

Report of Invention Disclosure Form (ROI)

This form is to be completed and submitted to the JHU office of Johns Hopkins Technology Transfer (JHTT) by anyone who believes they have developed a new invention. The purpose of this form is to enable JHTT to evaluate whether legal protection to the invention will be sought and/or commercialization pursued. Please submit this form with all inventor(s) and Department Director(s) signatures. Visit the JHTT web site at <http://www.jhtt.jhu.edu/ForHopkinsInventors/index.html> for .pdf and Word downloadable formats of this form.

INVENTION INFORMATION

- 1. Title of Invention:** [Title should be sufficiently Descriptive to identify the invention yet not reveal unique unpublished details.]
- 2. Abstract of Invention** [Please provide a non-confidential summary of the invention that can be used for marketing purposes. Unique details that are published may also be included.]
- 3. Problem Solved** [Describe the problem solved by this invention]
- 4. Novel Features** [Identify those elements of the invention that are new when compared to the current state of the art]
- 5. Detailed Description of the invention** - On a separate page(s), attach a detailed description of how to make and use the invention. The description must contain sufficient detail so that one skilled in the same discipline could reproduce the invention. Include the following as necessary:
 - 1- data pertaining to the invention;
 - 2- drawings or photographs illustrating the invention;
 - 3- structural formulae if a chemical;
 - 4- procedural steps if a process;
 - 5- a description of any prototype or working model;

In general, a manuscript that has been prepared for submission to a journal will satisfy this requirement.

- 6. Workable Extent/Scope** [Describe the future course of related work, and possible variations of the present invention in terms of the broadest scope expected to be operable; if a compound, describe substitutions, breadth of substituents, derivatives, salts etc., if DNA or other biological material, describe modifications that are expected to be operable, if a machine or device, describe operational parameters of the device or a component thereof, including alternative structures for performing the various functions of the machine or device]
- 7. References** [Please cite relevant journal citations, patents, general knowledge or other public information related to the invention and distinguish between references that (A) contain a description of the current invention from those that (B) contains background information.]
 No references available at this time.
- 8. Commercialization** - List any companies that you feel may be interested in this technology or are doing similar research. Indicate how the invention complements the company's existing technology. If known, provide the names of any companies (and a contact person) that have contacted you regarding your research related to the invention.
 No company interest known at this time.

9. Potential Commercial Use

A. What products can be produced with this invention?

B. What is this invention's Stage of Development?

- | | | | |
|--------------------------------------|------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Unspecified | <input type="checkbox"/> Discovery | <input type="checkbox"/> Preclinical | <input type="checkbox"/> Prototype |
| <input type="checkbox"/> Phase I | <input type="checkbox"/> Phase II | <input type="checkbox"/> Phase III | <input type="checkbox"/> NCE |

C. Key Words [Please list specific key words that accurately describe the present invention]

***BIOLOGICAL MATERIAL** – Does this disclosure include biological material. Yes No

If yes, please attach a list of materials for reference. A Tangible Property Report of Invention form may be completed if the disclosure is biological materials only. You can find this form at: <http://www.jhtt.jhu.edu/For%20Hopkins%20Inventors/reporting.html>

****SOFTWARE** –Does this disclosure include a software element or software is implemented in the invention. Yes No

If yes, please complete the Software Information Form which can be found at:

<http://www.jhtt.jhu.edu/For%20Hopkins%20Inventors/reporting.html>

10. Research Support Information

Indicate **ALL** contributions to the development of the invention in terms of personnel, money, materials and facilities etc.

Check each funding source that applies to this invention:

None Federal Sponsor(s) University Funding Commercial Funding Other

For each funding source, provide the: Grant/Funding Source; The Award/Contract number; The title of grant; Percent of support from each Funding source. Additionally, if “Commercial” or “Other” Funding was used, please attach a copy of each such award notice.

11. Agreement Support Information

Were any materials, equipment or software under a Special Agreement, such as Material Transfer agreements, purchase agreements, sponsored research agreements, or the like used? Yes No

If yes, please provide the: Source of Material(s) and the Name of the Material(s) for each item, and attach a copy of the Agreement.

12. Disclosures of the Invention

Check any prior disclosures or anticipated disclosures, either written or oral, of the Invention:

Abstract(s) Publication(s) Seminar(s) Presentation(s) Other None

For each disclosure, provide the following information as appropriate in the space below:

- If **PUBLISHED**, include all journal citations and attach a reprint.
- If **NOT YET PUBLISHED**, attach a copy of the abstract or manuscript and the anticipated publication date.
- For any other written or oral disclosure, provide the names, addresses and affiliation of anyone to whom you have disclosed the Invention and the date of any disclosure.

For each disclosure please provide: The Title of the disclosure; the date of the disclosure and attach electronic copy, as appropriate.

13. Name of Lead Inventor _____

Last

First

Middle

Degree

Lead Inventor Information: [The Lead Inventor should be a full time JHU faculty member. He/She will be the primary contact person for JHTT on all matters associated with this Report of Invention, including processing, patent prosecution and licensing. For reasons of administrative efficiency, it is the responsibility of the Lead Inventor to keep all other JHU inventors named on this Report of Invention informed of the status of such matters.]

Title or Position: _____ **Business phone:** () - **Business fax:** () -

School: _____ **Department:** _____ **Division/Center if Applicable:** _____

Business address:

Interdepartmental address: _____ **E-mail:** _____

Home phone number: () - **Home fax number:** () -

Home address:

Citizenship: _____

Are you a Howard Hughes Medical Institute employee or investigator? Yes No

Are you a Kennedy Krieger Institute employee or investigator? Yes No

Are you a Whiting School of Engineering, Engineering Research Center/ Computer Integrated Surgical Systems & Technology employee or investigator? Yes No

Additional Inventors: Yes No If Yes, please complete additional inventors section for each inventor.

INVENTOR(S) CONTACT INFORMATION
Please copy this page for additional inventors as necessary

INVENTOR INFORMATION:

Name of Inventor: _____
Last First Middle Degree

Title or Position: _____ Business phone: () - Business fax: () -

School: _____ Department: _____ Division/Center if Applicable: _____

Business address:

Interdepartmental address: _____ E-mail: _____

Home phone number: () - Home fax number: () -

Home address:

Citizenship: _____

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Are you a Kennedy Krieger Institute employee or investigator? Yes No

Are you a Whiting School of Engineering, Engineering Research Center/ Computer Integrated Surgical Systems & Technology employee or investigator? Yes No

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Title or Position: _____ Business phone: () - Business fax: () -

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Interdepartmental address: _____ E-mail: _____

Home phone number: () - Home fax number: () -

Home address:

Citizenship: _____

Are you a Howard Hughes Medical Institute employee or investigator? Yes No

Are you a Kennedy Krieger Institute employee or investigator? Yes No

Are you a Whiting School of Engineering, Engineering Research Center/ Computer Integrated Surgical Systems & Technology employee or investigator? Yes No

ACKNOWLEDGMENT, CERTIFICATION and ASSIGNMENT OF INVENTION

In order for this Report of Invention to be complete and processed by JHTT, it must be signed and dated by:

- (1) the JHU Department Director for each JHU department involved with the development of this invention (SECTION A), and,
- (2) ALL Inventors (SECTIONS B and C), including those Inventors not subject to The Johns Hopkins University Intellectual Property Policy. Each Inventor must complete only one of Sections B or C (See explanations in the following sections).
- (3) Please duplicate Sections A, B and/or C as needed for proper completion with ALL appropriate signatures.

SECTION A. JHU SCHOOL and DEPARTMENT DIRECTOR'S ACKNOWLEDGEMENT

I approve submission of this Report of Invention.

JHU Department Director Signature	<div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"> _____ Typed or Printed Name </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"> _____ JHU Department and School </div>	Date
JHU Department Director Signature	<div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"> _____ Typed or Printed Name </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"> _____ JHU Department and School </div>	Date
JHU Department Director Signature	<div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"> _____ Typed or Printed Name </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"> _____ JHU Department and School </div>	Date

SECTION B. JHU INVENTOR CERTIFICATION and ASSIGNMENT

This section is to be completed only by those JHU personnel subject to The Johns Hopkins University Intellectual Property Policy. Non-JHU Inventors, and HHMI or KKI Inventors at JHU are subject to a separate assignment and must complete Section C. JHU Inventors who believe they are not subject to The Johns Hopkins University Intellectual Property Policy for the invention described herein must complete Section C.

I/we, the Inventors, hereby certify that the information set forth in this Report of Invention is true and complete to the best of my/our knowledge.

I/we, the Inventors, hereby certify that I/we will promptly advise JHTT of any commercial interest regarding the invention described herein.

I/we, the Inventor(s), subject to The Johns Hopkins University Intellectual Property Policy and not under an obligation to assign intellectual property rights to another party, hereby affirm that in consideration for The Johns Hopkins University's evaluation of commercial potential and a share of income which I/we may receive upon commercialization of my/our invention, on the date of my/our signature(s) as indicated below do hereby assign and transfer my/our entire right, title and interest in and to the invention described herein unto The Johns Hopkins University, its successors, legal representatives and assigns.

JHU Inventor Signature	Typed or Printed Name	Date % of Contribution _____

JHU Inventor Signature	Typed or Printed Name	Date % of Contribution _____

JHU Inventor Signature	Typed or Printed Name	Date % of Contribution _____

JHU Inventor Signature	Typed or Printed Name	Date % of Contribution _____

JHU Inventor Signature	Typed or Printed Name	Date % of Contribution _____
<i>The Johns Hopkins University Intellectual Property states that inventorship contribution is equal unless otherwise agreed upon. Inventorship contribution provides for potential revenue and cost sharing. JHU inventor's percentages must TOTAL 100%.</i>		JHU INVENTOR'S TOTAL 100 %

SECTION C. INVENTOR CERTIFICATION without Assignment

Non-JHU Inventors, and HHMI or KKI Inventors at JHU must complete this Section.

Any JHU Inventor(s) who believes themselves **not** subject to assignment via The Johns Hopkins University Intellectual Property Policy for the specific invention described herein (e.g. the invention was made under a consulting agreement or other) must sign below and summarize the reasons for their belief. JHTT will review this summary and may, depending upon the unique facts of the case, require assignment of the invention at a future date.

I/we, the Inventor(s), hereby certify that the information set forth in this Report of Invention is true and complete to the best of my/our knowledge.

I/we, the Inventor(s) who are HHMI or KKI inventors at JHU, hereby certify that I/we will promptly advise JHTT of any commercial interest regarding the invention described herein.

Inventor Signature	Typed or Printed Name	Date
Exception to assignment via the JHU Intellectual Property Policy: <input type="checkbox"/> HHMI, <input type="checkbox"/> KKI, <input type="checkbox"/> Non-JHU personnel, <input type="checkbox"/> Other If Other, please provide details of the exception:		
Inventor Signature	Typed or Printed Name	Date
Exception to assignment via the JHU Intellectual Property Policy: <input type="checkbox"/> HHMI, <input type="checkbox"/> KKI, <input type="checkbox"/> Non-JHU personnel, <input type="checkbox"/> Other If Other, please provide details of the exception:		
Inventor Signature	Typed or Printed Name	Date
Exception to assignment via the JHU Intellectual Property Policy: <input type="checkbox"/> HHMI, <input type="checkbox"/> KKI, <input type="checkbox"/> Non-JHU personnel, <input type="checkbox"/> Other If Other, please provide details of the exception:		

Please submit reports to:

**Johns Hopkins University
Johns Hopkins Technology Transfer
100 North Charles Street, 5th Floor
Baltimore, MD 21201
(410) 516-8300 Fax (410) 516-5113**

For .pdf and Word downloadable formats, visit our website at: <http://www.jhtt.jhu.edu/For Hopkins Inventors/reporting.html>