Submit to innovation@ahs.ca

**GENERAL INFORMATION**

1. **Intellectual Property** (“**IP**”) broadly means the legal rights that result from intellectual or creative activity in the industrial, scientific, literary and artistic fields. Ownership of these rights is subject to employer policies and contracts. AHS’ IP generally falls under one of the following types:
	1. **Copyright**: Copyright in Canada is a bundle of rights created by law that grants the creator of an original work exclusive right for its use and distribution. These exclusive rights arise automatically upon creation, but are restricted by certain limitations and exceptions to copyright law, including the fair dealing exception.

Health Evidence and Innovation (“**HEI**”) provides copyright services and has created a [Copyright website](https://insite.albertahealthservices.ca/tools/copy/Page22471.aspx). If you have further questions regarding copyright, please first contact Copyright Services at [copyright@ahs.ca](file:///C%3A%5CUsers%5Caores%5CDocuments%5CDocuments%5CACB%5CReport%20of%20Invention%202021%5Ccopyright%40ahs.ca).

* 1. **Patents**: Patents may apply to newly developed technology as well as to improvements on existing products or processes. Patents provide a time-limited, legally protected, exclusive right to an invention. In this way, patents serve as a reward for ingenuity.

Patents are managed by the Innovation and Business Intelligence team in HEI. If you have questions regarding patents, please contact [innovation@ahs.ca](file:///C%3A%5CUsers%5Caores%5CDocuments%5CDocuments%5CACB%5CReport%20of%20Invention%202021%5Cinnovation%40ahs.ca).

* 1. **Trademarks & Official Marks**: A trademark is a word, symbol, or design *(or a combination of these features)*, used to distinguish the goods or services of one person or organization from those of others in the marketplace. An official mark is an authorized mark used by universities, governments and public authorities in Canada for goods and services. A mark must be in use to qualify as an official mark.

 Please refer to the following [FAQ](https://insite.albertahealthservices.ca/main/assets/tms/lp/tms-lp-comm-faqs-trademarks-official-marks.pdf) for additional information. If you have any questions related to trademarks and official marks, please contact [innovation@ahs.ca](file:///C%3A%5CUsers%5Caores%5CDocuments%5CDocuments%5CACB%5CReport%20of%20Invention%202021%5Cinnovation%40ahs.ca) and we will direct your query to the appropriate Legal contact in Commercial Law at AHS.

1. Under AHS IP Policy, an IP creator shall report IP that is capable of being protected and of potential commercial value by completing an AHS IP Disclosure Form. Under AHS IP Policy, an “**IP creator**” means the originator of IP who is an AHS employee, an individual working in association with an AHS employee, an individual using AHS resources, or a partnership of one or more individuals or organizations.
2. The IP Disclosure Form collects information used to administer the AHS IP Policy and Procedures. Please refer to [AHS IP Policy and Procedures](https://www.albertahealthservices.ca/about/page210.aspx) for more information. If you have any questions, please contact innovation@ahs.ca.
3. To best protect the IP, IP creators are required to contact innovation@ahs.ca before making any public disclosure *(e.g., lecture, presentation, publication etc.)* because that could affect the patentability of the IP. If you have already publicly disclosed and intend to commercialize, you will still need to complete this form and send it to innovation@ahs.ca.

|  |
| --- |
| **Title of IP Disclosure / Invention**  |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Principal IP Creator (main point of contact)** |  |
| Full Name: | Title: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Email: | Phone (office): |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Faculty/Employer: | Specify any joint appointments: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Department: | Department Address: |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| **IP Creator (2)** |  |
| Full Name: | Title: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Email: | Phone (office): |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Faculty/Employer: | Specify any joint appointments: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Department: | Department Address: |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| **IP Creator (3)** |  |
| Full Name: | Title: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Email: | Phone (office): |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Faculty/Employer: | Specify any joint appointments: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Department: | Department Address: |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| --- | --- |
| **IP Creator (4)** |  |
| Full Name: | Title: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Email: | Phone (office): |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Faculty/Employer: | Specify any joint appointments: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Department: | Department Address: |
| Click or tap here to enter text. | Click or tap here to enter text. |

Please add all IP creators, including those at other institutions or organizations.
If required, please add another page.

1. **Third Party Rights**

Was the IP made as a result of work or research wholly financed by Alberta Health Services?

[ ]  Yes [ ]  No

|  |
| --- |
| If the IP was financed in part by an organization other than the Alberta Health Services, please complete the following: |
| Title of Grant, Contract or Award: |
| Click or tap here to enter text. |
| Sponsoring Organization: | Date of Award: | Amount of Award: |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Were any IP rights granted to the Sponsor through the funding agreement above?

[ ]  Yes [ ]  No [ ]  Unsure

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| If yes, please list: |
| Click or tap here to enter text. |

Are there any other third party agreements related to the IP *(material transfer agreement, non-disclosure agreement, license agreement, etc.)*?

[ ]  Yes [ ]  No [ ]  Unsure

|  |
| --- |
| If yes, please list: |
| Click or tap here to enter text. |

If the IP consists of a copyright work, is all the content original to the IP creators?

[ ]  Yes [ ]  No

|  |
| --- |
| If no, please identify all elements (music, graphic, image, sound, text, etc.) that are not original to the IP creators. |
| Click or tap here to enter text. |

1. **IP Ownership and Commercialization Route**

Unless otherwise indicated in the AHS IP Policy, AHS is the initial owner of any IP developed using AHS resources. AHS may review requests to transfer the IP to the IP creator(s). My request is to pursue commercialization:

[ ]  Through Alberta Health Services

[ ]  As an individual, independent of AHS, if approved by AHS

In cases when there is an IP creator from another institution or organization, AHS may enter into affiliation agreements or other joint IP sharing agreements to establish ownership, a lead for commercialization, and revenue sharing.

1. **Publications**

Have you published or publicly disclosed the IP, in whole or in part, in writing, by speech, talk, lecture, seminar or by any other means?

[ ]  Yes [ ]  No

|  |
| --- |
| If yes, please give details as to the degree of your disclosure and when, where, and to whom the disclosure was made: |
| 1. Click or tap here to enter text. |
| 2. Click or tap here to enter text. |
| 3. Click or tap here to enter text. |

Do you intend to publish or publicly disclose the IP in the near future, in whole or in part, in writing, by speech, talk, lecture, seminar or by any other means?

[ ]  Yes [ ]  No

|  |
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| If yes, please give details as to what you intend to disclose and when, where, and to whom the disclosure will be made: |
| 1 .Click or tap here to enter text. |
| 2 .Click or tap here to enter text. |
| 3. Click or tap here to enter text. |

1. **Description of the IP**

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| Describe the IP. Please refer to and attach appropriate drawings/sketches, photographs, graphs or any other supporting documentation that helps to describe and explain the IP. |
| Click or tap here to enter text. |

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| What problem does your IP solve or what needs does it satisfy? |
| Click or tap here to enter text. |
| How have these needs/problems been addressed until now? |
| Click or tap here to enter text. |
| What are the limitations or drawbacks of devices, products or processes currently being used to address the need/problem? |
| Click or tap here to enter text. |
| How does your IP overcome these limitations? How is your IP unique or novel? What makes your IP different or better than current devices, products or processes? |
| Click or tap here to enter text. |
| What key words describe your IP? Use all key words related to the field of use, indication, application, device classification, methods, etc.  |
| Click or tap here to enter text. |

Does your IP consist of software? “**Software**” means programs, algorithms, routines and other operating information used by a computer, tablet, smart phone or other electronic device to run a task, and includes, but is not limited to, application software (Apps), system software, and programming software.

[ ]  Yes [ ]  No

1. **Development Stage**

|  |
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| Have you tested your IP or produced any prototypes? Please give details.  |
| Click or tap here to enter text. |
| Is additional testing needed or underway to complete development of the IP? Are you planning any improvements, alterations, variations or modifications to your IP? Please describe. |
| Click or tap here to enter text. |
| What kind of products do you foresee being developed from this IP? How much more time or data would be needed to develop these products? |
| Click or tap here to enter text. |

1. **Marketing**

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| Have you received any interest in your IP? Who would be interested in developing, using, buying, or selling products developed from the IP *(end-users, purchasers, etc.)*? |
| Click or tap here to enter text. |

Have you contacted anyone with respect to licensing or marketing your IP?

[ ]  Yes [ ]  No

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| If yes, please give details: |
| Click or tap here to enter text. |

1. **Prior Art**

|  |
| --- |
| List relevant publications, similar IP or inventions, existing patents/copyright, or key competing research groups you are aware of. |
| Click or tap here to enter text. |

1. **Relative Contributions and Agreement** *(must be completed by all IP creators)*

|  |
| --- |
| In the section below, please list the relative contribution (must total 100%) of each IP creator to the IP. Net revenue from commercialization apportioned to the IP creators shall be distributed according to this relative contribution, pending any further development.By signing below, the IP creators acknowledge that:a. The collection of personal information on this form is legally authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act (Alberta). The information will only be used and disclosed as necessary for administration of the AHS IP Policy. If you have questions or concerns about this collection of your personal information as provided on this form, you can contact innovation@ahs.ca;b. This completed form may be shared under applicable affiliation or other intellectual property agreements and strict non-disclosure provisions with universities, other educational, and/or research institutions where the IP creator(s) holds a joint appointment; andc. If patentable or able to be commercialized, Alberta Health Services is authorized to disclose to third parties details of this IP for the purpose of securing patent protection or royalties from commercial exploitation.  |
| Name | Signature | Contribution (%) | Date |
| Click or tap here to enter text. |  | Click or tap here to enter text. | Click or tap here to enter text. |
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1. **Notice of IP Disclosure and Acknowledgement by Supervisor**

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| --- |
| Confirmation from the IP creator’s supervisor, Department Head, Dean, or other reporting officers that he/she has reviewed this IP Disclosure Form and acknowledges that the information contained herein is confidential.  |
| Name | Title | Signature | Date |
| Click or tap here to enter text. | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |  | Click or tap here to enter text. |

Acknowledged by:

**Senior Alberta Health Services Administrator**

|  |  |
| --- | --- |
| Name  | Title |
| Signature | Date |

**Alberta Health Services, on behalf of VP, Provincial Excellence**

|  |  |
| --- | --- |
| Name  | Title |
| Signature | Date |