



SOFTWARE DISCLOSURE FORM

For Technology Transfer Office use only.

CASE NUMBER:

Once all sections are complete, including signatures, submit to the Technology Transfer Office at techtransferoffice@bsc.es. All BSC inventors **must sign** the disclosure before it is submitted.

1. TITLE OF INVENTION

2. DESCRIPTION OF INVENTION: Check to confirm that a description of the technology is attached

3. LIST ALL INVENTORS

BSC INVENTORS	CONTRIBUTION	INSTITUTIONAL AFFILIATION	DEPARTMENT	EMAIL



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NON-BSC INVENTORS	CONTRIBUTON	INSTITUTIONAL AFFILIATION	DEPARTMENT	EMAIL

4. LIST FUNDING DETAILS

Was this invention developed with the use of BSC-administered research grant/contract funds? YES NO

If **YES**, under what contract or grant agreement? Fill all applicable fields

CONTRACT/AGREEMENT NAME	CONTRACT/AGREEMENT NUMBER	SPONSOR(S)/ORGANIZATION(S)	PROJECT MANAGER



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5. DATES OF CONCEPTION AND PUBLIC DISCLOSURE

COMMENTS

Please include conference name (s) and presentation title(s) (use separate sheet if necessary)

5.1 Date of conception (dd/mm/yyyy):

When was the invention created (approximate date)?

5.1.1. Has this date been documented? If so, where?

5.2 First Publication (dd/mm/yyyy):

First publication containing sufficient description to enable a person skilled in this field to understand and to make or use the invention (include publication and submission date).

5.3 Anticipated date of publication (dd/mm/yyyy):

If unpublished and undisclosed, provide the anticipated publication or public oral discourse date and any submissions made for potential publication.

6. COMMERCIALIZATION

6.1 Do you think there are possible commercial applications of this invention?

YES

NO

If **YES**, briefly describe potential commercial applications and uses (use separate sheet if necessary):

6.2 Answer these questions:

Do you think the invention improves on what is already on the market?

YES

NO

Have any companies, investors or other third parties expressed interest in the invention?

YES

NO



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If **YES**, please complete the following fields:

ENTITY NAME	POINT OF CONTACT	EMAIL

6.4 Do you have a preferred mode of commercialization?

LICENSING SPIN-OFF OTHER

7. TECHNOLOGY READINESS LEVEL

7.1 Based on the table below, what TRL would you say the invention is currently at?

TRL 1	Basic principles observed
TRL 2	Technology concept formulated
TRL 3	Experimental proof of concept
TRL 4	Technology validated in lab
TRL 5	Technology validated in relevant environment
TRL 6	Technology demonstrated in relevant environment
TRL 7	System prototype demonstration in operational environment
TRL 8	System complete and qualified
TRL 9	Actual system proven in operational environment

Source: Horizon 2020 Work Programme Annex

8. PREFERRED SOFTWARE LICENSE

8.1 Have you assigned a software license to this technology? YES NO

8.2. Please disclose the **specific** software license you assigned to this technology **OR** the license –or type of license: open source, proprietary... – you are **planning to assign** to it:



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9. SOFTWARE DEPENDENCIES

Internal Dependencies: Please disclose all internal dependencies (internal prior work, software, databases, etc.)

<i>Name</i>	<i>Origin and URL</i>	<i>License type (GNU, BSD, LGPL...)</i>

Third Party Dependencies: Please disclose all third party dependencies (open-source or proprietary libraries, modules developed by a partner, external databases, etc.)

<i>Name</i>	<i>Origin and URL</i>	<i>License type (GNU, BSD, LGPL...)</i>



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10. FREEDOM TO OPERATE

Has any freedom to operate or other IP review or audit been carried out over the Results? YES NO

11. SIGNATURES

<table border="1"> <tr><td>Inventor's Signature</td><td>Date</td></tr> <tr><td></td><td></td></tr> <tr><td>First Name</td><td>Last Name(s)</td></tr> <tr><td></td><td></td></tr> <tr><td>Home Address</td><td>City</td></tr> <tr><td></td><td></td></tr> <tr><td>Zip code</td><td>Nationality</td></tr> <tr><td></td><td></td></tr> <tr><td>Email</td><td>DNI/NIE/Passport No</td></tr> <tr><td></td><td></td></tr> </table>	Inventor's Signature	Date			First Name	Last Name(s)			Home Address	City			Zip code	Nationality			Email	DNI/NIE/Passport No			<table border="1"> <tr><td>Inventor's Signature</td><td>Date</td></tr> <tr><td></td><td></td></tr> <tr><td>First Name</td><td>Last Name(s)</td></tr> <tr><td></td><td></td></tr> <tr><td>Home Address</td><td>City</td></tr> <tr><td></td><td></td></tr> <tr><td>Zip code</td><td>Nationality</td></tr> <tr><td></td><td></td></tr> <tr><td>Email</td><td>DNI/NIE/Passport No</td></tr> <tr><td></td><td></td></tr> </table>	Inventor's Signature	Date			First Name	Last Name(s)			Home Address	City			Zip code	Nationality			Email	DNI/NIE/Passport No		
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