**SINGHEALTH INVENTION DISCLOSURE FORM**

SingHealth Intellectual Property (SHIP) manages, protects and commercialises all intellectual property (i) generated by Staff Members involving the use of SingHealth Resources; and/or (ii) on behalf of all SingHealth Institutions where any SingHealth Institution is appointed as the lead party for IP related matters under any external joint collaboration agreement.

The purpose of this Invention Disclosure Form (“IDF”) is to record a written description of your invention to allow evaluation for potential intellectual property protection and commercialisation. It helps SingHealth Intellectual Property to evaluate the technical merits of your invention, assess whether the invention is patentable (patentability assessment) and whether the invention has commercial value.

The **Guidance Notes** at the end of this form will assist you in completing this IDF.

Information provided in this IDF may be used as a basis of a statement of inventorship in respect of a patent application. Incorrect information may compromise the grant or validity of the patent and its subsequent commercialisation.

Please note that Inventorship is decided in accordance with patent law requirements. More information is set out under point 3 of the Guidance Notes below.

Staff Members are to refer to the SingHealth IP Policy for more information on the applicable procedures in connection with the invention disclosed under this IDF. The SingHealth IP Policy may be found at the SingHealth intranet.

Please complete **all** sections of the IDF and submit a **soft-copy** to the **Institution’s Research Office**. The Institution’s Research Office will assist to send the fully completed IDF to SHIP for evaluation. Please provide as much detail as possible as this will help us to assess the invention efficiently.

**IMPORTANT:**

**As publication or public disclosure prior to patent filing may result in the loss of patentability of the invention, please avoid any public disclosure of the invention by ensuring all discussions about the invention are confidential until a patent application has been filed. Public disclosures include:**

* Publication in scientific journals
* Abstract and posters displays
* Posting information on the Internet
* Oral presentation at conferences, lectures, seminars and/or symposiums
	+ Oral or written communication to third parties not covered under a Non-Disclosure Agreement (NDA)
	+ Announcement of experimental trials that includes enabling disclosure of the invention; or
	+ Advertisement, demonstration, sale or use in public of the invention.

The information contained within this IDF will be treated as confidential and will be used only for assessing the potential for protecting and commercialising the invention and, if appropriate, in subsequently seeking protection of the disclosed invention.

**INVENTION DISCLOSURE DETAILS**

|  |  |  |
| --- | --- | --- |
| 1. | TITLE OF INVENTION: |  |
| 2. | **DATE OF SUBMISSION OF IDF:** |  |
|  | **PURPOSE OF SUBMISSION:**  | [ ]  **Review for patent filing**[ ]  **Copyright/Know-how/Confidential Information recording purposes** [ ]  **Documentation for licensing purposes** [ ]  **Others (please specify)** |
| 3. | **Contributors of Invention (Inventorship is decided in accordance with the patent law requirements)**Please list all individuals who have contributed to the creation and development of the Invention.(You may add more sections if needed) |
| **SINGHEALTH INVENTOR(S)/CONTRIBUTOR(S)** |
|  | **INVENTOR/CONTRIBUTOR 1** | **INVENTOR/CONTRIBUTOR 2** |
| **CONTACT DETAILS** |
| **FULL NAME AS IN NRIC/PASSPORT:** **(Please underline surname)** |  |  |
| **PHONE NUMBER:** |  |  |
| **EMAIL ADDRESS:** |  |  |
| **CURRENT EMPLOYMENT DETAILS** |
| **EMPLOYER:** |  |  |
| **EMPLOYER’S ADDRESS:** |  |  |
| **DESIGNATION:** |  |  |
| **INSTITUTION & DEPARTMENT:** |  |  |
| **ACADEMIC CLINICAL PROGRAMME (if relevant):**  |  |  |
| **EMPLOYMENT DETAILS AT TIME OF INVENTION CONCEPTION (PLEASE COMPLETE ONLY IF DIFFERENT FROM ABOVE)** |
| **EMPLOYER:** |  |  |
| **EMPLOYER’S ADDRESS:** |  |  |
| **DESIGNATION:** |  |  |
| **INSTITUTION & DEPARTMENT:** |  |  |
| **ACADEMIC CLINICAL PROGRAMME (if relevant):**  |  |  |
| **CAPACITY INVOLVED AT THE TIME OF CONCEPTION OF INVENTION:****(Please tick accordingly)** | [ ]  Under the same capacity as current employment details given above.[ ]  Under a different capacity from current employment details given above(Please specify the details applicable at the time of Invention conception)[ ]  This Invention falls under paragraph 6.2.1 of the SingHealth IP Policy | [ ]  Under the same capacity as current employment details given above.[ ]  Under a different capacity from current employment details given above (please specify the details applicable at the time of Invention conception)[ ]  This Invention falls under paragraph 6.2.1 of the SingHealth IP Policy |
| **JOINT APPOINTMENT AT THE TIME OF CONCEPTION OF INVENTION:** | Do you hold any joint appointments?[ ] No[ ] Yes; Please list the organization/s: | Do you hold any joint appointments?[ ] No[ ] Yes; Please list the organization/s: |
| **CITIZENSHIP:** |  |  |
| **INVENTIVE CONTRIBUTION[[1]](#footnote-1) (%):** |  |  |
| **SIGNATURE:** |  |  |
|  | *By signing this document, you agree to allow HR/ Finance to retrieve the required information as seen below for the purpose of determining ownership.*  |
|  | **TO BE FILLED BY INSTITUITION’S HR/ Finance** |
|  | **BREAKDOWN OF EMPLOYEE %FTE APPORTIONMENT BY RESPONSIBLE INSTITUTION (total 100%)****e.g., 60% NCCS 30% SGH 10% Duke-NUS** |  |  |
|  | **NAME:** |  |  |
|  | **DESIGNATION:** |  |  |
|  | **SIGNATURE:** |  |  |

|  |  |
| --- | --- |
|  | NON-SINGHEALTH INVENTOR(S)/CONTRIBUTOR(S) |
|  |  | **INVENTOR/CONTRIBUTOR 1** | **INVENTOR/CONTRIBUTOR 2** |
| **CONTACT DETAILS** |
| **FULL NAME AS IN NRIC/PASSPORT:** **(Please underline surname)** |  |  |
| **PHONE NUMBER:** |  |  |
| **EMAIL ADDRESS:** |  |  |
| **CURRENT EMPLOYMENT DETAILS** |
| **CURRENT EMPLOYER:** |  |  |
| **EMPLOYER’S ADDRESS:** |  |  |
| **DESIGNATION:** |  |  |
| **INSTITUTION & DEPARTMENT:** |  |  |
| **ACADEMIC CLINICAL PROGRAMME (if relevant):**  |  |  |
| **ADDITIONAL INFORMATION REQUIRED** |
| **CAPACITY INVOLVED AT THE TIME OF CONCEPTION OF INVENTION:****(Please tick accordingly)** | [ ] Under the same capacity as current employment details given above.[ ] Under a different capacity from current employment details given above(Please specify the details applicable at the time of Invention conception) | [ ] Under the same capacity as current employment details given above.[ ] Under a different capacity from current employment details given above(Please specify the details applicable at the time of Invention conception) |
| **JOINT APPOINTMENT AT THE TIME OF CONCEPTION OF INVENTION:** | Do you hold any joint appointments?[ ] No[ ] Yes; Please list the organization/s: | Do you hold any joint appointments?[ ] No[ ] Yes; Please list the organization/s: |
| **CITIZENSHIP:** |  |  |
| **INVENTIVE CONTRIBUTION[[2]](#footnote-2) (%):** |  |  |
| **SIGNATURE:** |  |  |

|  |  |
| --- | --- |
| 4.  | BACKGROUND:* Provide background to the field of your invention.
 |
| 5. | **DESCRIPTION OF INVENTION:*** Provide a description of the invention and how it works.
* Include preliminary studies and detail the significance of the results (additional information and data can be included as an attachment to this IDF).
* Is this invention related to, or an improvement to, any prior invention previously disclosed to SHIP or any other third party? If so, please provide details.
 |
| 6.  | **IMPACT OF INVENTION:*** What problem/s does this invention address?
* Provide a bullet point list of the key novel aspects of this invention.
* Describe the advantages over current known technologies and solutions.
 |
| 7. | **DEVELOPMENT PLAN:*** Have you received any grant funding associated with this invention? (If so, please provide Grant #/Amount/Source). [ ]  **Please mark the box if not applicable**
* Highlight the development work you plan to undertake in the next 12 months.
 |
| 8. | **COMMERCIALISATION PLAN:*** What is the envisioned commercial product?
 |
| 9. | **RELEVANT INDUSTRY CONTACTS:** [ ]  **Please mark the box if not applicable*** List companies and details of contacts (name, position and contact details) who may be interested in this technology.
 |
| 10. | **EXTERNAL JOINT COLLABORATION:** [ ]  **Please mark the box if not applicable*** If this invention was developed in collaboration with any external organisation, please provide the nature of the collaboration and attach a copy of the relevant agreement(s) (e.g., research collaboration agreements, material transfer agreements, etc.).
 |
| 11. | **PUBLIC DISCLOSURE/PUBLICATION OF INVENTION (IF ANY):****PART 1: PAST DISCLOSURE** [ ]  **Please mark the box if not applicable*** Date of disclosure:
* If the invention was publicly disclosed, please provide all details including the format of its disclosure:
 |
| **PART 2: PLANNED/FUTURE DISCLOSURE*** Planned date of future disclosure:
* In what format do you plan to disclose the invention?
 |

 **INVENTOR/CONTRIBUTOR DECLARATION**

By signing this IDF, I acknowledge and agree:

1. that the information submitted in this IDF is accurate and complete to the best of my knowledge.
2. to fully co‑operate with SHIP in the process of IDF evaluation.
3. that SHIP reserves the right to make final decisions on intellectual property protection and commercialisation matters.
4. that as a Staff Member (not applicable to non-SingHealth Inventor/Contributor), I have read and understand my rights and obligations as a Staff Member under the SingHealth IP Policy, in particular, my obligations which apply regardless of whether patent protection for this invention is filed by SHIP.

**GUIDANCE NOTES FOR COMPLETING THE INVENTION DISCLOSURE FORM**

1. **Title of Invention**

Use a brief title, sufficiently descriptive to aid in identifying the invention.

1. **Date of Submission of IDF**

This is the date of submission of your completed IDF to SHIP.

1. **Inventors and contributors of invention:**

Please list all individuals who are involved and have contributed to the invention. In the process of filing a patent application, SHIP and its appointed patent agent will work closely with all individuals involved in the invention to determine legal inventorship and aspects of inventive contribution.

**Who is an inventor?** An inventor is a person who takes part in devising the invention as described in the patent claims of a patent application. Inventorship of a patent application may change if the patent claims are altered during prosecution of the application.

Inventorship is a legal issue and may require an intricate legal determination by the patent counsel prosecuting the application. You should list all those individuals who might possibly be inventors and those who have contributed substantially to the invention. Once this group has been identified, SHIP will work with the patent counsel to determine those who can be considered an inventor under the Patents Act. It is important to get the inventors correct on a patent or the patent can be challenged.

Inventorship is not the same thing as authorship of a publication. For example, a person who merely highlights a problem but does not devise a solution for it or furnishes money to build or practice an invention, or works on the invention without contributing an inventive concept (i.e., as a “pair of hands” only) is not an inventor. The order of inventors on a patent application bears no relationship to the individual contributions of the inventors, unlike that usually seen for authors.

1. **Background**

Describe the background of field of invention, the significance of the unmet need and/or deficiencies in the current state of art which motivated the creation of your invention.

1. **Description of Invention**
* Describe what your invention is and how it works i.e., a new method, a new system, a new product, a new composition, a new use etc.
* Describe the purpose and goals which your invention is intended to achieve.
* Detail the preliminary studies conducted and any experimental and/or clinical results generated. Provide any supporting diagrams, images, graphs if available.
* Describe any other ways of making or using your invention.
* Please let SHIP know if this invention is related or an improvement to a prior invention previously disclosed to SHIP or any other third party and provide details.

Please submit electronically to SHIP as much supporting information as possible along with this IDF, which can be write-ups, manuscripts, grant applications, PowerPoint slides etc. in the same email that contains the completed IDF.

1. **Impact of Invention:**
* Describe the unmet need that your invention addresses.
* Discuss surprising or unexpected advantages and improvements over existing state of art.
* Give a bullet point list of the novel technical aspects of your invention.
1. **Development Plan**
* Identify all research funding that had led to the creation of the invention.
* Highlight what further development work is needed to bring this invention closer to market in the next 12 months with particular reference to any work that is already planned for the invention.
* State which further translational funding you are planning to apply/have already applied to achieve your development work.

This helps SHIP to define the current stage of development of the invention, and the type of progress to be expected in that time frame. It also allows SHIP to craft patent applications that anticipate new improvements and build a stronger case for intellectual property protection.

1. **Commercialisation Plan**
* Describe the commercial opportunity that this invention addresses.
* Articulate any plans for commercialising your technology, such as licensing, collaborations, forming a new commercial enterprise, etc. Please identify any companies, entrepreneurs or investors (name, organization, contact details) whom you are aware of that may be a good candidate to approach about commercializing the technology.

This helps SHIP to be aligned with your endeavours in pursuing your preferred model of commercialisation of your invention by providing you with the necessary guidance and support. If you do not have any plans for commercialization yet, SHIP is happy to work with you during the course of developing your invention to achieve the most favourable commercialization outcome.

1. **External Joint Collaboration**
* Give details on any joint research collaboration with any third-party institutions relevant to the creation of your invention and related intellectual property rights and provide all related contractual agreements.

This information will help SHIP to establish whether there are any contractual terms and conditions with any third-party institution that SingHealth needs to comply with. This will also help SHIP to determine ownership of background IP, ownership of foreground IP, commercialisation lead party, and revenue-sharing calculation.

1. **Public Disclosure/Publication of Invention**

The following may constitute public disclosure:

* Publication in scientific journals;
* Abstract and posters displays;
* Posting information on the Internet;
* Oral presentation at conferences, lectures, seminars and/or symposiums;
	+ Oral or written communication to third parties not covered under a Non-Disclosure Agreement;
	+ Announcement of experimental trials that includes enabling disclosure of the invention; or
	+ Advertisement, demonstration, sale or use in public of the invention.

**Part 1: Past Disclosure**

Please give details of any past disclosures.

**Part 2: Planned/Future Disclosure**

Give details of any thesis/manuscripts of your invention that have been submitted to journals; conference papers; seminar contributions; poster presentations; and any other disclosures. If any of these have been accepted for publication, please indicate the approximate date when publication may occur – please note that articles may be published on-line prior to the official publication date. Please keep SHIP informed of future disclosures.

1. Please complete the inventive contribution percentage for each inventor. If left blank, inventive contribution will be distributed equally amongst inventors. The total inventive contribution across SingHealth and non-SingHealth inventors should add up to 100%. [↑](#footnote-ref-1)
2. Please complete the inventive contribution percentage for each inventor. If left blank, inventive contribution will be distributed equally amongst inventors. The total inventive contribution across SingHealth and non-SingHealth inventors should add up to 100%. [↑](#footnote-ref-2)