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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**
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| 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**
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| *Describe the technology readiness level (TRL)* |

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| 1. **Outstanding Challenges**
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| *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**
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| 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 |  | / / |