



U.S. Department
of Veterans Affairs

Department of Veterans Affairs Technology Transfer

Bringing Research Advancements for Veterans to Everyone!

Kerry W. Leonard, JD/MBA
Technology Transfer Specialist



TECHNOLOGY TRANSFER
PROGRAM



Agenda



Bringing Research Advancements for Veterans to Everyone!

- Deploying Your **IDEA**
 - **I**nvent
 - **D**isclose
 - **E**valuate
 - **A**pply
- Success Stories
- Lessons Learned
- Q&A



Andrew Schally
Miami VAMC

- When is an invention “ready” to submit a disclosure? When should you contact TTP?
 - Contact TTP before making any public disclosure of the invention.
 - Thinking about submitting a paper for publication, presenting at a conference, contacting potential collaborators, etc.? – **Contact TTP!**
 - TTP processes take time, so the sooner you get us involved, the better.

- When is it too soon to contact TTP?
 - Never - always contact TTP with any questions you have!
 - TTP is interested in ideas that can lead toward an invention that will be commercially viable.
 - Don't submit disclosures for mere ideas or for observations that you do not intend to research/pursue any further.

Invent



Bringing Research Advancements for Veterans to Everyone!

- TTP primarily works with inventions that are patentable. Patentable inventions include:
 - Processes
 - Machines/devices
 - Article of manufacture
 - Compositions of matter
 - Any new and useful improvement of any of the above

Invent



Bringing Research Advancements for Veterans to Everyone!

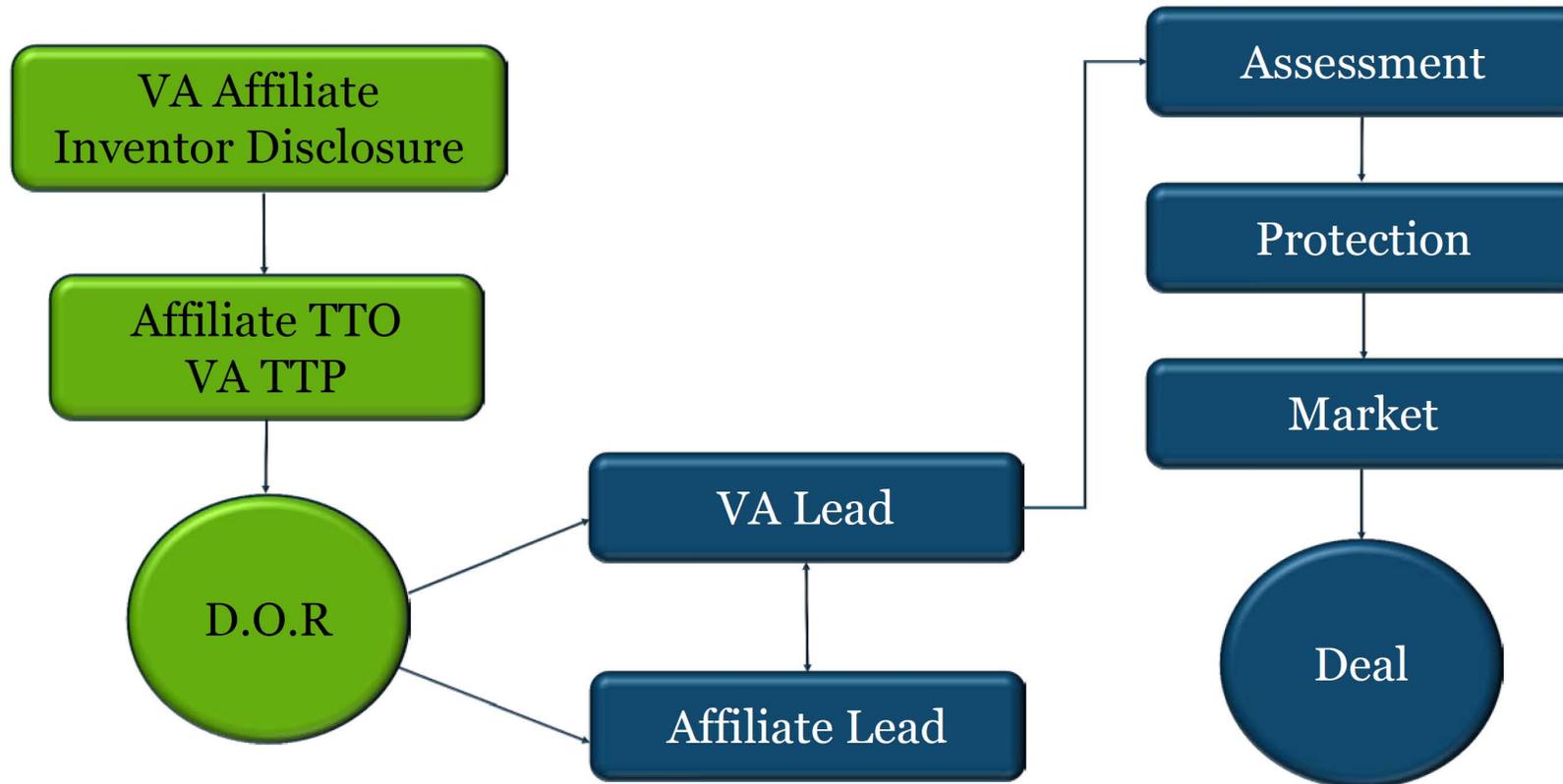
- Because the US Government cannot hold copyrights, TTP does not obtain copyrights on software.
- TTP does license software on a case-by-case basis, so disclose new software developments by using same process as any other invention.

Disclose



TECHNOLOGY TRANSFER
PROGRAM

Bringing Research Advancements for Veterans to Everyone!



Disclose



Bringing Research Advancements for Veterans to Everyone!

- How to disclose your invention to TTP?
 - Submit one completed Invention Disclosure Form.
 - TTP will accept:
 - (a) VA disclosure form; OR
 - (b) university's disclosure form.
 - Submit one executed VA Certification Form for **each** VA inventor.
 - Email all completed Invention Disclosures and VA Certification Forms to:
vattid@va.gov
- VA Invention Disclosure and Certification Forms can be found at:
www.research.va.gov/programs/tech_transfer/forms_templates.cfm

Disclose

- VA Invention Disclosure Form

Report of Inventions Made by Employees of the Department of Veterans Affairs

Instructions: This electronic form is to be followed when preparing your report of invention. Please provide a response for each item listed below. Throughout the document *red, bold text* is used to indicate items that must be attached to your submission. When submitting this form, please ensure to include all indicated supporting documents.

1. Title of Invention

2. List all Inventors who contributed to the Invention.

a) VA Inventors

Name	<input type="text"/>	Position	<input type="text"/>
Work Address	<input type="text"/>	Work Phone	<input type="text"/>
Email	<input type="text"/>		

Add Additional VA Inventor

b) Non-VA Inventors

Name	<input type="text"/>	Position	<input type="text"/>
Work Address	<input type="text"/>	Work Phone	<input type="text"/>
Email	<input type="text"/>		

Add Additional Non-VA Inventor

3. VA Inventor(s) Duties and Responsibilities

	YES	NO
a) Were any inventors hired to perform research for VA?	<input type="checkbox"/>	<input type="checkbox"/>
b) Do any inventors receive VA research funding, such as Merit Review Awards?	<input type="checkbox"/>	<input type="checkbox"/>
c) Have any inventors received permission to work on research projects, whether funded by VA or not, during their official VA tour of duty?	<input type="checkbox"/>	<input type="checkbox"/>
d) Were any inventors paid under an Intergovernmental Personnel Agreement (IPA) at the time the invention was made?	<input type="checkbox"/>	<input type="checkbox"/>
e) Did any inventors hold a Without Compensation (WOC) Appointment at the time the invention was made?	<input type="checkbox"/>	<input type="checkbox"/>

4. Facility Information

a) Facility Name

b) Facility Address

Disclose

- Case Western Invention Disclosure Form
 - Be sure to check “VA” if you have any VA appointment

When completed submit via:
Technology Transfer Office
Beers Building – 6th Floor
(216) 368-0323 • Fax (216) 368-0190

**Case Western Reserve University
INVENTION DISCLOSURE**

Case No. (this space for TTO use only)

Please see the instructions on page 2 for additional information on how to complete this form.

1. TITLE OF INVENTION

2. PLEASE ATTACH A DESCRIPTION OF TECHNOLOGY.

3. INVENTOR(S) % OF CONTRIBUTION SCHOOL, DEPARTMENT, POSITION (PRIMARY APPOINTMENT) OTHER INSTITUTIONAL AFFILIATION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> VA <input type="checkbox"/> Metro <input type="checkbox"/> UHOMIC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> VA <input type="checkbox"/> Metro <input type="checkbox"/> UHOMIC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> VA <input type="checkbox"/> Metro <input type="checkbox"/> UHOMIC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> VA <input type="checkbox"/> Metro <input type="checkbox"/> UHOMIC

4. Were the inventor(s) supported with the use of any research grant/contract funds? YES NO

CONTRACT NO(S)	SPONSOR(S)	O.S.P. PROJECT NO(S)	PRINCIPAL INVESTIGATOR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Were funds received from, or facilities used at any of the following: VA Metro UHOMIC ?

Please note that accurate and complete sponsorship information is necessary to fulfill CWRU obligations under research contracts.

5. If no contract or grant, was there significant use of CWRU administered funds or facilities? YES NO

6. DATES OF CONCEPTION AND PUBLIC DISCLOSURE
(accurate date is essential, as prior disclosure may affect the possibility of obtaining patent rights)

DATE	REFERENCES / COMMENTS <i>Please include names of periodicals/journals. (use a separate sheet if necessary)</i>
A. Date of conception of invention. Has this date been documented? If so, where?	<input type="text"/>
B. First public disclosure (past or anticipated) containing sufficient description to enable a person skilled in this field to understand and to make or use the invention. (Included in the definition of "public disclosure" is any oral presentation with handouts, seminars, conferences, papers, abstracts, web postings, etc.)	<input type="text"/>

7. Please attach list of any commercial entities that may be interested in this invention. (Provide as much detail as is possible.)

8. Please attach the name, department and contact information of up to three peers who would be willing to perform a confidential review of the invention. (optional)

9. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true.

Per the Intellectual Property Policy, I (we) hereby agree to assign all right, title and interest to this invention to CWRU and agree to execute all documents as requested, assigning to CWRU our rights in any patent application filed on this invention, and to cooperate with the CWRU Technology Transfer Office in the protection of this invention. CWRU will share any royalty income derived from the invention with the inventor(s) according to the Intellectual Property Policy.

Inventor Name: <input type="text"/> Inventor's Signature _____ Date _____ <input type="text"/> Home Address _____ Phone _____ <input type="text"/> Email Address: _____ Country of Citizenship _____	Inventor Name: <input type="text"/> Inventor's Signature _____ Date _____ <input type="text"/> Home Address _____ Phone _____ <input type="text"/> Email Address: _____ Country of Citizenship _____
Inventor Name: <input type="text"/> Inventor's Signature _____ Date _____ <input type="text"/> Home Address _____ Phone _____ <input type="text"/> Email Address: _____ Country of Citizenship _____	Inventor Name: <input type="text"/> Inventor's Signature _____ Date _____ <input type="text"/> Home Address _____ Phone _____ <input type="text"/> Email Address: _____ Country of Citizenship _____

Disclose

- Who is a “VA Inventor”?
 - Full-Time VA employees
 - Part-Time VA employees
 - WOC
 - IPA
- Date of Invention?
 - Date that the invention was first conceived.
- Patent Pending?
 - Please give us as much info as possible about any issued patents or pending applications.

Invention Certification Form

Complete one certification for each VA Inventor

I, Employee Name, hereby certify that the invention entitled Invention Title, patent application number Insert Patent Application Number or state "Not Applicable", was made by me on Provide date invention was made, while I held a(n) as VA Position Title at VA Facility Name.

<i>Please answer "Yes" or "No" in the order that the questions appear.</i>	YES	NO
1. The invention was made during my official VA working hours.	<input type="checkbox"/>	<input type="checkbox"/>
2. At the time of the invention, I had a responsibility to perform research for VA, whether by VA research funding or otherwise.	<input type="checkbox"/>	<input type="checkbox"/>
3. The invention was made with a contribution by VA of:		
a) Facilities	<input type="checkbox"/>	<input type="checkbox"/>
b) Equipment	<input type="checkbox"/>	<input type="checkbox"/>
c) Materials	<input type="checkbox"/>	<input type="checkbox"/>
d) Funds	<input type="checkbox"/>	<input type="checkbox"/>
e) Information	<input type="checkbox"/>	<input type="checkbox"/>
f) Time or services of other VA employees on official duty	<input type="checkbox"/>	<input type="checkbox"/>
4. The invention:		
a) Bears a direct relation to my official VA duties	<input type="checkbox"/>	<input type="checkbox"/>
b) Was made in consequences of my official VA duties	<input type="checkbox"/>	<input type="checkbox"/>
5. I am attaching remarks relating to the above.	<input type="checkbox"/>	<input type="checkbox"/>
I hold an academic appointment.	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate if you have any of the following advanced degrees:		
<input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> DO <input type="checkbox"/> DPM If other, specify: <input type="text"/>		
I hereby voluntarily assign my entire right, title, and interest in and to the above identified invention to the United States Government. I do not desire a Determination of Rights under 37 CFR Part 501. <i>See 37 CFR Part 501</i> <i>See 38 § CFR 1.650-1.663</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Disclose

- Official VA working hours?
 - Did you make it during your VA duty hours?
 - If not applicable to your VA employment situation (e.g. WOCs), was it made when you were working on your VA projects?
- Responsibility to perform VA research?
 - Is performing research part of your official VA duties (i.e. are you paid to perform research)?
 - If you are a VA clinician only, you do NOT have a responsibility to perform research.
- VA Facilities?
 - Where was the invention created? In a VA lab or at the university? Where was data analyzed? Etc.

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5. I am attaching remarks relating to the above.	<input type="checkbox"/>	<input type="checkbox"/>
I hold an academic appointment.	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate if you have any of the following advanced degrees:

MD PhD DO DPM If other, specify:

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Disclose

- VA Equipment?
 - What was used to create or test the invention? Machines located at the VA?
- VA Materials?
 - What materials were used in the creation or testing of the invention? Includes reagents, tissue samples, etc. from VA.
- VA Funds?
 - What were the funding sources for all research projects that led to the development of the invention? Were any of them from the VA?
 - All grants and funds administered through the NPC = VA funds

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Disclose

- VA Information?
 - What information was used in the creation or testing of the invention? Includes data, knowledge, etc.
- Time/Services of other VA employees on official duty?
 - Did any other VA employees assist in developing the invention?
 - If yes, were they performing their official VA job functions at the time the invention was made?

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Disclose

- Bears a direct relation to official VA duties?
 - Is the invention closely related to what the VA pays you to do?
 - E.g. Are you a psychiatrist, your invention is a treatment for PTSD, and you came up with the idea for your invention because of your work at the VA ?
- Made in consequence of official VA duties?
 - Was the invention developed as a result of performing your official VA job functions?
 - E.g. You are a Research Scientist and you developed the invention because you were paid by the VA to do your research on the invention?

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Disclose

- Attached Remarks?
 - Every situation is different. Attach a small paragraph if there is something special we should know about how this invention was created.
- Academic Appointment/Degree?
 - TTP uses this to ensure that the university is kept in the loop when Dual-Appointed Personnel (DAPs) are involved.

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- **Waiving Determination of Rights?**
 - If you know that the VA will be asserting an ownership interest in your invention, you may choose to check “Yes” and waive the Determination of Rights (DOR) process.
 - Waiving the DOR process will speed up TTP processes in some cases (i.e. when a patent application needs to be filed quickly to beat a public disclosure deadline).
 - Do **NOT** waive the DOR if there is any uncertainty about who has an ownership interest in the invention.
 - VA’s Office of General Counsel (OGC) can expedite DORs on a case-by-case basis.

Please answer "Yes" or "No" in the order that the questions appear.	YES	NO
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Disclose

- Signatures?
 - Sign and date the Certification Form.
 - Submit VA Certification Form for ACOS signature;
 - OR
 - Submit VA Certification Form to your VA supervisor.
- Completed Forms?
 - Submit completed forms to vattid@va.gov

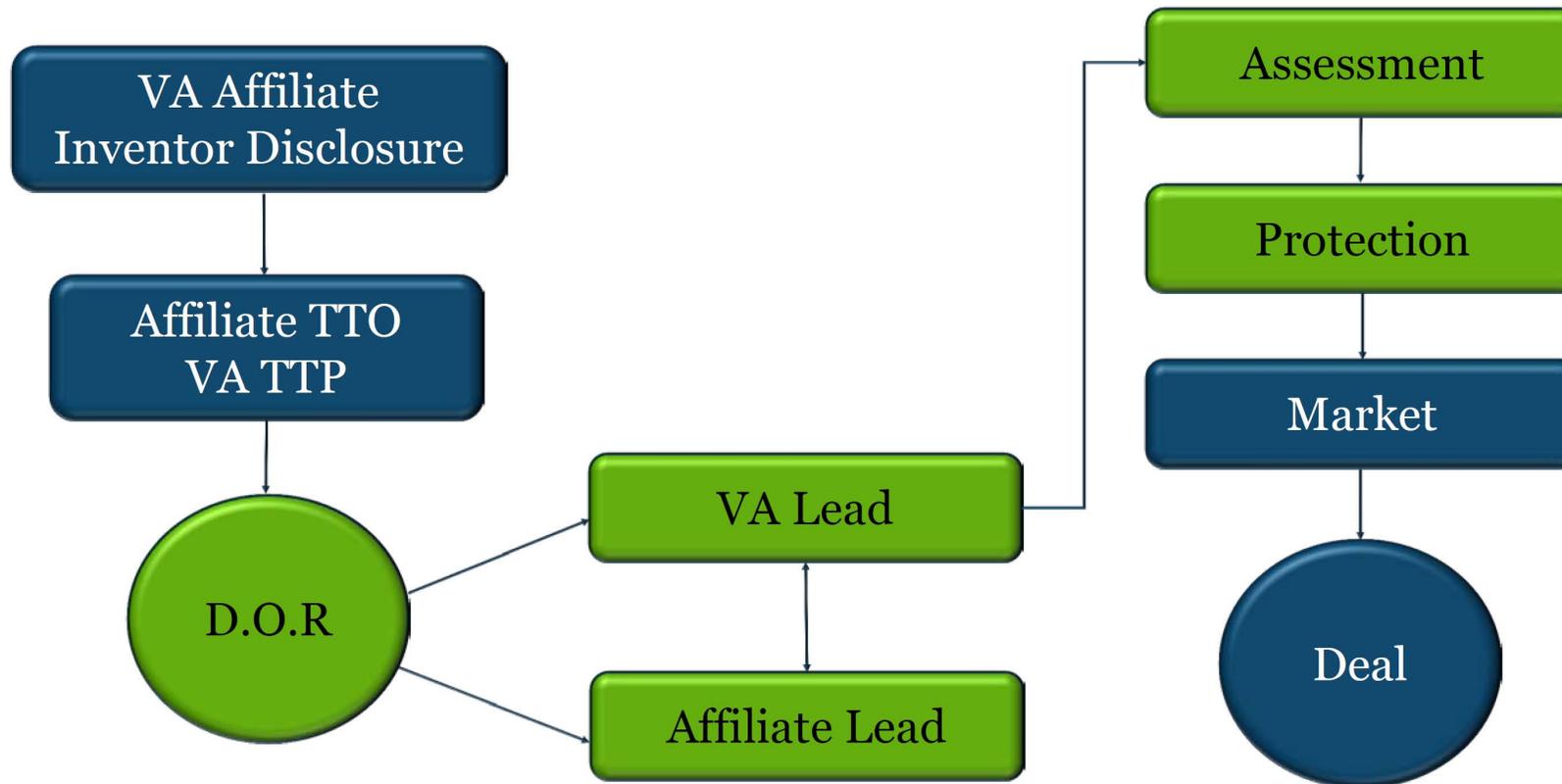
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Evaluate



- **Determination of Rights – An Assessment of Government Rights**
 - Assert Government ownership of the invention.
 - Leave ownership of the invention with the inventor.
 - Leave ownership of the invention with the inventor subject to the VA retaining a non-exclusive, Government use license.
- After DOR is made, a letter is emailed to the inventors from the Office of General Counsel (OGC).
 - Please send a reply to the OGC attorney to confirm receipt of the DOR.
- If you do not agree with the outcome of the DOR, you can file an appeal with NIST (see DOR letter for further information about this process).

Evaluate



Bringing Research Advancements for Veterans to Everyone!

- After DOR is issued, VA and University determine who will be the “Lead Party” for the invention.
- In most jointly-owned cases, Case Western University takes the lead.
- Lead Party files for Intellectual Property Protections
 - Provisional patent application
 - “Placeholder” application with 1-year window to convert to a non-provisional application.
 - Non-Provisional (Utility) patent application
 - Design patent application
 - Patent Cooperation Treaty (PCT) application
 - Foreign patent application

Evaluate



Bringing Research Advancements for Veterans to Everyone!

- TTP can obtain prior art assessments before filing any patent applications.
- Market assessments may also be performed before deciding whether or not to file. They include the:
 - Technical Description
 - Brief Market Analysis
 - Competitive Position
 - Barriers to Entry
 - Recommendations

Apply

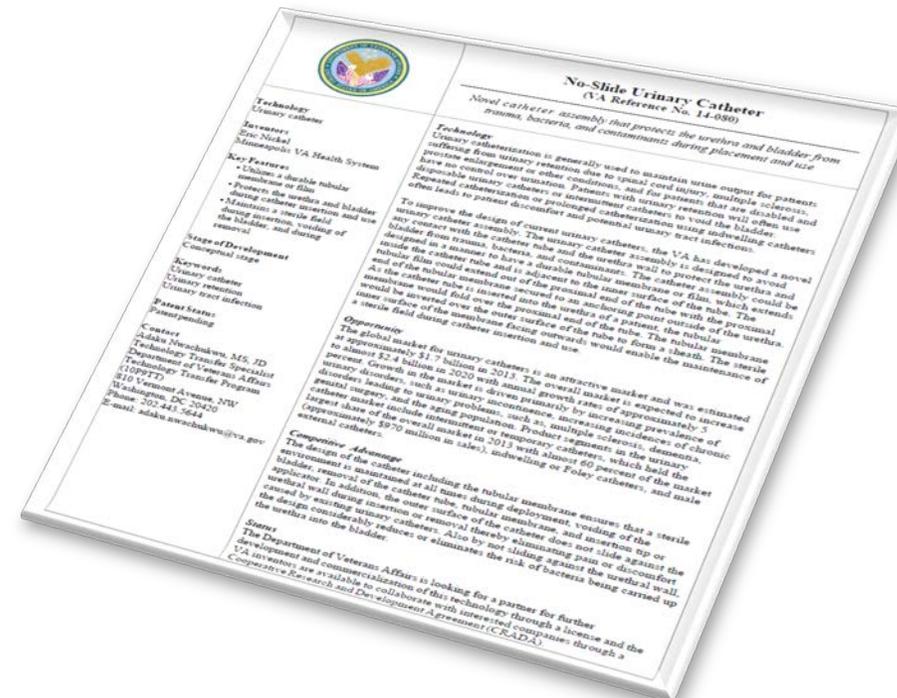


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- Involves licensing a patent to a company which will develop the invention into a product that benefits the public.
- Could involve a collaboration with the inventor(s) through a license or a Cooperative Research And Development Agreement (CRADA).



- TTP attracts potential licensees through:
 - Passive Marketing
 - Posted to Web site
 - Marketing Briefs
 - Active Marketing
 - Media Outlets
 - Inventor Suggestions



- License Application Process is Codified (37 CFR 404)
 - Commercial Development Plans are required from the potential licensee.
 - Applicant must show that it meets statutory and regulatory guidelines in order to qualify for exclusive license.
- Negotiate an exclusive, partially exclusive, or nonexclusive license agreement
 - Fees
 - Royalties
 - Reimbursement of Costs

No Inventor Involvement During Financial Negotiations

Apply



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- TTP Royalty Policy:
 - First \$2,000 to inventor(s), then:
 - 50% to inventor(s)
 - 50% to VAMC where invention was made
- Dual-Appointed Personnel will receive royalties from Case Western and VA for jointly-owned inventions.

Success Stories



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Example 1: “Pulsed Xenon Tech to Clean Reusable Medical Equipment”



Success Stories



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Example 1: “Pulsed Xenon Tech to Clean Reusable Medical Equipment”

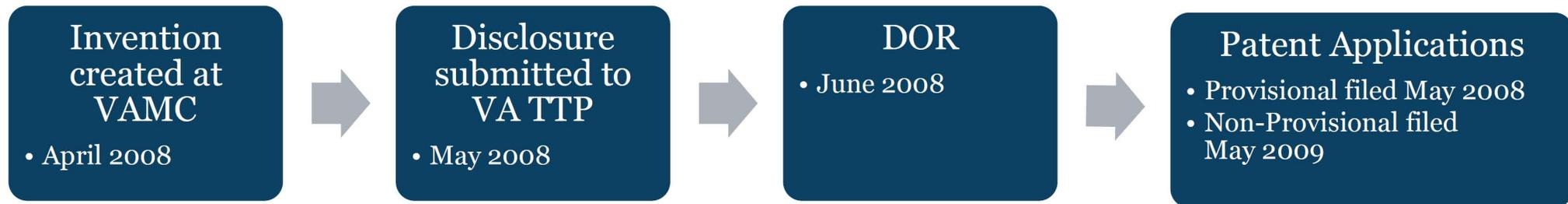


Success Stories



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Example 2: “Soft Suicide Prevention Door”

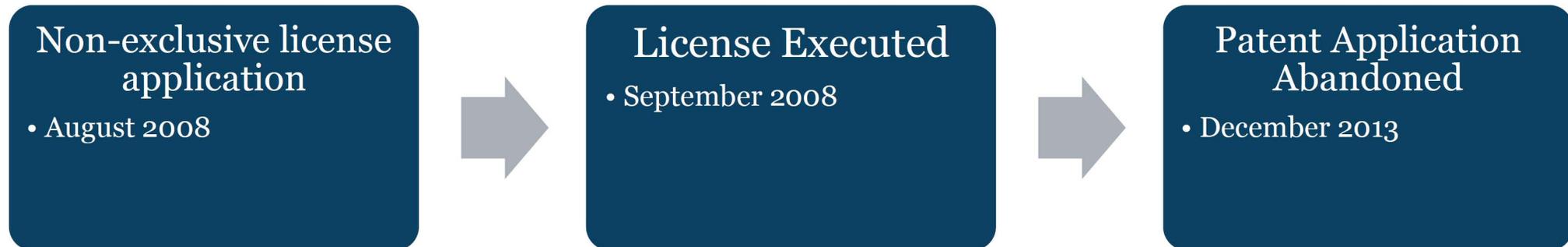


Success Stories



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Example 2: “Soft Suicide Prevention Door”



Lessons Learned



Bringing Research Advancements for Veterans to Everyone!

- Get TTP involved as soon as you have an idea that you are going to pursue that has some commercial potential.
- Work with TTP to navigate our internal VA processes – it may feel cumbersome, but it is important to make sure everyone's ownership rights are properly identified.
- If you can help us to identify a potential licensee, TTP will work with them to make the license happen.
- Remember, we are here to help you Bring Research Advancements for Veterans to Everyone!

Contact



Bringing Research Advancements for Veterans to Everyone!

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Questions & Answers



TECHNOLOGY TRANSFER
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Thank you!