

OFFICE USE ONLY	
Disclosure Date	
Technology ID	

**TECHNOLOGY DISCLOSURE**  
**CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER**  
**CENTER FOR TECHNOLOGY COMMERCIALIZATION (CTC)**

It is the responsibility of the Cincinnati Children's Hospital Medical Center to facilitate the application of the results of research to the benefit of society in partnership with other organizations, both for-profit and non-profit. This Technology Disclosure is designed to record a technology and related information and this completed form serves as the basis for evaluation by the Center for Technology Commercialization of its protectability and potential commercial application. Thus, this disclosure form should be filled out completely and accurately and with as much attention to detail as possible. Do not hesitate to contact the Center for Technology Commercialization if you need assistance or have questions. This form and the CCRF Intellectual Property Policy are available in paper or electronic format through the CTC intranet site. Please fill in the fields below and return the completed form to the CTC.

**Mail:** ML 7032

**Fax:** 513-636-8453

**E-mail:** [ctc@cchmc.org](mailto:ctc@cchmc.org)

**On-line:** [CTC Web Page](#)

**Section 1: Innovators**

Include the names, affiliations and contact information of all contributors, including those with appointments at institutions other than CCHMC. If a publication is attached and there are authors named that should not be included as an Innovator, please list them separately below. If you need more space, please copy this page and attach.

<b>Innovator 1 (Primary Contact)</b>	<b>Institution (at time of invention)</b>	<b>Department/Division</b>	<b>E-mail</b>	<b>Telephone/Fax</b>
<b>Institution and Address (if different than Institution at time of invention):</b>				
<b>Describe contribution of Innovator 1:</b>			<b>% contribution of Innovator 1:</b>	
<b>Innovator 2</b>	<b>Institution (at time of invention)</b>	<b>Department/Division</b>	<b>E-mail</b>	<b>Telephone/Fax</b>
<b>Institution and Address (if different than Institution at time of invention):</b>				
<b>Describe contribution of Innovator 2:</b>			<b>% contribution of Innovator 2:</b>	
<b>Innovator 3</b>	<b>Institution (at time of invention)</b>	<b>Department/Division</b>	<b>E-mail</b>	<b>Telephone/Fax</b>
<b>Institution and Address (if different than Institution at time of invention):</b>				
<b>Describe contribution of Innovator 3:</b>			<b>% contribution of Innovator 3:</b>	

Innovator 4	Institution (at time of invention)	Department/Division	E-mail	Telephone/Fax
<b>Institution and Address (if different than Institution at time of invention):</b>				
<b>Describe contribution of Innovator 4:</b>			<b>% contribution of Innovator 4:</b>	

<b>Primary CHMC Division/Department</b>	
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*\*\*This is the Division/Department of the Primary Innovator when the invention was created\*\**

<b>Other Publication Authors</b>	
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**Section 2: Technology Description**

Describe the technology, how it was developed, its general purpose, technical details and advantages or improvements over existing methods or materials. Attach any supporting materials, such as drawings, tables and/or figures.

<b>Title</b>	
<b>Description</b>	

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<b>Date of conception</b>	
<b>Location of documentation</b>	
<b>Has this been or will it be published?</b>	
<b>Date of publication (or anticipated date)</b>	
<b>Journal/Abstract/Seminar</b>	

### Section 3: Research Support

#### Funding Sources

Provide the name of the organization(s) and grant number(s) that contributed funding to any Innovator for the specific research related to the technology described in this form.

#### Government and Foundation Funding

If funding was obtained from any agency of the National Institutes of Health, the Funding Organization can be listed as "NIH". Grant numbers should be in the format "AA123456".

Funding Organization	Grant No.	P.I. on Grant

#### CCHMC Funding

List any funding that was obtained from an internal source (divisional funds, Innovation Award, etc.).

CCHMC Source	Date(s) Awarded	P.I. on Award

#### Company Funding

If any funding was obtained from a company, include the agreement reference number (if known).

Company	Agreement	P.I. on Agreement

#### Materials

Provide information regarding any materials that were utilized in the development of this technology that are not owned by CCHMC. If materials were received under an agreement, please indicate the type of agreement and reference number (if known). Also include any materials that were purchased from a repository.

Material	Providing Organization	Type of Agreement	Providing P.I.

**Section 4: Classification and Assessment**

The following information will be utilized by the CTC for classification and assessment. Please be as descriptive as possible in order to optimize our ability to appropriately evaluate the technology.

**Research Plans**

If you plan to continue working on this technology or in this research area, describe any plans you have over the next 6-18 months, including planned experiments, grant proposal submissions, aims of research and collaborations.

**Commercial Interest**

If you are aware of anyone from a company that is or may be interested in the technology or research related to the technology, provide that information below (include contact information if available).

**Market Overview**

Provide any information related to the potential market for the technology (i.e. disease incidence or prevalence, benefits over existing technologies, impact on healthcare costs, etc.).

<b>Stage of Development</b>	
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<b>Technology Category</b>	
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*If you selected "Therapeutic" from the list above, please choose the therapeutic type(s) from the following (choose all that apply):*

- |                          |                      |                    |
|--------------------------|----------------------|--------------------|
| Antibody                 | Other Macromolecules | Therapeutic Target |
| Natural/Modified Protein | Peptide              | Other              |
| Nucleic Acid/Gene        | Small Molecule       |                    |