# **SickKids**

RDLP#	Disclosure Date:

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# **Invention Disclosure Form**

Submit Completed Form to: Vishan Sivagnanam

Industry Partnerships & Commercialization (IP&C)
Peter Gilgan Centre for Learning and Research

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Please list all SickKids personnel that have made an inventive contribution to this disclosure. All SickKids contributors must sign and date the Invention Disclosure Form to initiate the review process. In the absence of an indication to the contrary, it will be assumed that all SickKids contributors have an equal interest in the disclosed invention.

## Non-confidential Invention Title

Steerable Endoscopic Ear Surgery Instrument

## SickKids Contributor #1 (Primary Contact for IP&C)

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Work Fax #:		Sign Date:	
Email:	adrian.james@sickkids.ca	Signature:	
	•		

#### SickKids Contributor #2

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#### SickKids Contributor #4

Name:	Department:
Home Address:	Title:
	Citizenship:
Work Phone #:	Inventorship %:
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Email:	Signature:
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# **Collaborating Institution or Company**

Please list all external (Non-SickKids) personnel that have made an inventive contribution to the invention. Please describe their contribution in the space provided.

#### **External Contributor #1**

Name:	Institution/Company:
Work Phone #:	Department:
Work Fax #:	Title:
Email:	
Contribution to	
technology?	

#### **External Contributor #2**

Name:	Institution/Company:
Work Phone #:	Department:
Work Fax #:	Title:
Email:	
Contribution to	
technology?	

Did you use materials, equipment, or s  Company/Institution name:	oftware from another company/institution?	Yes 🔼	No 🔯
Are there any Material Transfer Agreer	ments related to this invention?	Yes 🔼	No 🔀
Where was the research carried out?	CIGITI lab at SickKids Hospital		

# Sources of Grant Funding or External Sponsorship

Provide details regarding sources of funding that were used during development of the invention

Name of Granting Agency/Sponsor	Grant/Contract Number
is Department of Otolaryngology - Head & Neck S	
iomaterials and Biomedical Engineering, Universi	
Harry Barberian Scholarship Fund, U of T	

# **Detailed Invention Description**

Commercial interest: Integra

Detailed invention E	, cooriptic	<u> </u>		
Please provide a detailed description of your invention in the space provided below, or attach a copy of a relevant manuscript describing your invention, complete with diagrams or drawings and copies of any relevant references. Please highlight the novel or patentable aspect(s) of the invention.				
				g a finger piece on the handle. It can to the attached detailed invention
Prior Public Disclos	sure			
Submitted to Journal: Published: Oral Disclosure Poster Presentation: Published abstract:	Yes C Yes Yes Yes Yes	No 🖸	Date:// Date:/ / Date:/04/201 Date:/_/	Journal Name: Journal Name: Location:_Bologna, Italy
Other Disclosure:	Yes [		Date://	Describe:
Commercial Advant	ages			
Describe the potential cinvention meets an unmo	commercial et market no	advantage o eed. Please	of the invention over existi indicate below if there has	ng technologies on the market, or how the been commercial interest and by whom.
To gain access to the which affects the part	ese region tient's hea ol with a s	ns, surgeon aring ability	ns need to remove bor . In order to access the	as of interest within the middle ear. ne, and possibly the hearing bones ese regions of interest without ch objects while in the surgical field
				ic sinus and skull base surgery with copy, and interventional radiology.