



Western
University
OF HEALTH SCIENCES

Invention Disclosure

OFFICE OF RESEARCH AND BIOTECHNOLOGY

SUBMISSION FORM
rev. 05/2025

Disclosure

***NOTE:** all new disclosures are currently assessed by TreMonti Consulting LLC (www.tremonticonsulting.com)

-> Upon assessment completion, the Senior Vice President of Research & Biotechnology submits results to the Western University I.P. Committee

-> Signed NDAs are on file with all of the above parties to protect and ensure confidentiality of ALL disclosure material.

Please *note that all of the following information will be kept strictly confidential.

All raw data and records related to this submission are subject to auditing for compliance purposes.

Any questions regarding this form can be sent in writing to the Senior Vice President of Research and Biotechnology.

Please submit the completed form with all required documents to:

Senior Vice President for Research and Biotechnology
Western University of Health Sciences
309 E. Second St. Pomona, CA 91766



Introduction

Title of Innovation:
What is the date of the invention submitted to the Office of Research and Biotechnology?
Lead Innovator Name: Phone: Email: % Contribution:
Other Contributors (WU and NOT) - [Names, Phone, Email, % Contribution <i>for each</i> :
Date of Conception: Date of First Reduction to Practice:
Were any materials belonging to others acquired via MTA or otherwise used to create this innovation. Please list funding sources used to create this innovaion (include grantnumber and funding source, if applicable)
Has this been published, presented, or planned for publication?
What aspects of this innovation would be most interesting to your scientific peers? Please include any benefits to society here, including scientific and academic benefits
Please list the narrow subset of physical steps that distinguishes a method to make or use this innovation different? No need to compare here; a bullet point list is preferred.
How does this innovation disrupt, improve, or revolutionize its industry/ the standard of care or work it addresses?

Commercial Viability

Do you have commercial interest in this invention? If so, at what phase of development of the invention do you intend to transfer the technology for commercialization? If not, what companies/ entities would have a commercial interest in this IP"

What product or service would the innovation compete with in the marketplace?

What patents or patent applications are related to this innovation?

Future Development

Future development and funding plan?

If yes, describe the future disclosure(s).

Applicant Declaration

Please review your application and ensure all information is correct, and proceed to review the Application Declaration on the next page.

Please review the below declarations, initial, sign and date.

_____ I hereby declare that I have read and signed the Western University of Health Sciences Intellectual Property and Copyright Works Policy.

_____ I hereby declare all information provided in this Invention Disclosure Form is correct.

_____ I hereby declare all names and contact information of all contributors to this invention are disclosed in this form and the listed contributors are in agreement to submit application for Invention Patent.

_____ I hereby declare that I have all related raw data and documents to support the invention and will be readily available for auditing.

_____ I hereby declare that any new information related to this invention will be submitted in an efficient manner to the Office of Research and Biotechnology at Western University of Health Sciences.

_____ I hereby declare that I will abide by the rules and regulations relating to intellectual property at Western University of Health Sciences.

Applicant Signature (Sign)

Witness Signature (Sign)

Applicant Full Name (Print)

Witness Full Name (Print)

Date

Date

Title and College/Department

Title and College/Department