

## Invention and Innovation Report (IR)

**WHO SHOULD USE THIS FORM?** Employees, faculty, students and support staff of Northern College Applied Arts and Technology who have identified that their work may have commercial or external value, whether or not additional research or development may be required to realize that value. Please attach additional pages if the space provided is insufficient. Form fields will expand as filled.

IR No. \_\_\_\_\_

AREI Manager: \_\_\_\_\_

*(To be completed by AREI)*

Inventors/innovators may be required to assign their interest in any invention to Northern College in accordance with College policies.

This form should be submitted to Applied Research Entrepreneurship Innovation (AREI), to the attention of the Manager.

1. **Proposed Title of Invention or Innovation:**

2. **Northern College Applied Arts and Technology Reporting Innovator (the person completing this form)**

**Note:** The "Reporting Innovator" will be primary contact for AREI during initial evaluation of the invention or innovation.

3. **Collaborators:** In the table below, please list the names of those individuals as appropriate, including the Reporting Innovator, (e.g. faculty, clinicians, students, post-doctoral fellows, technicians, etc.), who did or may have provided creative input to the research that resulted in this invention or innovation in accordance with the following table (If necessary, use additional sheets).

If students are named in either A or B below, provide also the status of the student at the time of the invention and the person's current status.

E.g. "Jane Smith (Second year student at time of invention)"

<b>A.</b> Provide the names of all individuals who, to your knowledge, conceived the invention or innovation or conceived solutions to problems that had to be solved to permit the invention or innovation to be made or demonstrated for the first time.	<b>B.</b> Provide the names of all individuals who assisted in the first making or demonstration of the invention or innovation.

**Note:** (a) An individual may be named in either or both of these lists (A. and B.).  
 (b) This information will be used to assist AREI to determine inventorship in accordance with applicable laws.

4. **Contact Information:** Provide contact information for each individual named in section 3. Research Excellence and Innovation requires workplace addresses for related communications and internal accounting purposes. To meet filing requirements of Canadian and international patent offices, AREI also requires complete residential addresses and citizenship information for use in potential patent filings.

**Note:** *It is the responsibility of each signatory to inform AREI of any address change as long as this file is active.*

Last name:	First name:	Middle:
Employer: <input type="checkbox"/> Northern College or <input type="checkbox"/> Other (employer name):		
College campus/Department:		
Position/Title:		
Postal Address (work):		
Residential Address:		
Telephone No. (work):		
Telephone No. (Home):		
Email Address:		
Citizenship:		

Last name:	First name:	Middle:
Employer: <input type="checkbox"/> Northern College or <input type="checkbox"/> Other (employer name):		
College campus/Department:		
Position/Title:		
Postal Address (work):		
Residential Address:		
Telephone No. (work):		
Telephone No. (Home):		
Email Address:		
Citizenship:		

Last name:	First name:	Middle:
Employer: <input type="checkbox"/> Northern College or <input type="checkbox"/> Other (employer name):		
College campus/Department:		
Position/Title:		
Postal Address (work):		
Residential Address:		
Telephone No. (work):		
Telephone No. (Home):		
Email Address:		

Citizenship:	
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Last name:	First name:	Middle:
Employer: <input type="checkbox"/> Northern College or <input type="checkbox"/> Other (employer name):		
College campus/Department:		
Position/Title:		
Postal Address (work):		
Residential Address:		
Telephone No. (work):		
Telephone No. (Home):		
Email Address:		
Citizenship:		

*\* Attach a separate sheet of contact information if there are more than four people named in Section 3.*

**5. Location of Research**

Was the research that resulted in this invention or innovation done exclusively at Northern College?  Yes  No  
 If you answered "No", please explain.

**7. Grants, research agreements and donations used to finance this work giving rise to the invention or innovation (if any):**

Sponsor 1		Award/Contract No.	
Start Date		End Date	
Sponsor 2		Award/Contract No.	
Start Date		End Date	
Sponsor 3		Award/Contract No.	
Start Date		End Date	

**If any of these funding sources have restrictions on use of intellectual property, provide details on an attached sheet.**

**8. Third-Party Intellectual Property:**

Did the work involve the use of any intellectual property (e.g. software, a chemical or biological material, a proprietary device, confidential information, etc.) belonging to another institution/company?  Yes  No

If "Yes", please provide details below.

**9. Publication/Disclosure**

**Publication** means making available to the public (e.g., printed article, public display of a poster or verbal presentation).

**Disclosure** in this context means non-public distribution/disclosure to a person or group other than the public at large.

(a) Have you published a description of the invention or innovation?  Yes  No

If "Yes", please provide the date and venue/circumstances of the publication(s).

(b) Are you planning to publish a description of the invention or innovation?  Yes  No

If "Yes", please provide the date (or approximate date) and the venue/circumstances of the planned publication(s).

If you have a manuscript prepared, please append it to this form.

(c) Have you disclosed the invention or innovation to a third party?  Yes  No

If "Yes", please provide the date and circumstances of the disclosure and identity of the third party disclosure.

(d) Are you planning to disclose the invention or innovation to a third party?  Yes  No

If "Yes", please provide the date and circumstances of the planned disclosure and identity of the intended third party disclosure.

**10. Short Description – Need, Approach, Benefits, Competition:**

What need does your invention/innovation meet?

What approach does your invention/innovation take to meeting the need?

What benefit does your invention/innovation have with respect to the need?

What competition for or alternatives to your invention/innovation are you aware of?

**11. Detailed Confidential Description of Invention or Innovation Required**

Please provide additional materials as described in Appendix I.

**12. Literature/Patent Searches**

Has a review of the literature been conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was the result? (Please attach the most pertinent articles and describe database(s) and search strategy employed.)	
Has a recent patent search been performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
With what result? (Please attach pertinent documents and describe database(s) and search strategy employed.)	

**13. Future Research Plans:**

Are you still working in the field of the invention or innovation?  Yes  No

If "No", would you consider resuming work in the field of the invention or innovation?  Yes  No

**Signature(s) of Northern College Potential Inventor(s):**

Information about an invention or innovation contained in this Invention Report (IR), including that found in Appendix I, will be treated confidentially, with a view to maximizing its commercial or value potential.

Personal information will be treated in accordance with Northern College privacy of information policies, subject to the following caveats:

- (a) In the event that we apply for statutory protection of any subject matter disclosed herein, the name, home address, and citizenship of each inventor may be disclosed to patent offices in Canada and elsewhere and to other pertinent registry offices to the extent required by such offices and for such purposes;
- (b) The Department Applied Research Entrepreneurship Innovation will disclose this form as filed, in confidence, to all collaborators identified above who have not yet reviewed this document as evidenced by their signatures below.

Name	Signature	Date

**Acknowledgement of Receipt by Northern College**

<i>To be completed by AREI</i>	
<b>Manager – Applied Research Entrepreneurship Innovation</b>	<b>Date</b>
<b>AREI representative responsible for this file</b>	<b>Business Phone</b>

## APPENDIX I

## Detailed Description of Invention or Innovation

Enter the information below and/or attach separate pages and documents.

**A. Background of the invention or innovation:** If more than one institution has been involved, specify the role of each.

**B. Technical description:** Include/attach publications, manuscripts, drawings, sketches, photographs, programs and/or other pertinent materials.

**C. Potential Manufacturing/Marketing partners:** List market sectors, industries and/or companies that might be interested, or with whom you've already had contact.