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| **Invention Disclosure** |

1. **Name of the Invention**

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1. **Inventor(s)**

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| **Information of Inventor(s)** | | **Lead Researcher:** |
| Name of Researcher |  | |
| Email |  | |
| Affiliation |  | |
| Percentage of Inventorship |  | |
| Signature |  | |
|  | | |
| Name of Researcher |  | |
| Email |  | |
| Affiliation |  | |
| Percentage of Inventorship |  | |
| Signature |  | |
| *(If required, include more tables)* | | |

1. **Invention**

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| 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, patents, publications, lectures, reports, etc.)* | |

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| 1. **Commercial Applications** | |
| *Describe specific industrial sector that would impact the invention and its use* | |

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| 1. **Conception** | |
|  | Date (dd/mm/yyyy) |
| When was the invention conceived? | / / |
| When was the first written record made? | / / |

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| 1. **Previous Disclosure** | | |
| Previous disclosure | **☒** Yes **☐** No | |
| *If* ***YES****, provide the following information.* | | |
| How was the disclosure made? (publication, e-mail, poster, etc.) | To whom was it made? (made) | When was it made? (dd/mm/yyyy) |
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*(If required, include more tables)*

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| 1. **Development** |
| *Describe the technology readiness level (TRL)* |

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| 1. **Outstanding Challenges** | | | |
| *Describe the outstanding challenges in order to turn your invention into a marketable innovation (product, services, etc.)* | | | |
|  | | | |
|  | Not yet or done | When was it made for the first time? (dd/mm/yyyy) | How was it made? |
| Reduction to practice (prototype) | Done | / / |  |
| Public use of invention | Not yet | / / |  |

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| 1. **Program or Contract** | |
| Was the invention made in the context of a specific programme, 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.* | |
|  | |

*(If required, include more tables)*

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| 1. **Witnesses** (a person who validate this information) | | | |
| Name |  | | |
| Affiliation |  | | |
| Email |  | Telephone |  |
| Signature |  | | |

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| 1. **Relevant Information of this Document** | | |
|  | Name | Date (dd/mm/yyyy) |
| Completed by |  | / / |
| Sent by |  | / / |
| Received by |  | / / |