**The Medical Research, Infrastructure, and Health Services Fund of the Tel Aviv Medical Center**

&

**Ichilov Tech Ltd.**

**DECLARATION OF INVENTION**

Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INVENTION’S DESCRIPTION**

1. **Name of the inventor submitting this declaration:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Title of the invention**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Short Abstract and Background** (Describe the problem, existing solutions, and their disadvantages)

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1. **Description of the new Invention**

Please address the following aspects:

* What is thenovelty - a new process? New method? New device? New drug?
* Describe the proposed solution**:** characteristics, features, essential components
* Describe the advantages of your solution

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1. **Applications** (Indications, possible commercial uses, companies that would want this)

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1. **What are the next steps necessary to develop this Invention**

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1. **Has there been any publication of the Invention or related ideas**

|  |  |  |
| --- | --- | --- |
|  | No | YES (if yes please provide details) |
| Presentation |  |  |
| Publications |  |  |
| Posters |  |  |
| Abstract  |  |  |
| Funded grant application |  |  |
| Thesis |  |  |
| Online internet  |  |  |
| Publication |  |  |
| Other |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **List of key words** (Include words that may be relevant for searching information relating to proposed invention)

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1. **Inventors and contributors**

Please note if during the course of your work on this invention you or any of the inventors or contributors were employed by any organization other the TASMC.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Full Name  | InventororContributor | Institute andDepartmentFor External Inventors: Employer if other than Tel Aviv Medical Center  | Share in invention(%) | Date | Signature |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
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| 8. |  |  |  |  |  |  |

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*In the event that the employment of any of the researchers and/or inventors shall be terminated and/or changed in the Municipality of Tel Aviv-Jaffa (Tel Aviv Sourasky Medical Center) and/or The Medical Research, Infrastructure, and Health Services Fund of the Tel Aviv Medical Center, from the date of signing this form, the proportion in the invention and/or development, as detailed above, may be subject to adjustment as reasonably deemed appropriate by the Fund.

1. **Details of inventors:**

Please provide all the requested details **For Each of Inventor listed in table 9**

|  |  |  |
| --- | --- | --- |
|  | Inventor #1 |  |
| 1 | **Family name** **(Hebrew and English):** |  |
| 2 | **First name** **(Hebrew and English):** |  |
| 3 | **Middle Name** **(Hebrew and English):** |  |
| 4 | **Home address (English):** |  |
| 5 | **Zip code** |  |
| 6 | **Telephone:** |  |
| 7 | **Email:** |  |
| 8 | **Citizenship:** |  |
| 9 | **ID number:** |  |

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 Full name Signature (Hebrew) Signature (English)

|  |  |  |
| --- | --- | --- |
|  | Inventor #2 |  |
| 1 | **Family name** **(Hebrew and English):** |  |
| 2 | **First name** **(Hebrew and English):** |  |
| 3 | **Middle Name** **(Hebrew and English):** |  |
| 4 | **Home address (English):** |  |
| 5 | **Zip code** |  |
| 6 | **Telephone:** |  |
| 7 | **Email:** |  |
| 8 | **Citizenship:** |  |
| 9 | **ID number:** |  |

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 Full name Signature (Hebrew) Signature (English)

|  |  |  |
| --- | --- | --- |
|  | Inventor #3 |  |
| 1 | **Family name** **(Hebrew and English):** |  |
| 2 | **First name** **(Hebrew and English):** |  |
| 3 | **Middle Name** **(Hebrew and English):** |  |
| 4 | **Home address (English):** |  |
| 5 | **Zip code** |  |
| 6 | **Telephone:** |  |
| 7 | **Email:** |  |
| 8 | **Citizenship:** |  |
| 9 | **ID number:** |  |

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 Full name Signature (Hebrew) Signature (English)

|  |  |  |
| --- | --- | --- |
|  | Inventor #4 |  |
| 1 | **Family name** **(Hebrew and English):** |  |
| 2 | **First name** **(Hebrew and English):** |  |
| 3 | **Middle Name** **(Hebrew and English):** |  |
| 4 | **Home address (English):** |  |
| 5 | **Zip code** |  |
| 6 | **Telephone:** |  |
| 7 | **Email:** |  |
| 8 | **Citizenship:** |  |
| 9 | **ID number:** |  |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Full name Signature (Hebrew) Signature (English)

**Declaration by Medical Center Inventors**

With my signature on this declaration of invention, I hereby acknowledge that under applicable law and/or pursuant to my employment at the Tel Aviv Medical Center, the Medical Research, Infrastructure, and Health Services Fund of the Tel Aviv Medical Center (hereinafter: the "**Fund**") is the sole owner in our rights in the research and/or the invention and/or development results stemming out of the foregoing and shall have exclusive ownership of any inventions know-how, improvements and/or discoveries, whether or not patentable, conceived and/or reduced to practice by me ("**Fund's Inventions**"). The Fund, at its own absolute discretion, shall determine whether to seek patent protection with respect to the Fund's Inventions and/or whether to maintain such patent, whether to use and/or commercialize the Fund's Inventions and under what terms and conditions. In the event that the Fund receives income from the commercialization of the Fund's Inventions to which I am listed as an inventor, I shall be entitled to receive a share of the net proceeds of such commercialization income as provided by applicable law and regulations, less all applicable permitted deductions which are namely expenses related to the commercialization, maintenance and prosecution of the Fund's Invention.

I undertake to cooperate with the Fund in its efforts to pursue patent protection for the Fund's Inventions, including without limitation, the execution of all required documents to perfect the assignment to the Fund of all intellectual property rights in the Fund's Inventions. I undertake to promptly notify the Fund in writing of any such Fund's Inventions conceived by me. These obligations shall continue beyond the termination of my employment at the Municipality of Tel Aviv (Tel Aviv Sourasky Medical Center) and/or the Fund and/or the Tel Aviv Medical Center with respect to Fund's Inventions, and shall be binding upon my assignees, administrators, and other legal representatives. I undertake, at Fund’s request and expense, to execute any documents and give any testimony necessary for the Fund to apply for, obtain and defend letters patents in any country or to otherwise protect Fund’s interests in Fund's Inventions.

I understand that where the term Fund is used herein, reference shall also be made to Ichilov Tech. Ltd., the commercialization arm of the Tel-Aviv Medical Center.

**Declaration by Non-Tel Aviv Medical Center Inventors**

With my signature on this declaration of invention, I hereby agree that in the event that an Assignment and Revenue Sharing Agreement shall be executed between me and Ichilov Tech Ltd., all rights under the patent relating to the assigned Invention shall vest in the Tel Aviv Medical Center, the Medical Research, Infrastructure, and Health Services Fund of the Tel Aviv Medical Center (hereinafter: the "**Fund**") which shall be the sole owner in our rights in the research and/or the invention and/or development results stemming out of the foregoing and shall have exclusive ownership of any inventions know-how, improvements and/or discoveries, whether or not patentable, conceived and/or reduced to practice by me ("**Fund's Inventions**"). I further confirm that no third party, including any employer has any rights in the Fund's Invention to be assigned by me pursuant to the Assignment and Revenue Sharing Agreement.

I understand and agree that the Fund, at its own absolute discretion, shall determine whether to seek patent protection with respect to the Fund's Inventions and/or whether to maintain such patent, whether to use and/or commercialize the Fund's Inventions and under what terms and conditions. In the event that the Fund receives income from the commercialization of the Fund's Inventions to which I am listed as an inventor, I shall be entitled to receive a share of the net proceeds of such commercialization income as shall be provided for in the Assignment and Revenue Sharing Agreement to be executed by me and Ichilov Tech Ltd., less all applicable permitted deductions which are namely expenses related to the commercialization, maintenance and prosecution of the Fund's Invention.

I undertake to cooperate with the Fund in its efforts to pursue patent protection for the Fund's Inventions, including without limitation, the execution of all required documents to perfect the assignment to the Fund of all intellectual property rights in the Fund's Inventions. I understand that the rights and obligations undertaken by me with respect to Fund's Inventions shall be binding upon my assignees, administrators, and other legal representatives. I undertake, at Fund’s request and expense, to execute any documents and give any testimony necessary for the Fund to apply for, obtain and defend letters patents in any country or to otherwise protect Fund’s interests in Fund's Inventions.

I understand that where the term Fund is used herein, reference shall also be made to Ichilov Tech. Ltd., the commercialization arm of the Tel-Aviv Medical Center.

**SIGNATURES**

This Form has Been Received at Division of Research & Development at The Tel Aviv Sourasky Medical Center On: (DATE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The patent is owned by The Medical Research, Infrastructure, and Health Services Fund and/ or Ichilov Tech Ltd., both of the Tel Aviv Medical Center, 6 Weizmann Street, Tel Aviv 64239, Israel.

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