



InnovCrete IPR/TT Helpdesk

INVENTION DISCLOSURE FORM

The purpose of this form is to obtain a description of your invention to assist in the patent process.

Date of Submission _____

InnovCrete member: _____ **Group/ Dept:** _____

1. TITLE: Provide a title that is descriptive of your invention.

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2. IDENTIFICATION OF INVENTOR(S): Identify the key inventor to whom questions can be directed. For each inventor, provide the following:

A. Name	
Employer	
Address	
Citizenship	
Phone Number	
email	
<hr style="border: 1px solid black;"/>	
B. Name	
Employer	
Address	
Citizenship	
Phone Number	
email	
<hr style="border: 1px solid black;"/>	
C. Name	
Employer	
Address	
Citizenship	
Phone Number	
email	

(FOR ADDITIONAL INVENTORS, PLEASE ATTACH SHEET)

3. RELATION OF THE INVENTION TO FORTH/ InnovCrete: Provide the identity of any program names, Contracts or Agreements related to this invention. Provide a copy of the contract or agreements when submitting the disclosure (or a contract number). *(If the contract states someone other than FORTH will hold title of the patent, also provide name of entity.)*

4. DESCRIPTION OF THE INVENTION

A. PROBLEM ADDRESSED BY THE INVENTION: Describe the problem or need addressed by your invention.

B. STATE OF THE ART: Describe how this problem or need has been addressed in the past. Identify any relevant literature or patents of which you are aware (including any reports or other prior descriptions of the invention, any prior art patents or publications, and any presentations).

C. DETAILED DESCRIPTION: Provide a detailed description of what your invention is and how it works. What are the novel aspects of your invention? Include sketches, drawings, photographs, etc. to help illustrate your invention.

Please email to rodanthi@imbb.forth.gr

D. RESULTS AND ADVANTAGES: What are the results and advantages of using your invention? How does it work differently from other devices or processes that accomplish the same purpose?

E. ALTERNATIVES: Are there any variations of your basic invention that accomplish the same purpose?

5. SIGNIFICANT DATES:

A. Conception of the Invention:	
1. Documentation (e.g. inventor's lab book):	
B. When the invention was first put to practice:	

6. USE AND DISCLOSURE (IMPORTANT): Please answer the following questions:

A. Have you described or shown your invention to anyone?	YES ()	NO ()
B. Has your invention been described in any printed publication, or any other media, such as the Internet?	YES ()	NO ()
C. Have you made any attempts to commercialize your invention?	YES ()	NO ()
D. Have you used, or do you plan to use, the invention in commerce?	YES ()	NO ()
E. Have you attempted to manufacture or sell your invention, or offered it for sale?	YES ()	NO ()
F. Have you conducted any prior art searches?	YES ()	NO ()

If you have answered yes to any of the above questions, please give full details of the activity, including dates when activities have occurred. Please indicate if party(ies) where under obligation of confidentiality.

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7. FILING OPTIONS: Please indicate countries within which you would suggest that the application should be filed.

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Please email to rodanthi@imbb.forth.gr

8. Provide names of possible licensees, if any.

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Before submitting to the InnovCrete IPR/TT Helpdesk, please have your group leader review and sign this invention disclosure.

Signature of Inventor or Project Manager

Typed Name of Inventor

Date

Signature of group leader

Typed Name of group

Date