

DIRECTIONS: Download to complete and sign the Invention Disclosure Form. Then save a copy and mail it to innovatory@mhs.net to officially submit your idea.

DATE OF DISCLOSURE: (MM-DD-YYYY)

INVENTION TITLE:

INVENTION ABSTRACT:

INVENTOR DETAILS:

List all persons who have directly contributed to the development or conception of the invention. If there are more than 3 inventors, please use a separate sheet.

	INVENTOR 1 (Lead Inventor*)	INVENTOR 2	INVENTOR 3
Full Name			
Organization			
Home Address			
Phone			
Email			
Country of Citizenship			
Date of Birth			
% Contribution			
Signature			

Inventors acknowledge that they will assign their rights and title of the concepts disclosed herein to Memorial Healthcare System.

Organizational Acknowledgment

Date

Signature

INVENTION DOMAIN (select one)

- Medical Device
 Health Information Technology
 Therapeutics & Diagnostics
 Clinical/Business Know-how

1a. Provide a description of the invention. (Attach or embed images or other relevant documents upon submission).

1b. Please provide a bulleted list of the key novel features of this invention.

2. Have you received any grant funding that is associated with this invention? Yes No

If yes, please provide the below information:

GRANT NUMBER(S)	AMOUNT(S) AWARDED	FUNDING SOURCE(S)

3. What problem or clinical indication does the invention intend to address? What are the advantages of the invention over other known technologies or solutions? Please list.

4. How do(es) the inventor(s) anticipate the invention would be used in a traditional or advanced clinical practice? Please list.

5. Please describe the current Stage of Development & Technical Feasibility:

6. Has this invention been publicly disclosed? If yes, please explain.

7. Please list any industry contacts or potential licensees that could be pursued for this invention.

8. Please list any known publications or intellectual property that are relevant to your invention.

FOR EMPLOYED PHYSICIANS ONLY

Acknowledgment of Memorial's Intellectual Property Standard Practice and Participation Agreement ("Agreement")

By submitting this Invention Disclosure Form dated _____, I hereby acknowledge and confirm that I have read, understand and shall comply with the terms of South Broward Hospital District d/b/a Memorial Healthcare System's Intellectual Property Standard Practice (the "Practice"), as amended or supplemented from time to time. I understand that I am a Covered Person, as defined by the Practice.

Name

Signature

Title

Date Signed and Effective

Name

Signature

Title

Date Signed and Effective

Name

Signature

Title

Date Signed and Effective

FOR NON-EMPLOYED INDIVIDUALS ONLY

Acknowledgment of Memorial's Intellectual Property Standard Practice and Participation Agreement ("Agreement")

By submitting this Invention Disclosure Form ("IDF") dated _____, I hereby acknowledge and confirm that:

1. I have read, understand and shall comply with the terms of South Broward Hospital District d/b/a Memorial Healthcare System's ("MHS") Intellectual Property Standard Practice (the "Practice"), as amended or supplemented from time to time. I understand that by signing this Agreement, I am a Covered Person, as defined in the Practice. I understand that the terms in this Agreement have the meaning assigned to them in the "Definitions" section of the Practice, a copy of which has been provided to me.
2. MHS owns all Intellectual Property disclosed on the IDF, which was developed by me as a Covered Person, subject to any existing obligations that I have identified on Exhibit A. I understand that Memorial is under no obligation to pursue commercial activities related to the Intellectual Property disclosed on the IDF.
3. I shall comply with every obligation of MHS that applies to me pursuant to any contract, grant or commitment relating to research or other work covered by the Practice.
4. I further agree to assign and do hereby assign to MHS all Intellectual Property disclosed on the IDF, which was developed by me as a Covered Person, subject to any existing obligations that I have identified on Exhibit A, and I shall promptly execute and deliver assignments, and other documents requested by MHS, with respect to all such Intellectual Property (except as set forth in paragraph 5), and I shall take all other action pertaining to the Intellectual Property as MHS may, from time to time, request of me.
5. Notwithstanding the provisions of paragraph 4, in accordance with the Practice, MHS will grant, and hereby grants, me the right to assign MHS copyright (or alternatively, to license such copyright where a license suffices) in any Academic Works that I author; provided, however, that this right only exists where such assignment or license is for an academic or charitable purpose, and my personal compensation is zero or de minimis, or limited to a reasonable honorarium or royalties. I understand that the Practice sets forth my rights and obligations with respect to such Academic Works.
6. I agree to identify and have identified on Exhibit A attached hereto all agreements I have with other institutions regarding assignment of the disclosed Intellectual Property. I further agree that, if I am later requested to sign an agreement relating to assignment of said Intellectual Property, that I will inform MHS prior to signing such an agreement and inform the other institution of my obligation to MHS under this Participation Agreement. I understand that, as appropriate, MHS will work with the other institution to clarify my assignment obligations and will inform me of any agreement reached. I agree that I shall thereafter assign my rights in said Intellectual Property in accordance with such subsequent agreement reached between MHS and the other institution.
7. I agree that all Intellectual Property disclosed on the IDF is the property of MHS and is subject to the restrictions on use and disclosure set forth in the Practice. I agree that all originals of Intellectual Property are to remain at MHS, unless otherwise agreed to in writing by MHS.

8. I understand that at termination of my association with MHS, I may request a copy of data and/or the right to remove tangible material, which MHS will consider and may grant. I understand that MHS' ability to approve such requests may depend on the written consent of a third party. At the request of MHS, I shall deliver promptly to MHS copies of all written, electronic or other records describing or referencing Intellectual Property, whether or not I am still engaged at MHS.
9. No party shall transfer to any other party by operation of this Agreement the proprietary rights of any Intellectual Property not disclosed on the IDF.
10. In the event of conflict between this Agreement and/or the Practice and any other agreement that I have with MHS, the terms of this Agreement and the Practice shall prevail.

Name	Signature
Title	Date Signed and Effective

Name	Signature
Title	Date Signed and Effective

Name	Signature
Title	Date Signed and Effective

Exhibit A

I hereby identify the following institutions with which I have agreements regarding the assignment of Intellectual Property, consulting arrangements or other agreements that may relate to my responsibilities to MHS:

INSTITUTION	PROFESSIONAL RELATIONSHIP	DESCRIBE ARRANGEMENT/AGREEMENT	DATES OF RELATIONSHIP(S)