



Covenant Healthcare Invention Disclosure

Please complete this form in total to the best of your ability and submit the signed original to the: Office for Innovation Attn: Terrance Lerash, Director

1447 North Harrison
Saginaw, MI 48602
tlrash@chs-mi.com

Title of the Invention:

Name of the Inventor(s):

Circumstances and Date of Conception:

Description of the Invention:

a. Purpose

b. Description of the parts

c. Describe its use

d. Describe its novel features

e. Describe the advantages over existing technology

f. Attach drawings if available

Description of the potential commercial utility:

Prior disclosures:

- a. Has the invention been disclosed to any person or company? If yes, please detail to whom and when.

- b. Has the invention been disclosed in any publication or presentation to a public forum?

Inventor Information:

Contact Information

Phone:

Address or department name:

Email address:

Signature:

Date of signature:

**Office for
Innovation Only:**

Date Received:

Date Reviewed:

Follow up notes: