**SINGHEALTH INVENTION DISCLOSURE FORM**

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.

Please refer to the **Guidance Notes** at the end of this form.

Please complete **all** sections of the IDF and submit a **soft-copy** to SingHealth Intellectual Property (SHIP) at: SHIP@singhealth.com.sg. Please provide as much detail as possible as this will assist us to assess the invention efficiently.

**IMPORTANT:**

**Please note that publication or public disclosure prior to patent filing may result in the loss of patentability of the invention. Avoid any inadvertent 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 whom have not signed a Non-Disclosure Agreement (NDA)
	+ Announcement of experimental trials that include enabling disclosure of the invention
	+ 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.

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| --- | --- | --- |
| 1. | TITLE OF INVENTION: |  |
| 2. | **DATE OF SUBMISSION:** |  |
| 3. | **INVENTORS AND CONTRIBUTORS OF INVENTION: (*inventorship subject to legal review*)**Please list all individuals who have contributed to the invention.(You may add more sections if needed) |
| **SINGHEALTH INVENTORS** |
|  | **INVENTOR/CONTRIBUTOR 1** | **INVENTOR/CONTRIBUTOR 2** |
| **SURNAME:** |  |  |
| **GIVEN NAME:** |  |  |
| **CURRENT EMPLOYER:** |  |  |
| **EMPLOYER’S ADDRESS:** |  |  |
| **DESIGNATION & POSITION:** |  |  |
| **INSTITUTION & DEPARTMENT:** |  |  |
| **CAPACITY INVOLVED AT THE TIME OF CONCEPTION OF INVENTION:****(Please tick accordingly)** | [ ] UNDER THE CAPACITY SAME AS CURRENT EMPLOYMENT DETAILS GIVEN ABOVE[ ] UNDER A CAPACITY DIFFERENT FROM EMPLOYMENT DETAILS GIVEN ABOVE(Please specify the organization, department, address and position at time of invention conception) | [ ] UNDER THE CAPACITY SAME AS CURRENT EMPLOYMENT DETAILS GIVEN ABOVE[ ] UNDER A CAPACITY DIFFERENT FROM EMPLOYMENT DETAILS GIVEN ABOVE(Please specify the organization, department, address and position at 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: |
| **PHONE:** |  |  |
| **EMAIL:** |  |  |
| **CITIZENSHIP:** |  |  |
| **INVENTIVE CONTRIBUTION[[1]](#footnote-1) (%):** |  |  |
| **SIGNATURE:****DATE:** |  |  |

|  |  |
| --- | --- |
|  | NON-SINGHEALTH INVENTORS |
|  |  | **INVENTOR/CONTRIBUTOR 1** | **INVENTOR/CONTRIBUTOR 2** |
|  | **SURNAME:** |  |  |
|  | **GIVEN NAME:** |  |  |
|  | **CURRENT EMPLOYER:** |  |  |
|  | **EMPLOYER’S ADDRESS:** |  |  |
|  | **DESIGNATION & POSITION:** |  |  |
|  | **INSTITUTION & DEPARTMENT:** |  |  |
|  | **CAPACITY INVOLVED AT THE TIME OF CONCEPTION OF INVENTION:****(Please tick accordingly)** | [ ] UNDER THE CAPACITY SAME AS CURRENT EMPLOYMENT DETAILS GIVEN ABOVE[ ] UNDER A CAPACITY DIFFERENT FROM EMPLOYMENT DETAILS GIVEN ABOVE(Please specify the organization, department, address and position at time of invention conception) | [ ] UNDER THE CAPACITY SAME AS CURRENT EMPLOYMENT DETAILS GIVEN ABOVE[ ] UNDER A CAPACITY DIFFERENT FROM EMPLOYMENT DETAILS GIVEN ABOVE(Please specify the organization, department, address and position at 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: |
|  | **PHONE:** |  |  |
|  | **EMAIL:** |  |  |
|  | **CITIZENSHIP:** |  |  |
|  | **INVENTIVE CONTRIBUTION[[2]](#footnote-2) (%):** |  |  |
|  | **SIGNATURE:****DATE:** |  |  |

|  |  |
| --- | --- |
| 4.  | BACKGROUND:* Provide background to the field of your invention.
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| 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 disclosed to SHIP? 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).
* Highlight the development work you plan to undertake in the next 12 months.
 |
| 8. | **COMMERCIAL PRODUCT:*** What is the envisioned commercial product?
 |
| 9. | **RELEVANT INDUSTRY CONTACTS:*** List companies and details of contacts (name, position and contact details) who may be interested in this technology.
 |
| 10. | **EXTERNAL JOINT COLLABORATION:*** Was this invention developed in collaboration with any external organisation? If so, please provide name of the organisation, nature of collaboration and attach a copy of the relevant agreements (e.g. research collaboration agreements, material transfer agreements).
 |
| 11. | **PUBLIC DISCLOSURE/PUBLICATION OF INVENTION (IF ANY):****PART 1: PAST DISCLOSURE*** 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 AND CONTRIBUTOR DECLARATION**

I/we acknowledge and agree:

* That the information contained within this invention disclosure form is accurate and complete to the best of my knowledge;
* To fully co‑operate with SHIP in the process of IDF evaluation, seeking intellectual property protection and in the commercialisation of this invention;
* If a SingHealth employee, to assign all intellectual property rights, titles and interest in this invention to SingHealth in accordance with SingHealth’s Intellectual Property policy by executing the relevant documents at the time of filing of a patent application;
* SHIP reserves the right to make final decisions on intellectual property protection matters.

**IMPORTANT INFORMATION**

SHIP manages, protects and commercialises all intellectual property generated by employees of SingHealth and its affiliated institutions involving the use of SingHealth’s resources.

Information provided on this form 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.

In accordance to the SingHealth Intellectual Property Policy and the Patent Act, any invention resulting from research and/or work conducted by a SingHealth employee in the course of employment under SingHealth, involving the use of SingHealth’s resources shall be considered the property of SingHealth. Upon filing a patent application, the inventors shall assign all intellectual property rights of the invention to SingHealth through the relevant SingHealth institution.

**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:**

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 the respective 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 that might possibly be inventors and those who have contributed substantially to the invention. Once this group has been identified, the patent counsel and SHIP can determine those defined as inventors under the Patent 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. For example, a person who highlights a problem 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 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 piece of intellectual property in this process.

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. 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 commercialisation yet, SHIP is happy to work with you during the course of developing your invention to achieve the most favourable commercialisation outcome.

1. **EXTERNAL JOINT COLLABORATION:**
* Give details on any joint research collaboration with third party institutions relevant to the creation of your invention and intellectual property, and provide any 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 (NDA);
	+ Announcement of experimental trials that include enabling disclosure of the invention;
	+ 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 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)