

SANFORD HEALTH

INVENTION DISCLOSURE REPORT

Description of Intellectual Property: The purpose of this report is to provide a complete description and documentation of your invention; serve as the basis for evaluation of patentability and commercial potential by Sanford Health’s Commercialization Committee; and serve as the basis for preparation of a patent application. Please provide as much information as possible to facilitate the review, analysis and protection of your intellectual property.

Inventorship: Under U.S. law, inventors are those who make a creative contribution to the invention—either in the original conception or in bringing the original conception to fruition—not those who simply perform experiments without contributing any creative element. Please list all individuals who directly contributed in conceiving or developing the invention (including non-Sanford personnel). All individuals who made any inventive contribution must be listed for a valid patent to be filed.

Assignment: Each inventor signing this report agrees to assign all right, title and interest in the disclosed intellectual property to Sanford Health and acknowledges that the Sanford Health Intellectual Property Assignment Agreement and Policy Acknowledgement has been signed prior to or concurrent with this disclosure.

THIS IS A CONFIDENTIAL, PROPRIETARY, NON-PUBLIC DOCUMENT. ITS CONTENTS MAY NOT BE COMMUNICATED IN ANY WAY WITHOUT THE CONSENT OF SANFORD HEALTH. SANFORD HEALTH AND THE INVENTOR(S) SIGNING THIS INTELLECTUAL PROPERTY DISCLOSURE FORM AGREE TO HOLD THE CONTENTS OF THIS DOCUMENT IN STRICT CONFIDENCE.

INVENTION SUMMARY
Title of invention:
What was the date of the first written record of the invention?
When was the invention shown to work?
Technical abstract of the invention (attach any data, experimental procedures, publications or drafts, and any drawings)

What are the benefits of this invention over existing technologies? (include any unusual features)
What are other uses of this invention that may be realized in the future?

NON-CONFIDENTIAL DISCLOSURE
Have you disclosed this invention to anyone in a non-confidential manner?
If so, when and to whom?
Are any public disclosures pending? If so, when and to whom?

INVENTOR INFORMATION (Please include the names of all Sanford and non-Sanford personnel who contributed to this invention. If Sanford personnel were employed elsewhere during any part of the creation of the invention, provide the employer's name and address, and the dates of employment there.)	
Inventor A:	
Full Name	
Title and Department Affiliations	
Citizenship	
Work Address	
Work Phone Number	
Home Address	
Home Phone Number	
Cell Phone Number	
Email Address	

Inventor A's Signature	Date
Inventor B:	
Full Name	
Title and Department Affiliations	
Citizenship	
Work Address	
Work Phone Number	
Home Address	
Home Phone Number	
Cell Phone Number	
Email Address	
Inventor B's Signature	Date
(Expand as necessary for more inventors)	

Percent Intellectual or Creative Contribution to the Invention				
Inventor A	Inventor B	Inventor C	Inventor D	Inventor E
%	%	%	%	%

FUNDING, MATERIALS AND THIRD-PARTY INVOLVEMENT
<p>Was this invention developed with the use of federal and/or non-federal funds? If so, provide the sponsor and contract/grant name and numbers.</p>
<p>Are any agreements in place or being processed that are related to the invention (e.g., Material Transfer Agreements, Confidentiality Agreements, Sponsored Research Agreements, Consulting Agreements; etc.)? If so, provide the name(s) of the other party to the agreement and the agreement date.</p>

Invention Disclosure Report

--

Send the completed, signed form and all added attachments to the Sanford Health Director of Commercialization.

Receipt by Director of Commercialization:

Signature

Date Received

IDR # _____ - _____