**Technology Disclosure Form**

Please get in touch with Chariot Innovations at any stage if you have any questions or would like to discuss the form or your disclosure.

Tel 020 7927 2678 Email info@chariotinnovations.co.uk

If the document is emailed to Chariot Innovations, it is recommended that the document is password protected and that the password is provided separately to your Chariot contact.

If you are planning to publish or present information related to the invention described in the near future, please include ‘IMMINENT PUBLICATION’ in the email subject.

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| 1. Title of invention – please provide a short title for internal records.
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| 1. Summary Description of Invention – please provide a short summary explaining what the invention is, how it works, what the problem is that it addresses and how it is an improvement over existing methods/state of knowledge/practice (200-300 words).
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| 1. Detailed Description of Invention – please provide a more detailed description and supporting data. If you would prefer to attach research paper drafts, PowerPoint presentations instead, please list them here.
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| 1. What would the product be – please describe what work will be required to turn your invention into a marketed product/service. Please consider any validation work, clinical trials, prototype development, etc. How the product would be sold and who would be its end user? What is the expected size of the market and invention’s commercial potential? Why do you think it would make a difference?
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| 1. What work are you planning to complete in the next 12 months to support the development of a commercial product? Do you have funding in place for this work? Please note that if a patent was to be filed, the first 12 months are the only opportunity to add any data to support the patent application.
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| 1. Team – please copy table if more contributors were involved.
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|  | Contributor 1 | Contributor 2 | Contributor 3 |
| Full name |  |  |  |
| Institution/Employer |  |  |  |
| Position |  |  |  |
| Department |  |  |  |
| Email address |  |  |  |
| Telephone no |  |  |  |
| Home address (necessary for patent filing) |  |  |  |
| Nationality (necessary for patent filing) |  |  |  |
| Nature of contribution |  |  |  |
| % contribution to the invention |  |  |  |
| Sole LSHTM employee? |  |  |  |
| Student? |  |  |  |

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| 1. Did the invention involve collaboration with other institutions or commercial partners or any materials received from third parties? Please list any names of any third parties. Do you know of any material transfer, collaboration or confidentiality agreements connected to the work on the technology disclosed here? Was any part of the work done outside of LSHTM?
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| 1. What was the time period you worked on the invention? Please include month and year.
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| 1. Funding – Please provide details of any funding which contributed to the work which lead to the invention. Please also consider any in kind support you received from other parties.

Please copy the table if more funding supported the work which lead to the invention. |
| Type of funding | Research Council/UKRI □ LSHTM □ Charitable organisation □ European Commission □ Industry □ Other □ |
|  Name of the funder |  |
| Type of funding grant |  |
| LSHTM code |  |
| Amount of the award |  |
| Project Title |  |
|  Name of grant holder(s)/PI |  |
| Start and finish date of the project |  |

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| Amount of the award |  |
| Project Title |  |
|  Name of grant holder(s)/PI |  |
| Start and finish date of the project |  |

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| 1. Have you disclosed any of the information related to the invention? Please note that this would encompass papers, posters, conference abstracts, information published in social media or on other websites, talks, lectures, discussions with any third parties. Please mark Y/N.
 |
| YES/NOIf yes, please provide more information about the disclosure(s). |
| Date please include year and month | Details of disclosure – If written, please enclose copies |
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| 1. Are you planning to disclose the details of the invention? If yes please provide more information. Please mark Y/N.
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| YES/NOIf yes, please provide more information about the planned disclosure(s). |
| Planned disclosure date | Details of disclosure – please enclose if available |
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| 1. Do you know of any work, publications or patents in the same field? How does your invention differ from these? If you have done any literature and patent searches, please attach them to your disclosure. Please provide suggested keywords for patent searches.
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| 1. Please list any companies who might have interest in this technology including potential competitors. Do you have any contacts in these companies? If yes, please include contact details.
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| 1. Please include any additional comments or information which you think Chariot Innovations should be aware of in relation to your disclosure?
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| 1. Signatures – In the interest of time, please feel free to forward the form without all signatures, but please note that all of the signatures will be required before the patent filing is progressed and commercialisation commenced.
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| DECLARATIONThe information contained in this form is accurate and complete to the best of my knowledge and belief. I agree to cooperate with LSHTM and/or Chariot Innovations in seeking patent, design or other legal protection and in the commercialisation of this invention.By submitting this form, all contributors request that LSHTM and/or Chariot Innovations review the invention and consider taking steps to protect and commercialise it in line with the LSHTM IP Policy.Contributors acknowledge and agree that if LSHTM and/or Chariot decide to proceed with securing protection and commercialisation of the invention in line with the LSHTM IP Policy, the inventors will be required to execute assignment and revenue sharing agreements with Chariot Innovations in accordance with LSHTM IP Policy. |

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| Name |  |
| Signature |  |
| Date |  |

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

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| --- | --- |
| Name |  |
| Signature |  |
| Date |  |