**INVENTION DISCLOSURE**

1. **Title of the invention**

|  |
| --- |
|  |

1. **Inventor(s)**

**REPRESENTATIVE**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Affiliation |  | | |
| e-mail |  | Telephone |  |
| Signature |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Affiliation |  | | |
| e-mail |  | Telephone |  |
| Signature |  | | |

(if required include more tables)

1. **Purpose of the invention**

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| --- |
|  |

1. **Detailed description of the invention**

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| --- |
|  |

1. **State of the art of the invention**

(include references and patents)

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| --- |
|  |

1. **Conception**

|  |  |
| --- | --- |
|  | Date  (dd/mm/yyyy) |
| When invention was conceived? | / / |
| When first written record was made? | / / |

1. **Previous Disclosure**

YES: NO:

If YES, provide the following information.

|  |  |  |
| --- | --- | --- |
| How the disclosure was made?  (publication, e-mail, poster, other) | To whom it was made?  (name) | When it was made? (dd/mm/yyyy) |
|  |  | / / |
|  |  | / / |

(if required include more rows)

1. **Development**

|  |
| --- |
| Describe the technology readiness level |

|  |
| --- |
| Describe the outstanding challenges in order to turn your invention into an marketable innovation (product, service, etc) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | not yet  or  done? | When was it made  for the first time?  (dd/mm/yyyy) | How was it made? |
| Reduction to practice  (prototype) |  | / / |  |
| Public use of invention |  | / / |  |

1. **Program or Contract**

Was the invention made in the context of a specific program, grant or contract?

YES: NO:

If YES, provide the following information

|  |  |
| --- | --- |
| found source | grant/contract number |
|  |  |
|  |  |

If NO, provide an explanation of where and how the invention was made.

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|  |

**10. Witnesses** (a person who validate this information)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Affiliation |  | | |
| e-mail |  | Telephone |  |
| Signature |  | | |

1. **Relevant information of this document**

|  |  |  |
| --- | --- | --- |
|  | Name | Date (dd/mm/yyyy) |
| Completed by |  | / / |
| Sent by |  | / / |
| Received by |  | / / |