Innovation Disclosure Form

## About this form

This form is to be completed by employees of Queensland Health who create intellectual property, particularly innovations and results of research, in the course of their employment with Queensland Health.

The information you provide in this form will assist Queensland Health in the evaluation and prioritisation of the appropriate actions necessary to protect, use, manage and potentially commercialise Queensland Health’s interests in the intellectual property/innovation. Queensland Health may disclose the information provided in this form to its legal and other advisers. Please see [***Innovation Disclosure Form – Supporting Information****,*](https://www.health.qld.gov.au/__data/assets/word_doc/0029/1258661/innovation-disclosure-form-supporting-information.docx)which provides general information regarding intellectual property protection and commercialisation, and context in relation to the information sought via this form.

**Hospital and Health Service staff members should contact internal HHS legal, commercialisation or research Office (as applicable) for local procedures regarding invention disclosure.**

## How to use this form

This form consists of **Part A**, which requests a brief outline of the innovation, and **Part B** which requests more detailed information relevant to the ownership, protection and commercial potential of the innovation.

You may complete both parts prior to submitting the form. **Alternatively**, if you prefer, you may complete Part A only, and a staff member will contact you to arrange a meeting to assist you to complete Part B.

To submit this form, and for further assistance, please contact the Document Custodian, whose details are below.

## Keep this information quiet!

If you disclose the innovation or research results, the opportunity to patent it or apply for design registration may be lost.

The contents of this form (once details are inserted) should not be disclosed to anyone other than Queensland Health staff closely associated with the project such as the co-inventing collaborators, legal advisers or intellectual property/commercialisation advisors. You should discuss it with others only on a strictly confidential basis, preferably following execution of a confidentiality agreement and/or filing a patent application. Keep this document in a safe place and don’t save it in an accessible location on the Queensland Health network.

## Part A

## Primary contact details (person completing this form)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Position** |  |
| **Work Unit and Organisation** |  | **Telephone** |  |
| **Email** |  | **Date** |  |

## Brief Description of Innovation

### Innovation title

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### Short description in lay terms

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### Problem solved by Innovation

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## Confidentiality

### Is a publication or oral disclosure descriptive of the innovation planned within the next three months? If yes, give date (estimate, if unknown) (Nb. see above section “Keep This Information Quiet”)

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## Part B

## Details of Innovation

### Have you completed a patent or literature search for similar or related technologies? Please include those results, if available.

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### What is the closest existing or known technology?

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### What advantages, if any, does this technology provide, over other technologies currently available on the market?

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### Does the innovation include any background intellectual property owned by others? Or is intellectual property owned by others required to use the innovation?

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### What do you see are the possible applications and markets for the innovation?

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### Do you have the funds, time, staff and other resources to undertake additional research which may be required for a patent application (for example to obtain additional experimental data)?

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### Please list individuals (including those not at Queensland Health) with technical or economic knowledge in the field of the innovation who could be asked (under confidentiality) to review, assess, or evaluate the technical and commercial potential of this innovation.

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### Was the effort that led to this innovation undertaken as part of a funded research project? If yes, please provide details.

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### Are you aware of any contracts that might relate to aspects of the innovation (e.g., Collaborative Research Agreement, Materials Transfer Agreement etc)?

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## Disclosure

### Has the innovation been described in a publication, abstract, public presentation, conference, poster, etc? If so, please provide details, including dates.

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### Has the innovation been discussed, or any written material given to any colleagues or collaborators outside Queensland Health? If yes, please give details.

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## Contributors to the Innovation

(To be subject to a formal inventor determination)

The person completing this form should include their own details here if they are a contributor to the innovation. Please copy and paste extra tables as required for more contributors.

### Contributor 1

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation |  |
| Contact details |  |
| Description of contribution, including dates |  |

### Contributor 2

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation |  |
| Contact details |  |
| Description of contribution, including dates |  |

## Document Custodian

For assistance and to submit this form, please contact:

Principal Project Officer (Intellectual Property)

Office of Research and Innovation

Phone: (07) 3708 5069

Email: IP\_Officer@health.qld.gov.au

Website: [Research information for researchers | Queensland Health](https://www.health.qld.gov.au/research-reports/research/researchers)



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