

	MOREHOUSE SCHOOL OF MEDICINE	POLICY NUMBER	
	INTELLECUTUAL PROPERTY COMMITTEE	EFFECTIVE DATE	16 December 2010
	EXHIBIT A	PAGE (S)	7
	SUBJECT INTELLECTUAL PROPERTY DISCLOSURE FORM	SUPERSEDES	

CONFIDENTIAL MOREHOUSE SCHOOL OF MEDICINE

Please provide as much information as possible on this form. Attempt to answer all of the questions and be as accurate as you can be, providing as much information as you can to answer the question. If you need more space, use separate pages and attach them to this form. Please feel free to use photocopies of lab notebooks (showing dates), data sheets, drawings, or any other rough document(s). If you have questions, please contact the MSM Office of Sponsored Research Administration at 404-752-1050.

1. Title of Intellectual Property

2. Investigator to whom communications should be addressed.

Name: _____

Address: _____

Phone #: _____ Fax #: _____ E-mail: _____

Date: _____

DESCRIPTION OF THE INTELLECTUAL PROPERTY

3. Describe the characteristics/specifications of the Intellectual Property

a. Please indicate the type of technology being disclosed:

- | | | | | | |
|-------------|--------------------------|------------------|--------------------------|---------------------|--------------------------|
| Diagnostics | <input type="checkbox"/> | Drug Discovery | <input type="checkbox"/> | Medical Device | <input type="checkbox"/> |
| Method | <input type="checkbox"/> | Non-Therapeutics | <input type="checkbox"/> | Research Tools | <input type="checkbox"/> |
| Software | <input type="checkbox"/> | Therapeutics | <input type="checkbox"/> | Biological Material | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | | | |

4. Date of the Intellectual Property

When did you and/or your co-inventors/creators conceive this Intellectual Property?
_____ (month/day/year)

Provide the date when a written description was documented in a laboratory notebook, computer record, or other form, other than this Disclosure Form
_____.

DETERMINATION OF OWNERSHIP AND INVESTORSHIP

5. Ownership of the Intellectual Property.

In my opinion this Intellectual Property:

- ___ A Is owned by MSM in accordance with MSM's Intellectual Property Policies;
- ___ B Was developed by the inventor(s)/creator(s) without use of MSM time, facilities, or materials.
- ___ C Is co-owned by another institution or company.

6. Individuals involved in discovery or inventive/creative contribution.

The persons who have made a significant contribution to the Intellectual Property (including MSM personnel and contributors at other institutions) are as follows (**note:** determination of inventorship is a legal matter and will be determined by legal counsel).

A. Printed Name in Full _____

Signature _____

Address _____

Phone ____-____ Fax ____-____ E-mail _____

Date _____ Citizenship _____

B. Printed Name in Full _____

Signature _____

Address _____

Phone ____-____ Fax ____-____ E-mail _____

Date _____ Citizenship _____

C. Printed Name in Full _____

Signature _____

Address _____

Phone ____ - ____ Fax ____ - ____ E-mail _____

Date _____ Citizenship _____

D. Are there additional contributors? Yes _____ No _____
If YES, please list on additional page.

E. Please complete the following for each contributor identified above:

Contributor	Position	Department	% Contribution	Other Institution (name)

7. Who has funded the development of the Intellectual Property to date?

Grant# _____ Funding Organization. _____ P.I. _____

Other:

8. Has this Intellectual Property been reduced to practice?

Yes _____ No _____ Please explain below.

9. Have any agreements been proposed or signed regarding this Intellectual Property?

Yes _____ No _____ If yes, please identify agreement and explain below.

- 10. Have any materials or facilities which were NOT provided by MSM been used in the discovery or development of this Intellectual Property? If so, please list the materials and facilities used, who paid for their use, and the approximate dates.**

RELATIONSHIP WITH THIRD PARTIES

- 11. Have you published in any form, including poster material or abstracts, information regarding this Intellectual Property? If yes, provide details below and attach a copy of each such document. Indicate date(s) of publication.**

- 12. Have you discussed this Intellectual Property in any non-confidential setting, either in the U.S. or abroad? If so, please give the date(s) of such disclosures, who received the disclosure, the form of the disclosure (e.g., written or oral), and describe the extent of that disclosure, including a description of any materials provided.**

- 13. List any manuscripts which have been prepared and indicate the status of the pending publication(s), e.g., initial review, final review, or in press, and include possible publication dates. Please attach copies of all such manuscripts.**

20. Please indicate the first sale or public use of this Intellectual Property, if any.

I (we) hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true.

In accordance with Intellectual Property Policies of Morehouse School of Medicine ("MSM"), I (we) hereby confirm the assignment of all of my (our) right, title, and interest to this Intellectual Property to MSM and agree to execute all documents as requested, to assign to MSM all of my (our) rights to any patent application filed on this Intellectual Property, and to cooperate with the MSM Intellectual Property Committee in the protection of this Intellectual Property. MSM will share any royalty income derived from the Intellectual Property with the Inventors/Creators in accordance with its Intellectual Property Policies.

Contributor's Signature Date

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