MedStar Health

Invention Disclosure Form

Congratulations, you are about to become a MedStar inventor. The first step in the commercialization process is to fill out this Invention Disclosure Form ("IDF") as completely as possible. It is important to provide appropriate detail to facilitate the review, analysis and protection of your invention. **Signatures of all inventors are *required* at the time of submission.** Once complete and all signatures obtained, please scan and email an electronic copy of the IDF to Invent@MedStar.net to initiate MedStar Inventor Service's efforts. The submitted invention will be managed according to MedStar Policy on Intellectual Property which can be found at https://mi2.medstarhealth.org/hub/inventor-services/

This is a confidential, proprietary, non-public document.

Send the completed, signed form and all attachments to:
Invent@MedStar.net

Title of Invention:	
Date of Invention (conception):	

INVENTION DETAILS:

1. Describe the invention in as much detail as possible. Feel free to attach any document file (.jpeg, .pdf, etc.) you feel helps to describe your invention. Please include who is the intended purchaser and user of the invention (may be different people or organizations).

2. If applicable, illustrate your invention. A rough sketch is acceptable. Again, feel free to attach a document or photo if necessary.

3. What problem does the invention solve?

4. What are the advantages of the invention over other known technologies or solutions (please list)?

5. Describe the current state of development for the invention (idea phase, prototype, and proof of concept studies started/complete).

6. Has there been or is there a plan for any public disclosure (manuscript, submission, publication, poster, presentation, discussion outside of MedStar Health, etc.) of the invention? If so, please provide details (date, location, journal, etc.)

7. List any known patents, patent applications, products, publications or other information relevant to the Invention.

The following questions apply to Healthcare Information Technology (HIT) Inventions (e.g. software, websites, mobile apps) only and are optional.

8. Please list any open-source elements included/embedded in the source code?

9. Describe the language or operating system used to develop any applications and platforms on which the software will run. Is it easily portable to other platforms?

10. What are the system requirements for the software? Does it require other products/software to run?

As part of the Commercialization process your invention will be reviewed by a group of peer providers (Peer Review Committee). Please select one or two Peer Review Committees that are most relevant to provide clinical and technical feedback on your invention.

Research Area (Circle all that apply)

- ☐ Anesthesia
- ☐ Cancer
- ☐ Dermatology & Plastics
- ☐ Digestive Disease
- ☐ Endocrinology
- ☐ Head and Neck
- ☐ Heart & Vascular
- ☐ Imaging
- ☐ Healthcare IT
- ☐ Medicine
- ☐ Neurological
- ☐ Nursing
- ☐ OBGYN/Women's Health
- ☐ Ophthalmology
- ☐ Orthopaedics
- ☐ Pathology/Lab Medicine
- ☐ Respiratory
- ☐ Urology
- ☐ Wellness
- ☐ Other _____

Invention Domain

- ☐ Medical Device
- ☐ Therapeutic
- ☐ Diagnostic
- ☐ Other _____
- ☐ Healthcare Information Technology ("HIT")
- ☐ Business Solution
- ☐ Biological Tool (antibody, DNA, protein, etc.)

SOURCES OF FUNDING

MedStar Health is required to report government funded inventions to relevant funding agencies and provide a confidential copy of the disclosure. If an invention is made using industry or foundation funds, we are obligated to report such inventions to the sponsor, in accordance with the associated research grant/contract.

Please identify any financial sponsors of the invention, as well as the relevant grant/contract numbers. Include institutional or department funding.

FUNDING SOURCE (Federal Agency, Society, Organization, etc.)	**GRANT,CONTRACT NUMBER, OR INSTITUTIONAL/DEPARTMENTAL INITIATIVE**

List all persons who have directly contributed in the development or conception of the invention.

INVENTOR DETAILS: If there are more than 3 inventors, please use a separate sheet.

All individuals who have made any inventive contribution must be listed for a valid patent application to be filed.

	INVENTOR 1 (*Lead Inventor)	**INVENTOR 2**	**INVENTOR 3**
FULL NAME			
DEPARTMENT			
HOME ADDRESS			
PHONE			
EMAIL			
COUNTY			
CITIZENSHIP			

HOSPITAL			
DEPARTMENT CHAIR			
SIGNATURE			

*****The Lead Inventor will be Inventor Services' main contact for the invention, and is responsible for sharing correspondence with other inventors listed on this document and assisting in the completion of tasks.

If there are additional Inventors, please duplicate this page, add their information and submit with this form.

Assignment: By signing this invention disclosure, each inventor hereby assigns and agrees to assign all rights, titles and interests to MedStar Health and denotes that inventor also agrees to cooperate in the filing of patent applications and the commercialization of the technology.

Appendix A

INVENTOR TECHNOLOGY ASSESSMENT FORM (OPTIONAL)

Please answer the following questions as completely as possible for consideration by the Peer Review Committee.

11. How would this technology benefit patients' health outcomes?

12. What criteria must users of the technology (patients, providers, administration, etc.) meet before they can use this technology?

13. Indicate relevant peer-reviewed journal references which support the efficacy, safety and clinical need of the proposed technology.

14. What medical associations, consensus panels, and/or other technology assessment bodies would evaluate the safety and efficacy of this technology?

15. What are the specific indications and methods of use for which this technology would receive FDA market approval?

16. How would the health outcomes using this technology compare to the available alternatives?

17. What would be this technology's estimated yearly volume of use?

18. How would the cost of this technology compare to the alternatives?