## DECLARATION OF INVENTION WITH NO SIGNIFICANT USE OF U OF T RESOURCES

1. Invention Title: \_\_\_\_\_

2. Inventors:

**a. University of Toronto Inventors:** Individuals internal to U of T who have made an inventive contribution to this invention. Under "Department", list any cross appointments or affiliated institutions. Under "Affiliation", state the individual's role at U of T (i.e., faculty, staff, visiting scientist, student, post-doc, etc.). Attach separate pages if necessary.

Name:	_____	Personnel #:	_____
Department:	_____	Affiliation:	_____
Email:	_____	Phone:	_____
Address:	_____	Fax:	_____
	_____		

Name:	_____	Personnel #:	_____
Department:	_____	Affiliation:	_____
Email:	_____	Phone:	_____
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Name:	_____	Personnel #:	_____
Department:	_____	Affiliation:	_____
Email:	_____	Phone:	_____
Address:	_____	Fax:	_____
	_____		

Name:	_____	Personnel #:	_____
Department:	_____	Affiliation:	_____
Email:	_____	Phone:	_____
Address:	_____	Fax:	_____
	_____		

FOR IPO USE ONLY:

Disclosure Date:

Disclosure N°:



**b. External Inventors:** Non-U of T individuals who have made an inventive contribution to the invention (i.e., sponsor employees, academic collaborators, etc.).

Name: _____	Organization: _____
Email: _____	Phone: _____
Address: _____	Fax: _____
_____	

**c. Contributors (Non-Inventors):** Individuals internal or external to U of T *who have made a valuable but not inventive contribution* to this invention.

Name: _____
Organization: _____
Email: _____

### 3. Invention Description:

Please provide a description of this invention for evaluation, *highlighting its novel or patentable aspects*. Explain how it may have been conceived and/or reduced to practice without substantial use of U of T Resources. Attach separate pages if necessary.

### 4. Resources Used:

Please provide a description of resources used to conceive and develop this Invention, including the extent of use of U of T and non-U of T resources, facilities, and funds. Explain any use of U of T resources, such as common software, space, and non-specialized facilities.

#### a. U of T Resources

#### b. Non-U of T Resources



## 5. Attestation:

The person(s) listed in Section 2 declare and attest the following.

- a. I/We have read and understood the University of Toronto Inventions Policy and the obligations of Inventors under the Policy.
- b. The Invention described in Section 3 was conceived and developed by me/us privately without significant use of facilities owned, operated or administered by U of T and/or funds of, or funds administered by U of T.
- c. To the best of our knowledge, all persons who might make a claim to ownership in this invention are identified in Section 2.
- d. I/We know of no commitment, such as to an industrial or government sponsor or to any other person or entity that would limit or inhibit U of T's ability to carry out its responsibilities to third parties or under U of T policies in relation to the Invention.
- e. I/We understand that if the Invention is reduced to practice or otherwise further developed by any of the named Inventors making significant use of U of T facilities or funds administered by U of T, an Invention Disclosure form must be completed in accordance with the U of T Inventions Policy, and U of T rights will be governed by the Policy.
- f. All of the information provided in this disclosure is complete and correct.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## 6. Endorsement by the Department Chair/Director:

I have reviewed this document with the Inventors and I am familiar with the circumstances of its development. I have read the statements made in Sections 3, 4 and 5 of this document, and confirm their accuracy, to the best of my knowledge.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 7. Acknowledgement by the Governing Council of the University of Toronto:

I have reviewed this document with the Inventors and I am familiar with the circumstances of its development. I have read the statements made in Sections 3, 4 and 5 of this document, and confirm their accuracy, to the best of my knowledge.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SUBMISSION INSTRUCTIONS:

This form is not required under the Inventions Policy; however, if you wish to confirm that what you have developed does not fall under the Inventions Policy, you may submit this form for verification.

Send a draft of the completed form to the IP Officer before obtaining signatures. Please attach this form as a PDF to an e-mail addressed to: [ip.officer@utoronto.ca](mailto:ip.officer@utoronto.ca)

Once verified, submit the signed form to the IP Officer via email at [ip.officer@utoronto.ca](mailto:ip.officer@utoronto.ca) in-person or campus mail.

If you need any assistance, please contact the IP Officer.