

Invention Disclosure Form

By submitting this form, you agree to provide assistance to Cedars-Sinai Technology Ventures in its commercialization efforts and, if applicable, to Cedars-Sinai's outside patent counsel to assist with patent prosecution. Your responsibilities may include providing technical input, complying with deadlines and educating potential licensees about your invention. Failure to respond to any official requests for information or to comply with deadlines may lead to the abandonment of the patent process, which may hinder any potential commercialization activity.

The level of detail you provide on this form will affect the office's ability to assess the strength of the technology being submitted. If the provided space is insufficient, please attach a Word document. You also may attach any other documents related to the invention.

| Title of Invention |
|--------------------|
| |

Guidelines to complete the form:

1. **There are 11 sections to complete. Please answer all the questions.** If something is not applicable, please put N/A.
2. If you run out of space or prefer to use additional documents (e.g., manuscripts), you may answer "See attached" in the provided space and submit the documents along with the form.
3. Please submit all relevant documents, such as agreements, prior disclosure documents (e.g., posters, publications) and additional technology summaries, together with the form.
4. If you have questions, please contact Technology Ventures at CSTechTransfer@cshs.org.
5. Please submit either wet signatures or e-signatures via Adobe Digital Signature or DocuSign only. To have Technology Ventures coordinate via DocuSign, return this form completely filled out to your licensing contact directly or submit it to CSTechTransfer@cshs.org.

| 1. Inventors | | |
|--|--|----------------------------------|
| <p>Inventors are individuals who have contributed to the conception of the invention, such as someone who figured out “how” the invention works. Those who only contributed to reduction to practice (did not contribute to the idea; for instance, solely performed experiments by following instructions) do not qualify as inventors. If you have any questions about inventorship, please contact Technology Ventures.</p> | | |
| a. Inventor | _____ Inventor name, degree (MD, PhD, etc.) | _____ % Inventor contribution |
| | _____ Cedars-Sinai affiliation if applicable (department, institute...) | |
| b. Inventor | _____ Inventor name, degree (MD, PhD, etc.) | _____ % Inventor contribution |
| | _____ Cedars-Sinai affiliation if applicable (department, institute...) | |
| c. Inventor | _____ Inventor name, degree (MD, PhD, etc.) | _____ % Inventor contribution |
| | _____ Cedars-Sinai affiliation if applicable (department, institute...) | |
| d. Inventor | _____ Inventor name, degree (MD, PhD, etc.) | _____ % Inventor contribution |
| | _____ Cedars-Sinai affiliation if applicable (department, institute...) | |
| e. Inventor | _____ Inventor name, degree (MD, PhD, etc.) | _____ % Inventor contribution |
| | _____ Cedars-Sinai affiliation if applicable (department, institute...) | |
| f. Inventor | _____ Inventor name, degree (MD, PhD, etc.) | _____ % Inventor contribution |
| | _____ Cedars-Sinai affiliation if applicable (department, institute...) | |

For any additional inventors, continue on page 12.

Note: the order that inventors are listed on this form will reflect the order that inventors will be listed on potential patent applications.

2. Funding

Completion of this page is required. If something is not applicable, please put N/A. In the space provided below, list all funding sources used to develop the above-referenced invention to enable accurate intellectual property reporting obligations. **Please note that this section must be completed before the office can start processing this disclosure. Failure to report any funding sources may put any continued or future funding at risk.** The invention will be reported to the funding agency. If more space is needed, please use Question 3c.

Federal funds

Non-federal external funds (CIRM,
American Cancer Society, etc.)

Internal funds

No funding

Funding agency

Grant number

3. Obligations to Third Parties

Please reference below and attach documentation related to any external sponsorship, contracts, grants, materials, software, information or other funding associated with the creation of this invention.

a. Was the above-referenced invention developed in collaboration with a third party? If so, please name the third party and specify the nature of the collaboration.

b. Was this invention developed at Cedars-Sinai? If not, please explain where it was developed.

c. Please list all additional grants (include grant number and name of funding agency, if applicable), sponsored research or other funding that has been used to develop this invention, along with any future funding you are seeking or may seek in the future for this invention. If there is no information, please put N/A.

3. Obligations to Third Parties (continued)

d. List any relevant equipment, software and materials (include related MTAs) sourced from an external party that were not purchased. Please attach the MTA or other relevant agreements or provide the contracts officer's information and grant title if you don't have copies. If there is no information, please put N/A.

e. Briefly identify any other third-party agreements or obligations (CDA, NDA, interinstitutional, service, consulting, collaboration, consortium, etc.). Please attach relevant agreements or provide the contracts officer's information and grant title if you don't have copies. If there is no information, please put N/A.

f. Was any of the material used in your discovery provided by a colleague at Cedars-Sinai? If there is no information, please put N/A.

4. Prior Disclosure

A public disclosure is any nonconfidential communication of the idea or invention. Examples include the following: conventional or online academic publications, presentations, posters, public use or sale of the invention. Please note that patent rights could be lost if a patent application is not filed prior to the first public disclosure.

a. Please identify any previous public disclosures of this invention. Attach copies of what was disclosed and specify the details (dates, location, etc.). Please note that online disclosures of abstracts, which typically predates the actual presentation, makes the online disclosure the first public disclosure. If there is no disclosure, please put N/A.

b. Please list any upcoming presentations or publications. Attach copies of what will be disclosed (even manuscript) and specify the details (dates, location, etc.). If there is no disclosure, please put N/A.

5. Invention Categories (check all that apply)

| | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Device | <input type="checkbox"/> Therapeutic/Prophylactic | <input type="checkbox"/> Diagnostic | <input type="checkbox"/> Tool | <input type="checkbox"/> Algorithm/Software/Health IT |
| Comments: | | | | |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Gene therapy | <input type="checkbox"/> Inflammatory disorders | <input type="checkbox"/> Organ transplant | |
| <input type="checkbox"/> Drug delivery | <input type="checkbox"/> GI disorders | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Ortho/spinal disorders | |
| <input type="checkbox"/> Drug discovery/screening | <input type="checkbox"/> Health IT | <input type="checkbox"/> Neurosciences | <input type="checkbox"/> Radiation control | |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Imaging | <input type="checkbox"/> Oncology | <input type="checkbox"/> Research | |
| <input type="checkbox"/> Stem cells | <input type="checkbox"/> Infectious diseases | <input type="checkbox"/> Surgery | | |
| Comments: | | | | |

6. Stage of Development (check all that apply)

| | |
|--|--|
| <input type="checkbox"/> Concept only | <input type="checkbox"/> In vitro data |
| <input type="checkbox"/> Initial data | <input type="checkbox"/> Animal data |
| <input type="checkbox"/> Full set of data, or prototype made | <input type="checkbox"/> Clinical data |
| Comments: | |

| 7. Historical Timeline for Invention | Date | References and Comments (Reference and attach annotated copies of any written records that substantiate the date of the initial work. These records can include notebook entries, letters, reports, etc.) |
|--|------|--|
| a. Initial idea (concept) | | |
| b. When the work began (design) | | |
| c. First time it was/ will be used | | |
| d. Other | | |
| <p>e. Describe your overall strategy, time commitment and funding available for continued development of your invention. Include a statement about your research plans for the next 12 months.</p> | | |

8. Description of Invention

a. Describe your invention and what makes it novel. Reference attached sheets, if necessary, and include examples, drawings or other data. **If you run out of space, please attach additional pages (e.g., in a Word document). If the invention is described in a manuscript, abstract or poster that is being prepared for publication, please attach a copy and provide the expected date of publication. In this case, you may answer “See attached document.”**

b. What problem is addressed by this invention? What is the purpose of your invention?

c. What attempts have been made in the past to solve this problem? What are existing solutions to this problem?

d. How does your invention improve upon and provide a unique advantage over existing solutions?

9. Business Development

a. Describe how your invention could be offered as a commercial product or service.

b. Describe the customer base that could benefit from purchasing your invention.

c. What specific companies may be interested in your invention (development, production, sales, distribution, etc.)?

d. What are the major markets for this invention? Please be advised that Technology Ventures generally only pursues patent filings (when applicable) in the United States, unless there is strong evidence of market demand for the technology in foreign countries.

10. Inventor Information

By signing this document, you agree to follow the rules and regulations proposed by Cedars-Sinai and the Technology Ventures Office for the creation, protection and commercialization of intellectual property. If at any time your research plans change and you will no longer be working on this invention, you agree to notify the Technology Ventures Office as soon as possible. Please check the box of the person you designate as the primary contact. **Also, please make sure your department chair reviews the document and signs, where applicable, below.**

a. Inventor

Who is your employer?

Primary contact

Cedars-Sinai Medical Center

Cedars-Sinai Medical Group

Beverly Anesthesiology

Cedars-Sinai Health Associates

Other: _____

Name (please print)

Signature

Date

Home address

Phone number

Best time to call

Email address

Alternate email address

Country of citizenship

b. Inventor

Who is your employer?

Primary contact

Cedars-Sinai Medical Center

Cedars-Sinai Medical Group

Beverly Anesthesiology

Cedars-Sinai Health Associates

Other: _____

Name (please print)

Signature

Date

Home address

Phone number

Best time to call

Email address

Alternate email address

Country of citizenship

c. Inventor

Who is your employer?

Primary contact

Cedars-Sinai Medical Center

Cedars-Sinai Medical Group

Beverly Anesthesiology

Cedars-Sinai Health Associates

Other: _____

Name (please print)

Signature

Date

Home address

Phone number

Best time to call

Email address

Alternate email address

Country of citizenship

| | | |
|---|--|------------------------|
| <p>d. Inventor</p> <p><input type="checkbox"/> Primary contact</p> | <p>Who is your employer?</p> <p> <input type="checkbox"/> Cedars-Sinai Medical Center <input type="checkbox"/> Cedars-Sinai Medical Group <input type="checkbox"/> Beverly Anesthesiology <input type="checkbox"/> Cedars-Sinai Health Associates <input type="checkbox"/> Other: _____ </p> | |
| _____ | _____ | _____ |
| Name (please print) | Signature | Date |
| _____ | _____ | _____ |
| Home address | Phone number | Best time to call |
| _____ | _____ | _____ |
| Email address | Alternate email address | Country of citizenship |

| | | |
|---|--|------------------------|
| <p>e. Inventor</p> <p><input type="checkbox"/> Primary contact</p> | <p>Who is your employer?</p> <p> <input type="checkbox"/> Cedars-Sinai Medical Center <input type="checkbox"/> Cedars-Sinai Medical Group <input type="checkbox"/> Beverly Anesthesiology <input type="checkbox"/> Cedars-Sinai Health Associates <input type="checkbox"/> Other: _____ </p> | |
| _____ | _____ | _____ |
| Name (please print) | Signature | Date |
| _____ | _____ | _____ |
| Home address | Phone number | Best time to call |
| _____ | _____ | _____ |
| Email address | Alternate email address | Country of citizenship |

| | | |
|---|--|------------------------|
| <p>f. Inventor</p> <p><input type="checkbox"/> Primary contact</p> | <p>Who is your employer?</p> <p> <input type="checkbox"/> Cedars-Sinai Medical Center <input type="checkbox"/> Cedars-Sinai Medical Group <input type="checkbox"/> Beverly Anesthesiology <input type="checkbox"/> Cedars-Sinai Health Associates <input type="checkbox"/> Other: _____ </p> | |
| _____ | _____ | _____ |
| Name (please print) | Signature | Date |
| _____ | _____ | _____ |
| Home address | Phone number | Best time to call |
| _____ | _____ | _____ |
| Email address | Alternate email address | Country of citizenship |

For any additional inventors, continue on page 13 and 14.

11. Department Chair Approval—Mandatory per Institutional Policy

| | |
|-------------|------------|
| Name: | Signature: |
| Department: | Date: |

12. Additional Documents (check all that apply and submit with the form)

- Non-federal grants
- Agreements (MTA, sponsored research, etc.)
- Prior disclosure documents (abstract, poster, publication, etc.)
- Future disclosure documents (abstract, poster, manuscript, etc.)
- Additional invention description/write-up

| 1. Inventors - optional page | | |
|------------------------------|--|----------------------------------|
| g. Inventor | _____ % Inventor name, degree (MD, PhD, etc.) | _____ % Inventor contribution |
| | _____ % Cedars-Sinai affiliation if applicable (department, institute...) | |
| h. Inventor | _____ % Inventor name, degree (MD, PhD, etc.) | _____ % Inventor contribution |
| | _____ % Cedars-Sinai affiliation if applicable (department, institute...) | |
| i. Inventor | _____ % Inventor name, degree (MD, PhD, etc.) | _____ % Inventor contribution |
| | _____ % Cedars-Sinai affiliation if applicable (department, institute...) | |
| j. Inventor | _____ % Inventor name, degree (MD, PhD, etc.) | _____ % Inventor contribution |
| | _____ % Cedars-Sinai affiliation if applicable (department, institute...) | |
| k. Inventor | _____ % Inventor name, degree (MD, PhD, etc.) | _____ % Inventor contribution |
| | _____ % Cedars-Sinai affiliation if applicable (department, institute...) | |
| l. Inventor | _____ % Inventor name, degree (MD, PhD, etc.) | _____ % Inventor contribution |
| | _____ % Cedars-Sinai affiliation if applicable (department, institute...) | |

Note: the order that inventors are listed on this form will reflect the order that inventors will be listed on potential patent applications.

10. Inventor Information - optional page

g. Inventor

Who is your employer?

Primary contact

Cedars-Sinai Medical Center

Cedars-Sinai Medical Group

Beverly Anesthesiology

Cedars-Sinai Health Associates

Other: _____

Name (please print)

Signature

Date

Home address

Phone number

Best time to call

Email address

Alternate email address

Country of citizenship

h. Inventor

Who is your employer?

Primary contact

Cedars-Sinai Medical Center

Cedars-Sinai Medical Group

Beverly Anesthesiology

Cedars-Sinai Health Associates

Other: _____

Name (please print)

Signature

Date

Home address

Phone number

Best time to call

Email address

Alternate email address

Country of citizenship

i. Inventor

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Primary contact

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Cedars-Sinai Medical Group

Beverly Anesthesiology

Cedars-Sinai Health Associates

Other: _____

Name (please print)

Signature

Date

Home address

Phone number

Best time to call

Email address

Alternate email address

Country of citizenship

j. Inventor

Primary contact

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Beverly Anesthesiology

Other: _____

Cedars-Sinai Medical Group

Cedars-Sinai Health Associates

Name (please print)

Signature

Date

Home address

Phone number

Best time to call

Email address

Alternate email address

Country of citizenship

k. Inventor

Primary contact

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Other: _____

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Cedars-Sinai Health Associates

Name (please print)

Signature

Date

Home address

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Best time to call

Email address

Alternate email address

Country of citizenship

l. Inventor

Primary contact

Who is your employer?

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Beverly Anesthesiology

Other: _____

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Cedars-Sinai Health Associates

Name (please print)

Signature

Date

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Alternate email address

Country of citizenship