



MUSC Foundation for Research Development

Confidential

MUSC Disclosure of Mobile Application

This form is used to disclose mobile applications (the "Work") that are original works of authorship which may qualify for copyright protection.

1. Detailed Information on MUSC Creators:

[Creators are those individuals who contribute to the code, content, and/or look and feel of the Work. Please provide name, department, full home address with city and zip code, country of citizenship, and email address. Space for additional creators is provided at the end.]

	MUSC Creator #1	MUSC Creator #2	MUSC Creator #3
Name			
Position			
Department			
MUSC Office Location			
Role in App Generation			
E-mail Address			
Work Telephone			
Home Address (include city & zip code)			
Home Telephone			
Citizenship			

2. Detailed Information on Non-MUSC Creators: [Please list those individuals involved in the creation or content of the app who are not employed at MUSC and the requested details. Space for additional creators is provided at the end.]

	Non-MUSC Creator #1	Non-MUSC Creator#2	Non-MUSC Creator#3
Name			
Position			
Employer			
Employer Address			
Role in App Generation (REQUIRED)			
Type of Contract			
E-mail Address			
Work Telephone			
Home Address (include city & zip code)			
Home Telephone			
Citizenship			



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3. **Title of Work:** [Title should be sufficiently descriptive to identify the Work yet not reveal unique unpublished details.]

4. **Do any of the creators have VA “eighths” or a research contract (WOC or DAP)?**

If so, who has the appointment, what type of appointment is it and when was the eighths/contract effective? [Note that admitting privileges do not constitute eighths or research contracts]

IMPORTANT: VA requires completion of their own Reporting of Invention form and Certification of Reporting for Inventions to be forwarded to them separately. You may download these forms from the FRD site at

<https://research.musc.edu/resources/frd/for-inventors/disclosures>

5. **Was Federal Funding used to support the conception or development of this Work?**

If so, list Contract Name, Grant/Contract No., Date of Award and PI

What other sources of funding (corporate sponsored research, foundation funding, internal awards, etc.) were used to support the conception, development, or actual practice of the Work?

6. **Description of Work** [Please summarize your app, describing the unique characteristics and advantages over existing alternatives.]

7. **Is your app used to make clinical decisions, diagnoses, or prognoses?**

Yes No

If yes, please describe how it will be used clinically.

8. **HIPAA:** Does the Work involve protected health information (PHI) in any form? If you are uncertain what constitutes PHI, please check “Uncertain”.

Yes No Uncertain

If yes, please describe what PHI is involved and how the Work utilizes the PHI.



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9. Disclosures of the Work

Check any prior disclosures or anticipated disclosures, either written or oral, of the Work:

- Abstract(s) Publication(s) Grant application(s) Presentation(s) Other
 None

If published (paper, abstract, or on-line), include all journal citations and attach a reprint. If not yet published or presented, indicate any date and place where you plan to disclose the Work.

10. Please list any 3rd Party Code, including open source code, used during the development or included in the application. Include any potentially protected source material that the Work links to or executes. Please list the name of the code, the location of the license, and the webpage for download (if applicable).

11. What platform/code was used for development?

12. Does the Work have specific hardware or software requirements?

13. Does the application currently access MUSC databases or servers? If so, please describe.

14. In what stage of development is the application? Is it conceptual, in development, or fully functional? If fully operational, please list operating systems on which it currently can run.

15. Did you develop the application to be distributed for a fee or as an open source offering? If you envision this generating revenue, would that be through charging for the download of the application or a different model (time limited subscription, advertising, SaaS)?



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16. Are you interested in the app being distributed with the MUSC brand?

Yes No Uncertain

17. Who is the end user of this app? Is the end user also the purchaser (e.g. for clinical apps, the purchaser may be the institution that determines if the app will be used, but the user is a clinician or researcher)?

18. Please list the three most similar applications currently available.

19. Has the app been shared with any non-creator, either by posting online or providing a copy?



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Signatures: If possible, please have all MUSC creators sign and date this form. **DO NOT DELAY** submitting this disclosure if all parties are not readily available. **SUBMIT** now and follow up with the signed version.

As indicated by their signatures below, the following individuals acknowledge that they have reviewed and understand the Medical University of South Carolina's Intellectual Property Policy; and, to the extent applicable, do hereby assign their individual rights and ownership in this invention, creation, or discovery to the Medical University of South Carolina; and agree that any copyrightable work that the Medical University of South Carolina is entitled to claim ownership of under the Intellectual Property Policy shall be treated as a work for hire. Further, the following individuals acknowledge and agree that the MUSC Foundation for Research Development may, in its sole discretion, administer, protect, license, or otherwise use or exploit this work for the benefit of the Medical University of South Carolina, MUSC Foundation for Research Development, and the individual creators. The following individuals acknowledge and agree that all Creators have been included herein and, pursuant to the Intellectual Property Policy, all Creators will receive an equal distribution of revenues absent a written agreement to the contrary.

Signatures below certify that all information provided in this disclosure is true and accurate to the best of the undersigned creator's knowledge.

<u>Creator Signature</u>	<u>Date</u>	<u>Witness Signatures</u>	<u>Date</u>



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Additional MUSC Creators (if needed)

	MUSC Creator #4	MUSC Creator #5	MUSC Creator #6
Name			
Position			
Department			
MUSC Office Location			
E-mail Address			
Work Telephone			
Home Address (include city & zip code)			
Home Telephone			
Citizenship			

Additional Non-MUSC Creators (if needed)

	Non-MUSC Creator #4	Non-MUSC Creator #5	Non-MUSC Creator #6
Name			
Position			
Employer			
Employer Address			
Role in App Generation			
E-mail Address			
Work Telephone			
Home Address (include city & zip code)			
Home Telephone			
Citizenship			