



**OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT (ORID)
TECHNOLOGY DEVELOPMENT AND TRANSFER CENTRE (TTIPS)**

INVENTION DISCLOSURE FORM

For questions or clarifications concerning this form, please contact us on 0302 213850 (Ext. 2717) or 0302 940530; or via email to orid-ipatt@ug.edu.gh

1. **Title of Invention** (The title should be easy to understand and should not contain confidential information):

2. I / We first conceived of the idea for my (our) invention on/...../20....

3. INVENTOR INFORMATION (I)			
<i>Please provide your FULL name as it appears on your identification document as per your UG records.</i>			
Last Name	Middle	First	Title
Department		School/Institute/Centre	
College			
Telephone/ Mobile	Fax	Email	
Signature		Date	

INVENTOR INFORMATION (II) [Where applicable, information on additional inventors can be provided on a separate sheet]			
Last Name	Middle	First	Title
Department		School/Institute/Centre	
College			
Telephone/ Mobile	Fax	Email	
Signature		Date	

3. Problem at hand

Identify the technical problem at hand and attempts made in the past to solve this problem. Please support this with a summary of the relevant prior art search reports as an attachment.

4. The Invention

a. Provide a brief description of your invention. Also attach a simple well labeled diagram of the invention.

b. How does your invention address or solve the technical problem identified in point 3. above?

c. **Novelty:** What are the differences when compared to existing art / what makes your invention new?

- d. **Advantages of the Invention:** In what way(s) is your invention an improvement of and/or offers a unique advantage/ benefit over existing state of the art.

- e. **Usefulness:** What is the purpose of your invention? Indicate also the ways in which the invention can be used.

- f. Explain the subject matter/claim(s) of your invention. Your claim(s) should point out the specific aspect of the invention for which protection is being sought.

- g. Provide a summary of your invention in the form of an abstract.

5. Technology Development

a. Indicate the current stage of development of your invention.

i. An idea ii. Proven concept iii. Prototype

b. What needs to be done to develop the technology further? What resources are available for further development of the technology?

6. Business Development

a. Describe the means by which your invention could be offered as a commercial product or service.

b. Identify the potential consumer base/target market(s) for the invention.

c. Indicate the socio – economic and commercial benefits of the invention.

- d. Which commercial entities, potential partners or licensees would be interested in your invention? Please identify companies on the basis of product development, production, marketing, distribution, etc.

No.	Name of Commercial Entity	Nature of Business	Name of Contact Person	Contact Details of Person (Email & Mobile Number)
1.				
2.				
3.				

e. Support from the University

Was the invention made through a University Commissioned Work? Yes [] No [].

Please indicate any other support provided by the University of Ghana, e.g., financial support in the form of grants, significant use of the University's resources, etc. Also indicate the grant or contract number.

No.	Nature of Support Received from University of Ghana	Title of Project	Grant / Contact Number
1.			
2.			
3.			

f. Obligations to Third Parties

- a. Did any party (private sector company, government, etc.) provide funding/ sponsorship for the development of the invention? Yes [] No [].

If yes, kindly attach relevant documentation on the sponsorship, grants, contracts, etc.

- b. Kindly indicate any other third-party obligations, e.g. research collaboration, consulting, Material Transfer Agreement (MTA), etc.

No.	Name of Third Party	Nature of work (e.g. consulting, MTA)
1.		
2.		
3.		

c. Identify any relevant software, materials and equipment sourced from an external party.

g. A prior disclosure

Have you ever disclosed or intend to disclose your invention? If yes, please indicate nature of disclosure (abstracts, journal articles, conference papers, electronic media, grant/funding proposals, thesis etc.) and dates of intended/ first disclosure. Where the invention has been disclosed to third parties, please provide the names of the parties and the respective date(s) of disclosure.

No.	Nature of disclosure	Name of third party	Date of intended disclosure	Date of disclosure	Comments
1.					
2.					
3.					
4.					

h. Important Information

By submitting this form, you agree to support the Technology Development and Transfer Centre of the Office of Research, Innovation and Development to facilitate the protection and/or commercialisation of the invention. This support may include providing technical input for the drafting of patent applications, engaging potential investors and licensees about the invention, complying with timelines, etc. Please take note a failure to respond to official requests and/or deadlines may result in the abandonment of the IP protection process and/or the termination of any potential commercialisation activity.

i. Declaration by Inventor/ Principal Inventor (in the case of multiple inventors)

I, _____, hereby declare that all the information provided on this form is correct.

Signature: _____

Date: _____

Please provide multiple copies of this page where there is more than one inventor and the inventors are in different Colleges/ Institutes/ Schools/ Centres.

INSTITUTIONAL APPROVALS

1. Head of Department:

Name of Department:

Signature:

Official Stamp and Date:

2. Dean/ Director:

Name of School/ Institute/ Centre

Signature:

Official Stamp and Date:

3. Provost:

Name of College:

Signature:

Official Stamp and Date:

CHECKLIST - FOR TTIPS USE ONLY

This disclosure contains the following

- | | | | | | |
|----------------|----------------------------------|---------------------------------|-----------------------------|----------------------------------|---------------------------------|
| a. Description | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] | d. Drawings | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| b. Abstract | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] | e. Agreements/ Contracts | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| c. Claim(s) | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] | f. Prior Art Search Reports | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |

Name of Receiving Officer: _____

Signature of Receiving Officer: _____

Disclosure Number:

Official Stamp and Date

Kindly email the completed Invention Disclosure Form and supporting documents to orid-ipatt@ug.edu.gh