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Office of Innovation & Partnerships

**Innovation Disclosure Form**

**TITLE**: Areas for text entry automatically expand and wrap to accommodate the text entered.

**CONTRIBUTORS:** Contributors should include only those persons who contributed to the ideas underlying the innovation. Please make your best effort to include all contributors (non-LSU Health contributors should also be included). *Additional contributors and non-LSU Health contributors may be listed on page 5*. If OIP proceeds with filing a patent application, patent counsel will separately investigate and make a legal determination of inventorship in accordance with patent law. Inventorship determination is a purely legal determination and cannot be made by OIP, nor can it be made by any contributors.

The “*Contribution %*” field is optional. You are encouraged but not required to complete it. If the “*Contribution %*” field is completed, then your signature below indicates that the contributors’ share of royalties resulting from this innovation will be allocated accordingly (unless LSU Health’s patent counsel determines that the individuals named as contributors are not determined to be inventors, in which case the present percentage allocation will be annulled, and a new allocation shall then be determined). The “*Contribution %*” must be agreed to by all contributors. If contributors never reach agreement on the contribution percentages, then royalties will be allocated as provided in LSU’s [*Bylaws*](http://lsu.edu/bos/docs/lsu-bos-bylaws-and-regulations-as-adopted-may-6-2016.pdf).

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| Name: Click here to enter text. | Title: Choose an item. | Citizenship: Click here to enter text. |
| LSU Health Address: Click here to enter text. |
| Department: Choose an item. | Contribution %: Click here to enter text. |
| Work Phone: Click here to enter text. | Work Email: Click here to enter text. | Other Email: Click here to enter text. |
| Home Address: Information necessary for royalty distribution. |

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**BACKGROUND:** Please provide sufficient detail such that your innovation can be made and used by peers in your field. Please include any supporting documentation (e.g., a draft manuscript, poster, PowerPoint presentation, etc.) along with this disclosure. A draft manuscript or grant proposal will often have text useful for completing this section.

* Description of the innovation:

Click here to enter text.

* Description of the uses and commercial applications of the innovation:

Click here to enter text.

* Explain why your innovation is different from existing technologies. What are its advantages?

Click here to enter text.

* What obstacles must be overcome prior to practical implementation of the innovation?

Click here to enter text.

* Is research on this innovation continuing? Choose an item.
* Do you know of any companies who may be interested in this innovation? Provide contact information, if known.

Click here to enter text.

**INNOVATION HISTORY**:

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| First enabling public disclosure of your innovation (e.g., presentation, poster, abstract, preprint, publication, dissertation, discussion with non-LSU colleague, etc.) | Click here to enter a date. |
| Manner in which the first enabling public disclosure was made | Choose an item. |
| Have you constructed a prototype or otherwise reduced your innovation to practice? | Choose an item. |

* Is a publication or other disclosure planned within the next six months? Choose an item.
* If “YES,” to whom, when, and where? Please be as precise as possible about the dates.

Click here to enter text.

* Do you have experimental data available? Choose an item.

**PATENTABILITY SEARCH**: Relevant references can be found in issued patents, published patent applications, and the scientific literature. Distinguishing your innovation from earlier references is important in determining patentability.

* Have you conducted a patent or literature search? Choose an item.

*Suggested resources*: [Google Patents](https://google.com/patents) and [PubMed](https://pubmed.gov)

*If “YES,” please attach a list of the most relevant references found.*

**THIRD PARTY OBLIGATIONS**: This information is important so that we may verify any obligations LSU Health may have to third parties who either supported the work that led to this innovation or provided materials for your research.

* Did this work result from sponsored research? Choose an item.
* If “NO,” please indicate how this work was funded (i.e., salaries, materials, equipment, etc.):

Click here to enter text.

* If “YES,” please provide the following information:

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| --- | --- |
| Sponsor name: Click here to enter text. | Contract/Grant #: Click here to enter text. |
| Sponsor name: Click here to enter text.  | Contract/Grant #: Click here to enter text. |
| Sponsor name: Click here to enter text. | Contract/Grant #: Click here to enter text. |

* Did you use any material(s) received from a third party subject to a Material Transfer Agreement? Choose an item.

**EXECUTION BY CONTRIBUTORS**: By signing below, you affirm that you are not under any obligation to assign rights in this innovation to any other party (e.g., to an employer for whom you worked before your employment at LSU began). **You further agree to assign and do hereby assign to LSU all of your right, title, and interest in and to this innovation and all other LSU Intellectual Property (as defined in** [**Part II, Chapter VII of LSU’s Bylaws & Regulations**](http://lsu.edu/bos/docs/lsu-bos-bylaws-and-regulations-as-adopted-may-6-2016.pdf)**), in accordance with LSU’s Bylaws & Regulations and as required by your employment with LSU** (NOTE: this affirmation does ***not*** apply to non-LSU Health contributors). If the “*Contribution %*” fields have been completed above, then by signing below you are also agreeing to an allocation of the inventors’ share of royalties accordingly.

Name: Click here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Name: Click here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Name: Click here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Name: Click here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**EXECUTION BY WITNESSES:** This disclosure should be witnessed by two individuals who are not co-contributors and who are technically qualified to understand the subject matter.

By signing below, you are indicating that you have read this disclosure (including any attached pages) and understand its subject matter.

Name: Click here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Name: Click here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Please deliver an original of this form to:

**Office of Innovation & Partnerships**

**LSU Health**

**433 Bolivar Street, Suite 818**

**New Orleans, LA 70112**

Please call (504) 568-8303 or email oip@lsuhsc.edu if you have any questions.

**ADDITIONAL LSU HEALTH CONTRIBUTORS:**

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| Name: Click here to enter text. | Title: Choose an item. | Citizenship: Click here to enter text. |
| LSU Health Address: Click here to enter text. |
| Department: Choose an item. | Contribution %: Click here to enter text. |
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**ADDITIONAL CONTRIBUTORS FROM OTHER LSU CAMPUSES:**

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| Name: Click here to enter text. | Title: Choose an item. | Citizenship: Click here to enter text. |
| LSU Address: Click here to enter text. |
| Department: Click here to enter text. | Contribution %: Click here to enter text. |
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| Work Phone: Click here to enter text. | Work Email: Click here to enter text. | Other Email: Click here to enter text. |

**ADDITIONAL NON-LSU CONTRIBUTORS:**

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| Name: Click here to enter text. | Title: Choose an item. | Citizenship: Click here to enter text. |
| Name of Employer: Click here to enter text. | Have you disclosed this to your employer? Choose an item. |
| Work Address: Click here to enter text. |
| Work Phone: Click here to enter text. | Work Email: Click here to enter text. | Other Email: Click here to enter text. |

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| Name of Employer: Click here to enter text. | Have you disclosed this to your employer? Choose an item. |
| Work Address: Click here to enter text. |
| Work Phone: Click here to enter text. | Work Email: Click here to enter text. | Other Email: Click here to enter text. |