

Schedule 1



NHS Lothian
Invention Disclosure Form

1 Title of Invention

--

2 Inventors (if more than 3 inventors, please append additional sheets)

The total inventive contribution must equal 100%

Name:			
Employer:			
Department:		Work address:	
Work Phone:			
Work Fax:			
Work Email:			
% inventive contribution			

Name:			
Employer:			
Department:		Work address:	
Work Phone:			
Work Fax:			
Work Email:			
% inventive contribution			

Name:			
Employer:			
Department:		Work address:	
Work Phone:			
Work Fax:			
Work Email:			
% inventive contribution			

Name of the inventor that will act as the principal contact person

--

3 Description of invention

Confidential / Not to be copied

Please attach a summary of the invention being disclosed. Include photographs, drawings, sketches or any other descriptive material.

Please try to answer the following questions:

- (1) What problem does the invention solve?
- (2) Do similar inventions exist?
- (3) If so, how does your invention differ?

4 Please indicate exactly where and when the invention was first conceived

Date:

Place:

5 Funding Sources

Please list all sources of funding that have contributed to the invention

--

6 Information on intellectual property

(a) Public Disclosure Has the invention or any part of it been disclosed in a publication, an abstract or a presentation? If yes, please attach a copy and write the date of the disclosure on the material	Yes	No
(b) Materials i. Have you supplied any material relating to the invention to anyone outside your research group? Please include researchers within NHS Lothian as well as those at other institutes, universities and companies. If yes, was the material supplied under a Material Transfer Agreement (MTA)?	Yes Yes	No No
ii. Did you use any materials supplied by other researchers? If yes, were the materials supplied under an MTA?	Yes Yes	No No
(c) Commercial Interest Are you aware of any companies that might be interested in this invention? If yes, please list names	Yes	No

7 General

Are there any other details required to enable a full assessment of the idea? Please detail below.

--

--

8 Signature of Inventors

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date