

## Appendix 2

### NHS Fife Invention Record / Disclosure Form

This form is designed to define and protect your invention/innovation by recording the basic features relating to it. The information provided will form the basis for any decision regarding the commercialisation of new inventions, designs or copyright materials.

The identification of exploitable technology arising from work carried out within NHS Fife is an important aspect of research management. In order to determine the facts relating to an invention/innovation design or copyrightable material and to protect the rights of all members of staff and others who may be involved, a statement of inventorship must be lodged with NHS Fife. The Invention Record serves an additional purpose of establishing an independent reference point in support of laboratory notebooks as to when an invention/ innovation was made.

Information provided on this form may be used as a basis of a statement of inventorship in respect of a patent application. In some instances, incorrect information may lead to the patent not being granted or being declared invalid. Information given will be treated as confidential and will be used only for assessing the potential for protecting and commercialising the invention/innovation and, if appropriate, in seeking protection of the disclosed invention/innovation and its future exploitation.

Protecting any invention/innovation can be costly and NHS Fife will need to evaluate each invention/innovation carefully before establishing a protection strategy. The initial stage will be to conduct a patent search and to do some initial market research. The R&D Office will keep the originators of the invention/innovation informed and involved at each stage in the process and will as far as possible take into account all relevant factors when taking any decision relating to this invention/innovation.

#### **TITLE OF INVENTION / INNOVATION:**

(Short title that discloses what the Invention/Innovation does but not how it is made or how it works)

#### **INVENTOR(S):**

## 1.0 INVENTORS / OTHER STAFF / STUDENTS:

Name		Name	
Address		Address	
Nationality		Nationality	
Employer		Employer	
Department		Department	
Position		Position	
Tel / Fax No.		Tel / Fax No.	
e-mail address		e-mail address	
Capacity Involved ( <i>please tick</i> ) <input type="checkbox"/> Inventor <input type="checkbox"/> Other Staff <input type="checkbox"/> Student		Capacity Involved ( <i>please tick</i> ) <input type="checkbox"/> Inventor <input type="checkbox"/> Other Staff <input type="checkbox"/> Student	
Name		Name	
Address		Address	
Nationality		Nationality	
Employer		Employer	
Department		Department	
Position		Position	
Tel / Fax No.		Tel / Fax No.	
e-mail address		e-mail address	
Capacity Involved ( <i>please tick</i> ) <input type="checkbox"/> Inventor <input type="checkbox"/> Other Staff <input type="checkbox"/> Student		Capacity Involved ( <i>please tick</i> ) <input type="checkbox"/> Inventor <input type="checkbox"/> Other Staff <input type="checkbox"/> Student	
Name		Name	
Address		Address	
Nationality		Nationality	
Employer		Employer	
Department		Department	
Position		Position	
Tel / Fax No.		Tel / Fax No.	
e-mail address		e-mail address	
Capacity Involved ( <i>please tick</i> ) <input type="checkbox"/> Inventor <input type="checkbox"/> Other Staff <input type="checkbox"/> Student		Capacity Involved ( <i>please tick</i> ) <input type="checkbox"/> Inventor <input type="checkbox"/> Other Staff <input type="checkbox"/> Student	

Note: An inventor is a person who has made an intellectual contribution to the inventive step(s) involved in the creation of the invention/innovation described in the invention record. Staff and students working under supervision and not making a positive intellectual/creative contribution to the inventive step are unlikely to be inventors but should be listed here. True inventorship may be determined at a later stage, with the help of the RIK Department and/or patent agents.

## **2.0 INVENTION/INNOVATION 'CONCEPTION' AND 'REDUCTION TO PRACTICE'**

**2.1 When, where and by whom was the invention/innovation conceived?**  
*(Date and place idea was formulated in the mind of the inventor as a complete means of solving a problem)*

**Date:**

**Place:**

**Name(s):**

**2.2 When, where and by whom was the invention/innovation reduced to practice?**  
*(Date on which invention/innovation was first made and tested and determined to work for its intended purpose)*

**Date:**

**Place:**

**Name(s):**

**2.3 Does a prototype of the invention/innovation exist? Yes / No**

## **3.0 BACKGROUND AND TECHNICAL DETAILS OF INVENTION / INNOVATION**

**3.1 Please state 'field' of the Invention/innovation:**  
*(e.g., radiology / orthopaedics / rehabilitation / urology / surgery ...)*

**3.2 What does your invention/innovation relate to and how would it be put into practice?**  
*(e.g., device for lifting patients; related to haemodialysis ...)*

**3.3 What problems are solved by your invention/innovation?**  
*(If more than one problem, give details of each)*

**3.4 What solutions are currently available?**

**3.5 What is new about your invention/innovation and what advantages does your idea offer over existing technology?**  
*(Include any papers etc. that relate to your invention/innovation or to its general field)*

**3.6 What do you think is the Inventive Step /Concept of your invention/innovation?:**

**3.7 Describe in general terms what is unique about your invention/innovation.**

**3.8 List all possible applications of your invention/innovation.**

**3.9 Please detail any likely market(s) for which the invention/ innovation might be suitable (NHS / medical facility or environment / industry, personal use)**

**3.10 Are you aware of any other groups carrying out the same or similar work?  
Yes / No**

If yes, please give details.

**3.11 Full Description of Invention/innovation**

*(This information will help in briefing a patent agent if appropriate)*

Describe how your invention/innovation is made, how it works and what will be its intended use/function in sufficient detail to enable a 3<sup>rd</sup> party to build and use it.

Include any diagrams and drawings and, if relevant, experimental details. If required, please attach typed A4 pages marked *CONFIDENTIAL* at the top of each page. Indicate here the number of pages attached \_\_\_\_

**3.12 Describe any variants of your invention/innovation that could be developed.  
(Use rough sketch drawings to illustrate.)**

## **4.0 DISCLOSURE AND PRIOR ACT**

### **4.1 Past Disclosure/Publication**

**Have details of the invention/innovation been disclosed, either verbally (e.g., speaking at conferences) or in writing? Yes / No**

If 'yes', give details, indicate method and date of disclosure/publication, and attach a copy of the publication.

**If 'yes', was a Confidential or Non-Disclosure Agreement in place? Yes / No**

(Give details and, if not previously seen by the R&D Office, please attach a copy)

### **4.2 Prior Art (similar Inventions/Innovations)**

**4.2.1 Are you aware of any published literature (including patents and www information) relevant to your invention/innovation? Yes / No**

**4.2.2 List 'search terms' and 'keywords' that would be useful in describing your Invention/Innovation**

**4.2.3 Have you searched published literature and/or patents relevant to your Invention/innovation?**

(List all databases you have searched, the date you searched them, and keywords used)

### **4.3 Future / Intended Disclosure / Publication**

**Is it intended to disclose details of the invention/innovation in the near future?**

**Yes/No**

If 'yes', please give details and indicate date of intended disclosure/publication.

N.B. Details in any thesis submitted in respect of a degree at a higher educational institute or any other institutions; submissions to journals; conference papers; seminar contributions; poster presentations; correspondence; e-mails; any other disclosures should be listed. If any of these have been accepted for publication, indicate approximate date publication may occur.

## 5.0 EXTERNAL FUNDING AND COLLABORATION

### 5.1 Funding

Give as many details as possible of *ALL* external funding which has been used in connection with this or related work, including grants, contracts, studentships etc. If there are more than two externally funded projects of relevance, please photocopy this page.

*(options overleaf)*

NHS organisation / SEHD	<input type="checkbox"/>	NHS organisation / SEHD	<input type="checkbox"/>
Research Council	<input type="checkbox"/>	Research Council	<input type="checkbox"/>
Charitable Foundation	<input type="checkbox"/>	Charitable Foundation	<input type="checkbox"/>
Industry	<input type="checkbox"/>	Industry	<input type="checkbox"/>
European Commission	<input type="checkbox"/>	European Commission	<input type="checkbox"/>
Other Funding Body	<input type="checkbox"/>	Other Funding Body	<input type="checkbox"/>
Name of funding body/company		Name of funding body/company	
Type of funding (e.g., Link, etc)		Type of funding (e.g., Link, etc).	
R&D Reference No		R&D Reference No	
Title of Project		Title of Project	
Name of Grant holder		Name of Grant holder	
Amount of Funding		Amount of Funding	_____
Commencement & completion dates		Commencement & completion dates	

### 5.2 External Collaboration

**Has any of work leading to the invention/innovation been carried out elsewhere or in conjunction with any other organisation?** **Yes**  
/ No

If 'yes', please tick as appropriate

Another academic institution   
 Previous employment   
 Industrial collaborator

Please give details.

## 6.0 OTHER RELEVANT INFORMATION

**Please include any other relevant information you may feel is of interest in relation to this Invention/innovation.**

This form should be signed by all those named as inventors.

I/We agree to co-operate with NHS Fife in seeking patent or other legal protection in the name of the organisation and in any exploitation of this invention/innovation either through licensing to a new party or through the creation of a new business. The information contained within this form is accurate and complete to the best of my knowledge and belief.

Inventor 1	Inventor 2	Inventor 3
Name:		
Signed:		
Dated:		

**Head of Department:**

I have read the contents of this Invention Record and agree to its submission to the RIK Office.

Name:
Signed:
Dated:

This form was received in the **RIK Office** on:

Date:
Assistant Director RIK (or designee):
Name:
Signed: