



**Medical College of Georgia**  
**Office of Technology Transfer & Economic Development**  
**Intellectual Property Disclosure Form**

**This is an important legal document. Please read carefully before filling in data. Please fill out entire form. If more space is needed, attach additional pages.** This disclosure form is meant to be used by MCG faculty, staff, and students in complying with the Medical College of Georgia Intellectual Property Policy. A copy of the policy is available on the MCG website and reference should be made to it for clarification regarding definitions or applications.

**A. THIS PORTION TO BE COMPLETED BY INVENTOR (Please print).**

1. Title of Work: \_\_\_\_\_  
\_\_\_\_\_

2. Inventor(s): (Co-inventors are those contributing substantially or in material ways to the conception of invention. Use additional sheets provided at the end, if necessary)

(i)

First Name	_____	Middle Initial	_____
Last Name	_____		
Nature of Contribution	_____		
% Contribution	_____		
Work Address	_____		
Work Phone Number	_____		
Fax	_____		
Email	_____		
Home Address	_____		
Home Phone Number	_____		
Job Title & Dept	_____		
Citizenship	_____		
SSN	_____		
Affiliation (MCG, other)	_____		

(ii)

First Name	_____	Middle Initial	_____
Last Name	_____		
Nature of Contribution	_____		
% Contribution	_____		
Work Address	_____		
Work Phone Number	_____		
Fax	_____		
Email	_____		
Home Address	_____		
Home Phone Number	_____		
Job Title & Dept	_____		
Citizenship	_____		
SSN	_____		
Affiliation (MCG, other)	_____		

3. If any inventor is a VA appointee, what percentage FTE is designated for the VA? \_\_\_\_\_  
Is the appointment with or without compensation from the VA? \_\_\_\_\_  
Has this invention been separately disclosed to the VA? Yes \_\_\_\_\_. No \_\_\_\_\_.

If yes to any of the above questions, please describe the extent to which any VA facilities or other support was used to help develop this technology.

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4. Description of Work: (this should include construction, details of operation, principles involved, alternatives, etc.). Attach copies of any manuscripts, drawings, photographs, sketches or other descriptive materials. Please describe specifically what is novel and non-obvious about this work.

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5. Has any aspect of this work been published, distributed, sold, offered for sale, presented at a scientific meeting or otherwise disclosed to anyone other than the inventors? Yes \_\_\_\_. No \_\_\_\_. If yes, please identify and list the dates of each such publication/presentation or other dissemination.

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7. Are there any plans to publish or otherwise disseminate any aspect of this work in the future? Yes \_\_\_\_. No \_\_\_\_. If yes, please identify and list dates.

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8. If you have disclosed or discussed this work with anyone not employed by MCG, please state the name, employer and nature of your disclosure to each such person.

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9. Briefly describe any further research or development, which may be necessary or desirable before attempting to contact any potential licensees.

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10. What do you see as the potential use for this work? Include your estimate of the nature and size of any potential market.

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11. Please identify any parties (companies, manufacturers, researchers, consumers, etc.) who may be interested in your work and why.

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12. Does this work contain any patented, copyrighted, or copyrightable works or software (as the terms are defined in the MCG Intellectual Property Policy) by authors other than those listed in Number 2 above? Yes \_\_\_\_\_. No \_\_\_\_\_. If yes, please identify the nature and amount of any such works.

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13. Please identify all sponsors, intramural and extramural, which contributed support to this work. Please include the agency and the grant or contract award number.

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14. Please indicate which, if any, of these MCG departments/divisions assisted (directly or indirectly) in the creation of this work:

**MCG Services**

- Engineering Shop
- Medical Illustration
- Information Services
- Biostatistics
- Medical Photography
- Other (please indicate)

**Core Laboratories**

- Biotelemetry
- Cell Imaging
- Electron Microscopy
- Flow Cytometry
- Genomics
- Histopathology
- Human Blood Cell
- Inflammation
- Laser Capture Microdissection
- Proteomics & Mass Spectrometry
- Small Animal Behavior
- Transgenic & Embryonic Stem Cell Mouse
- Transgenic Zebrafish

15. Using the definitions contained in the MCG Intellectual Property Policy, please indicate which of the following four categories you believe describes this work and briefly explain your reason for choosing this category.

MCG-Assisted \_\_\_\_  
MCG-Assigned \_\_\_\_

Individual Effort \_\_\_\_  
Sponsor Supported \_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_

16. Please provide 2 to 12 **key words** that describe this work and can aid in identifying target companies that may have an interest in this invention.

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17. Do you or any of the co-inventors have any type of joint appointment or **obligations to other organizations** besides MCG and/or VA? Also include information if part of the inventive effort occurred while you were off-site or at another institution, or were using VA or other research space or facilities.

\_\_\_\_\_  
\_\_\_\_\_

18. Were any of the materials used in this invention obtained with certain **provisions or obligations** (e.g., Materials Transfer Agreement with either an academic institution or a company)? Please explain:
19. In order to expedite the review and decision-making, it is imperative that we have **background materials** on this invention. Assuming that such are available, these would include:
- a. Any related publications or manuscripts that you authored on this topic or a topic directly related to the invention.
  - b. A review article by yourself or any author on this topic.
  - c. Any background sections on this topic from grant proposals that you have.

NOTE: The provision of this background material will enable the internal MCG review to normally occur within 10 working days, so that a recommendation can be forwarded to the IP Committee and a decision can be rendered in a timely fashion. Failure to provide complete documentation will result in more time required for processing and analysis.

Disclosed and understood by me (us) as authors/inventors this \_\_\_ day of \_\_\_\_\_, 200\_\_.

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date

**B. THIS PORTION TO BE COMPLETED BY DEPARTMENT CHAIRMAN/DIVISION DIRECTOR. FACULTY HOLDING APPOINTMENTS IN MORE THAN ONE DEPARTMENT MUST HAVE ALL CHAIRS REVIEW AND APPROVE THIS DISCLOSURE.**

1. Was this work developed as a result of an MCG assigned activity? Yes \_\_\_\_\_. No \_\_\_\_\_.  
If yes, please list names of individuals assigned to this project and percentage of MCG assigned effort.

Name	% of Assigned Effort
_____	_____
_____	_____

2. Did any other department/division personnel contribute to the creation of this work other than those individuals listed in A (2), page 1, above? Yes \_\_\_\_\_. No \_\_\_\_\_. If yes, please list names of individuals contributing.

Name  
\_\_\_\_\_  
\_\_\_\_\_

3. By signing this form, I signify that I have reviewed this application and to the best of my knowledge the information contained in it is accurate.

\_\_\_\_\_  
Signature of Dept. Chairman      Please print name      Date

\_\_\_\_\_  
Signature of Dept. Chairman      Please print name      Date

**c. THIS PORTION TO BE COMPLETED BY DEANS.**

1. Did any school personnel contribute to the development of this work other than those individuals identified in A (2), page 1, above? Yes \_\_\_\_\_. No \_\_\_\_\_. If yes, please list the names and titles of any other individuals contributing.

Name

\_\_\_\_\_

\_\_\_\_\_

2. By signing this document I signify that I have reviewed this disclosure and to the best of my knowledge the information contained in it is accurate.

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

**Please check appropriate school**

Allied Health Sciences \_\_\_\_\_

Dentistry \_\_\_\_\_

Grad. Studies \_\_\_\_\_

Medicine \_\_\_\_\_

Nursing \_\_\_\_\_

This document contains confidential, proprietary information. The information contained herein should not be disclosed to any persons for purposes other than those described in the MCG Intellectual Property Policy and Procedures.

**PLEASE FORWARD COMPLETED FORM TO:**

**Office of Technology Transfer and Economic Development**

**Rm CA-2105**

**Medical College of Georgia**

**1120, 15<sup>th</sup> St.**

**Augusta, GA 30912**

**Tel: (706) 721-9822**

**Fax: (706) 721-2917**

(iii)

First Name	_____	Middle Initial	_____
Last Name	_____		
Nature of Contribution	_____		
% Contribution	_____		
Work Address	_____		
Work Phone Number	_____		
Fax	_____		
Email	_____		
Home Address	_____		
Home Phone Number	_____		
Job Title & Dept	_____		
Citizenship	_____		
SSN	_____		
Affiliation (MCG, other)	_____		

(iv)

First Name	_____	Middle Initial	_____
Last Name	_____		
Nature of Contribution	_____		
% Contribution	_____		
Work Address	_____		
Work Phone Number	_____		
Fax	_____		
Email	_____		
Home Address	_____		
Home Phone Number	_____		
Job Title & Dept	_____		
Citizenship	_____		
SSN	_____		
Affiliation (MCG, other)	_____		

(v)

First Name	_____	Middle Initial	_____
Last Name	_____		
Nature of Contribution	_____		
% Contribution	_____		
Work Address	_____		
Work Phone Number	_____		
Fax	_____		
Email	_____		
Home Address	_____		
Home Phone Number	_____		
Job Title & Dept	_____		
Citizenship	_____		
SSN	_____		
Affiliation (MCG, other)	_____		