

Technology ID #
Agreement ID #
Date Received:

*For Administrative Use Only*

# CONFIDENTIAL

## Intellectual Property (IP) Disclosure and Assignment form

This form must be signed by all IP creators including  
Vancouver Coastal Health (VCH) to initiate review

Please deliver to:  
Attention: Director, Clinical Trials Administration  
Vancouver Coastal Health Research Institute  
#3665-910 West 10th Avenue  
Vancouver, BC V5Z 1M9  
stephania.manusha@vch.ca

## Section 1: INTELLECTUAL PROPERTY DESCRIPTION

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### 1A. Non-Confidential IP Title

### 1B. Non-Confidential IP Description

Is this IP a new process, a new composition of matter, a new device? Is the IP a new use for, or an improvement to, an existing product or process? (30 words maximum)

### 1C. Detailed IP Description

Highlight and expand in as much detail as possible on each novel and unusual feature of the IP. Include background descriptive material from papers or grant applications as appropriate and indicate stage of development. Attach additional sheets if required.

### 1D. Research Funding

Please provide the names of all funding agencies or granting agencies, national centres of excellence or companies that funded the IP, and the year(s) of funding.

## Section 2: INFORMATION TECHNOLOGIES

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**2A.** Is there any expression of this IP through software?

Yes

No **If No, please go to Section 3**

**2B.** Did the creator(s) write every line of source code?

Yes

No If No, please list software from third parties below

**2C.** What is the current state of program development?

**2D.** In what programming language has the software been developed?

## Section 3: SPECIFIC INTELLECTUAL PROPERTY

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### Public Disclosure

**3A.** Has there been any public disclosure (manuscript, abstract, poster, presentation, website etc.) of the IP in print, electronic, verbal or any other form?

Yes       No

If Yes, please state date of disclosure

**3B.** Is there a planned or pending public disclosure (manuscript, abstract, poster, presentation, website etc.) of the IP in print, electronic, verbal or any other form?

Yes       No

If Yes, please state expected date of disclosure

**3C.** Has information describing the IP been provided to a person, company or institution outside VCH without a confidentiality agreement?

Yes       No

If Yes, please state date of disclosure

**3D.** *If you answered yes to any of the above*, please describe in detail what was or will be disclosed. List and attach copies of any publications (theses, reports, preprints, reprints, presentations, paper or Internet abstracts) pertaining to the IP, including publication dates. Please include manuscripts in preparation, news releases, feature articles and internal reports. Attach additional sheets if necessary.

## Section 3: SPECIFIC INTELLECTUAL PROPERTY - continued

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### Related Publications or Patents

**3E.** Please list any related publications or patents that are known to you.

**3F.** Please list any other investigators in the world you know to be conducting research related to this IP.

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### VCH Facilities, Resources and Funding

**3G.** Please describe all VCH facilities, resources, and/or funding used to create the IP.

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### Third Party Rights

**3H.** Please list any non-VCH individuals (including their affiliation), companies, institutions or agencies that may have rights to the IP. (Provide details of any facilities, resources, and/or funding from any parties that were used to create the IP).

**3I.** Does the IP incorporate any material or software obtained from individuals, companies or institutions outside of VCH?  Yes  No **If No, please go to 3J**

If Yes,

**3I i.** Please list material, date received and supplier.

**3I ii.** Is there a Material Transfer Agreement or Data Transfer Agreement in place?  Yes  No

**3J.** Are any Non-disclosure Agreements relevant to this IP in place?  Yes  No  
If Yes, please list these agreements

## Section 4: COMMERCIALIZATION

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**4A.** Do the creators request VCH to consider transferring the IP to the IP creator(s)?

Yes       No

**4B.** Please indicate the reasons why the request to transfer the IP to the IP creator(s) should be considered by VCH.

**4C.** Please indicate the commercial potential for the IP, including possible uses and markets for the IP, who would use it and why, and what the current solutions are. In addition to immediate applications, are there any other uses that might be realized in the future?

**4D.** Does the IP possess disadvantages or limitations? Can they be overcome? How?

**4E.** Is there any commercial interest in the IP that you're aware of? If so, please name companies and contacts, if contact information is available.

## Section 5: CREATOR INFORMATION

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### CREATOR 1 (LEAD CONTACT)

First Name	Last Name	Middle Initial
Work Address	Home Address	
Work Phone	Citizenship	
Work Email		
VCH Position: <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Postdoc <input type="checkbox"/> Research <input type="checkbox"/> Scientist <input type="checkbox"/> Technician <input type="checkbox"/> Undergrad		
Primary Appointment	Department	
	Department(s)	
Other Appointments		
Other Affiliations:	<input type="checkbox"/> BC Cancer Agency <input type="checkbox"/> BC Centre for Disease Control	
	<input type="checkbox"/> Child & Family Research Institute <input type="checkbox"/> University of British Columbia	
	<input type="checkbox"/> Women's Health Research Institute <input type="checkbox"/> St Paul's Hospital	

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### CREATOR 2

First Name	Last Name	Middle Initial
Work Address	Home Address	
Work Phone	Citizenship	
Work Email		
VCH Position: <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Postdoc <input type="checkbox"/> Research <input type="checkbox"/> Scientist <input type="checkbox"/> Technician <input type="checkbox"/> Undergrad		
Primary Appointment	Department	
	Department(s)	
Other Appointments		
Other Affiliations:	<input type="checkbox"/> BC Cancer Agency <input type="checkbox"/> BC Centre for Disease Control	
	<input type="checkbox"/> Child & Family Research Institute <input type="checkbox"/> University of British Columbia	
	<input type="checkbox"/> Women's Health Research Institute <input type="checkbox"/> St Paul's Hospital	

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### CREATOR 3

First Name	Last Name	Middle Initial
Work Address	Home Address	
Work Phone	Citizenship	
Work Email		
VCH Position: <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Postdoc <input type="checkbox"/> Research <input type="checkbox"/> Scientist <input type="checkbox"/> Technician <input type="checkbox"/> Undergrad		
Primary Appointment	Department	
	Department(s)	
Other Appointments		
Other Affiliations:	<input type="checkbox"/> BC Cancer Agency <input type="checkbox"/> BC Centre for Disease Control	
	<input type="checkbox"/> Child & Family Research Institute <input type="checkbox"/> University of British Columbia	
	<input type="checkbox"/> Women's Health Research Institute <input type="checkbox"/> St Paul's Hospital	

## Section 5: CREATOR INFORMATION - continued

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### CREATOR 4

First Name	Last Name	Middle Initial
Work Address	Home Address	
Work Phone	Citizenship	
Work Email		
VCH Position: <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Postdoc <input type="checkbox"/> Research <input type="checkbox"/> Scientist <input type="checkbox"/> Technician <input type="checkbox"/> Undergrad		
Primary Appointment	Department	
	Department(s)	
Other Appointments		
Other Affiliations:	<input type="checkbox"/> BC Cancer Agency <input type="checkbox"/> BC Centre for Disease Control	
	<input type="checkbox"/> Child & Family Research Institute <input type="checkbox"/> University of British Columbia	
	<input type="checkbox"/> Women's Health Research Institute <input type="checkbox"/> St Paul's Hospital	

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### CREATOR 5

First Name	Last Name	Middle Initial
Work Address	Home Address	
Work Phone	Citizenship	
Work Email		
VCH Position: <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Postdoc <input type="checkbox"/> Research <input type="checkbox"/> Scientist <input type="checkbox"/> Technician <input type="checkbox"/> Undergrad		
Primary Appointment	Department	
	Department(s)	
Other Appointments		
Other Affiliations:	<input type="checkbox"/> BC Cancer Agency <input type="checkbox"/> BC Centre for Disease Control	
	<input type="checkbox"/> Child & Family Research Institute <input type="checkbox"/> University of British Columbia	
	<input type="checkbox"/> Women's Health Research Institute <input type="checkbox"/> St Paul's Hospital	

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### CREATOR 6

First Name	Last Name	Middle Initial
Work Address	Home Address	
Work Phone	Citizenship	
Work Email		
VCH Position: <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Postdoc <input type="checkbox"/> Research <input type="checkbox"/> Scientist <input type="checkbox"/> Technician <input type="checkbox"/> Undergrad		
Primary Appointment	Department	
	Department(s)	
Other Appointments		
Other Affiliations:	<input type="checkbox"/> BC Cancer Agency <input type="checkbox"/> BC Centre for Disease Control	
	<input type="checkbox"/> Child & Family Research Institute <input type="checkbox"/> University of British Columbia	
	<input type="checkbox"/> Women's Health Research Institute <input type="checkbox"/> St Paul's Hospital	



**Section 6: ASSIGNMENT**

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**FOR VALUABLE CONSIDERATION, THE RECEIPT AND SUFFICIENCY OF WHICH IS ACKNOWLEDGED, WE, THE CREATORS HEREBY ASSIGN ALL OF OUR RIGHT, TITLE AND INTEREST IN AND TO THE CREATED IP HEREIN DESCRIBED TO VANCOUVER COASTAL HEALTH AUTHORITY.**

EACH CREATOR REPRESENTS AND WARRANTS THAT:

- (A) HE/SHE HAS READ THE COMPLETED INTELLECTUAL PROPERTY (IP) DISCLOSURE AND ASSIGNMENT FORM;
- (B) HE/SHE AGREES WITH HIS/HER RELATIVE PERCENT INVENTIVE CONTRIBUTION TO THE IP DISCLOSED BELOW; AND
- (C) HE/SHE WILL IN AN EXPEDITED MANNER, PERFORM ALL ACTS, EXECUTE AND DELIVER ALL DOCUMENTS AND DO ALL SUCH THINGS AS MAY BE REASONABLY NECESSARY OR DESIRABLE TO GIVE EFFECT TO THE VCH INTELLECTUAL PROPERTY POLICY (NUMBER BA 1900).

**SIGNATURES OF CREATOR(S):**

NOTE: All creators must sign and date this form. Please also enter below the percent inventive contribution of each creator to the IP.

**CREATOR 1** \_\_\_\_\_  
First Name Last Name % Contribution Signing Date  
Signature \_\_\_\_\_

**CREATOR 2** \_\_\_\_\_  
First Name Last Name % Contribution Signing Date  
Signature \_\_\_\_\_

**CREATOR 3** \_\_\_\_\_  
First Name Last Name % Contribution Signing Date  
Signature \_\_\_\_\_

**CREATOR 4** \_\_\_\_\_  
First Name Last Name % Contribution Signing Date  
Signature \_\_\_\_\_

**CREATOR 5** \_\_\_\_\_  
First Name Last Name % Contribution Signing Date  
Signature \_\_\_\_\_

**CREATOR 6** \_\_\_\_\_  
First Name Last Name % Contribution Signing Date  
Signature \_\_\_\_\_

**SIGNED BY VANCOUVER COASTAL HEALTH AUTHORITY:**

\_\_\_\_\_  
Name: Dr. W. Robert McMaster  
Title: Vice President Research, VCH RI  
Signing Date: