



**YORK UNIVERSITY
VOLUNTARY CONFIDENTIAL INVENTION DISCLOSURE**

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1. **Submitted by:** Name of faculty member submitting the disclosure.

2. **Title of the invention:** What is the invention called?

3. **Inventors:** Please provide the full names and information of all parties who participated in the creation of this invention.

Surname, Given Names and Initials.	University Employee No. (If Applicable)	Department (List any cross appointments or affiliated institutions)	Affiliation With York (i.e. faculty member, employee, post-doc, student, etc.)	Contact Information York (or other) Address, Phone, Fax, Email

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Date Received:	Docket Number:

4. **Date of Invention:** When was the invention first conceived?
5. **Background of the Invention:**
- 5(a) **Novelty:** What is new about this invention?
- 5(b) **Utility:** What is the potential application of this invention? What problems does the invention solve or address?
- 5(c) **Ingenuity:** What aspect of your invention was not obvious to a skilled person in your field before you discovered it?
6. **Prior Art:** Do you know of any patent or publication, printed in any country, which describes an invention similar to your invention? If so, please provide particulars.
7. **Prior Disclosure:** Has the invention been disclosed in a publication or presentation, including pending publications? If so, when? Are any related publications or presentations being planned? Please provide dates, details and copies of the disclosures.

