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1. INVENTION TITLE

UCLA INVENTION REPORT

This is an interactive Word form that may be filled out in Word or by printing and writing. For instructions on where to send the completed invention report, please see Section 11, and for questions please contact the UCLA Office of Intellectual Property (OIP) at (310) 794-0558 or visit oip.ucla.edu/inventionguide

Give a short descriptive title that does not contain details that would enable others to reproduce the invention.

2. INVENTION TIMELINE					
EVENT			DATE		TYPE OF WRITTEN RECORD (e.g., notebook, letter, email and identify the page and location of this written record)
Initial conception of the idea					
First description of complete invention (oral or written)					
First successful demonstration (first actual reduction to practice)					
3. PUBLIC DISCLOSURES		practice)			
3. PUBLIC DISCLOSURES Please note if and when any of t	the follo	owing hav	f the first pub	lic disclosu	d States patent rights are generally lost if a re of an invention. Patent rights in most other invention.
3. PUBLIC DISCLOSURES Please note if and when any of t patent application is not filed within	the follo	owing hav	f the first pub	olic disclosure of an PLEASE	re of an invention. Patent rights in most other invention. INDICATE JOURNAL, CONFERENCE NAME, OR AS APPLICABLE & ATTACH THE DISCLOSED
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4. SPONSORS

Please identify the sources of support used in making the invention as funding often carries IP obligations to the sponsor,

SPONSOR(S)	CONTRACT/GRANT NUMBER	PRINCIPAL INVESTIGATOR					
5. MATERIALS & RESOURCES							
Please note any of the following that were used in making your invention.							
Material Transfer Agreement (MTA) (e.g. for cell lines, antibodies, plasmids, computer software, chemicals, etc.) Specify provider and material: Celera's proprietary database Affymetrix chips CNSI funding or facilities TANMS (Translational Applications of Nanoscale Multiferroic Systems) Center Funding Other proprietary sources:							
Estimate the amount of time and money spent to date developing the invention:							
6. INVENTION SUMMARY							
A. Overview: Provide a high level overview of your invention and its purpose or utility, along with examples of the types of commercial applications and products your invention may lead to.							
B. State of the Art: Describe the existing s applications that you believe to be pertin	tate of the art in the area of your invention (incluent ent in this area).	ding any existing publications or patent					
C. Novelty and Advantages: Describe wh	at is unique, novel, and better about your inventi	on as compared to existing art.					

	ding this description (this level of detail is important to file a patent). Drawings, schematics an
figures can be included as at	achments to the invention report.
E. Best Mode: What is the best	way of practicing the invention (i.e. how would it best be implemented in practice)?
	escribe the stage of development of the invention (e.g., conceptual, tested in experiments of
computer simulations, working	g prototype, etc.).
DOTENTIAL COMMEDCIAL	D.4.D.T.V.E.D.O.
POTENTIAL COMMERCIAL Please list any known companie	PARTNERS s, investors, or entrepreneurs that may be interested in commercializing your invention.
Name	Contact information (email & phone number, if available)
Nume	Contact information (chian & phone number, in available)
ELITIDE DI ANO	
FUTURE PLANS What additional plans do you ha	re to further develop the invention? Do you have existing funding for the planned research?
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is someone who contributed to the intellereduce the invention to practice using skill	ntion title: norship on a paper and if incorrectly listed can ectual conception of an invention to the point is commonly available in the field. UCLA's part as an inventor (please let OIP know if you thin	where it would work and didn't just help atent counsel can conduct an inventorship			
Name: Signature:	Affiliation: ☐UC Faculty ☐ UC Staff ☐UC Grad Student ☐ UC Undergrad ☐UC Post Doc ☐Other Academic Institution or Company (please list) ☐VA ☐HHMI ☐Other				
	□Faculty Advisor (non-inventor)				
Date:	Work Address:				
Department:	Mail Code:				
Email:	Work Phone:	Work Fax:			
Home Address (required for patenting):		Citizenship (required for patenting):			
Name: Affiliation:					
Signature:	- I				
Date:	Work Address:				
Department:	Mail Code:				
Email:	Work Phone:	Work Fax:			
Home Address (required for patenting):	•	Citizenship (required for patenting):			
10. WITNESSES Please have two witnesses (preferably UC Signature	people) who the invention has been disclosed Signature	to sign below.			
olg.la.a.e	Oigilatai 0				
Print Name	Print Name				
11. SUBMITTING THE INVENTION REPO					
(i) Mail or hand deliver one signed co UCLA Office of Intellectual Pi Campus Mail Code: 140607	roperty OR UCLA Office 11000 Kinr	ee of Intellectual Property oss Avenue, Suite 200 es, CA 90095-1406			

(ii) Email a Word version along with any attachments to: <u>UCLAPatents@research.ucla.edu</u>

When completed and signed, this Invention Report becomes a legal document which may be relied upon during patent prosecution. A detailed description of this invention should not be divulged to sponsors or others without first consulting OIP. Sponsors whom the University may owe rights in patents will be notified of this invention in confidence by the University.

Please rewrite the invention title: Inventorship is a legal definition unlike authorship on a paper and if incorrectly listed can invalidate a patent. In general an inventor is someone who contributed to the intellectual conception of an invention to the point where it would work and didn't just help reduce the invention to practice using skills commonly available in the field. UCLA's patent counsel can conduct an inventorship analysis to determine if someone qualifies as an inventor (please let OIP know if you think this would be helpful). Name: Affiliation: ☐UC Faculty ☐ UC Staff ☐UC Grad Student ☐ UC Undergrad ☐UC Post Doc Signature: ☐ Other Academic Institution or Company (please list □VA □HHMI □Other ☐ Faculty Advisor (non-inventor) Date: Work Address: Mail Code: Department: Work Phone: Work Fax: Email: Citizenship (required for patenting): Home Address (required for patenting): Name: Affiliation: ☐UC Faculty ☐ UC Staff ☐UC Grad Student ☐ UC Undergrad ☐UC Post Doc Signature: Other Academic Institution or Company (please list □VA □HHMI □Other □ ☐ Faculty Advisor (non-inventor) Work Address: Date: Mail Code: Department: Work Fax: Email: Work Phone: Home Address (required for patenting): Citizenship (required for patenting): Affiliation: Name: □UC Faculty □ UC Staff □UC Grad Student □ UC Undergrad □UC Post Doc Other Academic Institution or Company (please list Signature: □VA □HHMI □Other _ ☐ Faculty Advisor (non-inventor) Date: Work Address: Mail Code: Department: Work Phone: Work Fax: Email: Home Address (required for patenting): Citizenship (required for patenting):

ADDITIONAL INVENTORS (Use as needed for additional inventor signature blocks. For instructions on how to

submit this see section 11 of the main invention report.)