



**CEDARS-SINAI MEDICAL CENTER.**

**INVENTION DISCLOSURE FORM**

**I. DESCRIPTIVE DATA**

1. Descriptive Title of Invention:

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Describe the invention. Use attached sheets, if necessary, and include examples, drawings or other data. If the invention is described in a manuscript that is being prepared for publication, attach a copy.

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a. Explain if the invention is a new process, composition of matter, a device or one or more products? A new use for, or an improvement to, an existing product or process?

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b. Where and when was the invention conceived? Attach annotated copies of any written records that substantiate this conception date. Such records can include notebook entries, letters, reports, etc.

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c. When did any experimental work relating to the invention first occur? Attach copies of substantiating notebook entries.

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d. State status of experimental work and at what stage of development.

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e. Date and place of first test with results (give name and address of witnesses and present location of records).

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f. How does this invention differ from present technology? Advantages or disadvantages over prior structures or methods?

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## II. OTHER PERTINENT DATA

1. Are there laboratory records and data available? Give reference numbers and physical location, but do not enclose.

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2. State the nature and extent of any literature search made to date, and attach copies of the closest references found.

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3. First public disclosure to others: Where? When? And to whom? (specify records relied on).

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4. Was the work that led to the invention sponsored? If yes, attach copy of contract or agreement if possible, and fill in the appropriate blanks below.

- a. Title of government agency \_\_\_\_\_ Contract \_\_\_\_\_
- b. Name of industrial company \_\_\_\_\_
- c. Name of University Sponsor \_\_\_\_\_
- d. other sponsor(s) \_\_\_\_\_

5. Has there been any commercial interest in this invention? Please name companies and specific persons, if available.

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a. Do you know of other commercial firms who may be interested in your invention?

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b. What is the prospective commercial value or utility of your idea?

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c. Would your invention be of particular use in foreign countries? (e.g., the invention is a drug for a tropical disease, etc.).

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6. Name(s), address(es) and telephone number(s) of person(s) who may be contacted further about the invention.

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7. Signature(s) of person(s) making this disclosure, including date signed.

Dated: \_\_\_\_\_

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

Dated: \_\_\_\_\_

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

Dated: \_\_\_\_\_

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

8. Signature of Department Chairperson (reviewed by):

Dated: \_\_\_\_\_

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

Department: \_\_\_\_\_