|  |  |  |
| --- | --- | --- |
| **ESTABLISHMENT NOTICE OF AN OBJECT OF INDUSTRIAL PROPERTY**  **/ NOTIFICATION SHEET OF THE INVENTION /** | | |
| *The originator, or co-originator (hereinafter referred to as the notifier)​​ of the invention is obliged to send the completed Notification Form electronically to the address michalova@mou.cz, no later than one month after the invention was created. Together with the notification form, it is necessary to submit to the Project Administration Department (to Eva Michalova, M.Sc.; phone 3304; michalova@mou.cz) all documents necessary for the assessment of the invention. Within 3 months of receiving the above documents, the notifier will receive a statement from the employer as to whether he is exercising the right to a patent for the invention. If the employer does not exercise the right to a patent for the invention within this period, this right passes back to the notifier. Both the employer and the notifier are obliged to maintain the confidentiality of third parties about the invention within this period.*  *The inventor is the one who created it with his own creative work. If the invention is created by the own creative work of several persons, these are referred to as co-inventors. Co-authors have the right to a patent to the extent that they participated in the creation of the invention. The share of individual persons is calculated from all co-inventors who participated in the creation of the invention.* | | |
|  | | |
| **I. BASIC DATA /To be filled in by the notifier/** | | |
| Title of invention: |  | |
| Type of invention: |  | |
| Originator / co-originator for MMCI | Name: | Workplace: |
| E-mail: | Phone: |
| Percentage of the invention: | |
| Name: | Workplace: |
| E-mail: | Phone: |
| Percentage of the invention: | |
| *If there are other contributors from the MMCI, copy the table.* | |

|  |  |  |  |
| --- | --- | --- | --- |
| **I. BASIC DATA /continuation, to be filled in by the notifier/** | | | |
| More institutions that participated in the creation of the invention: | | NO YES | |
| Other co-originators outside MMCI: | Name: | | Institution: |
| E-mail: | | Phone: |
| Percentage of the invention: | | |
| Name: | | Institution: |
| E-mail: | | Phone: |
| Percentage of the invention: | | |
| *If there are other contributors outside the MMCI, copy the table to the next page* | | |

|  |
| --- |
| **II. DESCRIPTION OF THE INVENTION /To be filled in by the notifier/** |
| **Description of the invention (min 500 characters incl. spaces) and list of appendices.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **III. FINANCIAL ASPECTS /To be filled in by the notifier/** | | | | |
| **Financing of the project** (s) which led to the invention:  (if from more than one source, indicate % of their share in brackets) | | The project without financial costs for materials and services, only personal  costs  Masaryk Memorial Cancer Institute own resources (donations, institutional support)……%  Grant support AZV ČR (Czech health research council)……. %  - grants number(s):  Grant support GA ČR (Czech Science Foundation) ……. %  - grants number(s):  Other grant support (domestic or international)  Institution name ……………………… share ……. %  - grant number(s): | | |
| **Comment on project financing** (fill in additional information or explanations related to project financing, if necessary): | | | | |
| Dispatch date of the notification form: |  | | Filled in by: | Signature: |

|  |  |  |  |
| --- | --- | --- | --- |
| **IV. CHECK** | | | |
| Data check by Project Administration Office | Date: | | Name and Signature: |
| Date discussed by the Clinical Research Council | Date: | | |
| **Council for Clinical Research opinion: Rights to a patent for an invention pursuant to § 9 of Act No. 527/1990 Coll., On Inventions and Improvement Proposals, as amended, we recommend applying.**  YES NO | | | Name and Signature:  Assoc prof. Tomáš Kazda, M.D., Ph.D. |
| **Comment:** | | | |
| **Decision of MMCI director:** | | Date: | |
| **The rights to the invention according to § 9 of Act No. 527/1990 Coll., on inventions and improvement proposals, as amended, are exercised by the MMCI.**  YES NO | | | Name and Signature:  prof. Marek Svoboda, M.D., Ph.D. |
| **Justification:** | | | |

|  |  |
| --- | --- |
| **V. DISTRIBUTION LIST** | |
| Notifier: | (*name, E-mail)* |
| Legal department of the MMCI: |  |
| Others: |  |