

## New Idea Submission Form

Thank you for your interest in *Mitek Sports Medicine*. We appreciate the opportunity to have you share in our vision -

Getting your patients back to  
their passion is our passion.



In order to provide you with the best protection of your innovations, *Mitek Sports Medicine* can only accept Non-Confidential information, including ideas that have been patented, have patent(s) pending, or have already been publicly presented or otherwise disclosed. If you are considering applying for a patent, we urge you to do so before disclosing the information. Patent laws provide you with the best protection of your intellectual property rights.

Before you describe your invention, please read and sign the following Non-Confidential Disclosure Agreement. This agreement is designed to protect your rights as an inventor as well as the interests *Mitek Sports Medicine*. Accepting the terms of the agreement establishes the legal basis for *Mitek Sports Medicine* to review a submitted idea and negotiate with the submitter. You will not be required to disclose any confidential information, and we will not ask for descriptions that are not already part of the public domain.

Upon receipt of your submission, we will send a confirming email indicating the assigned New Idea number, and identifying who will be reviewing your idea. If more information is required to understand the composition, functionality, or some other aspect of the idea, the reviewer will contact you.

Should the results of this preliminary evaluation indicate further interest, we will be pleased to provide you with an “Agreement for Confidential Disclosure of Information to *Mitek Sports Medicine*” for your consideration.

## Non-Confidential Disclosure Agreement for Submission of Idea

By signing below, I agree to the conditions of this Agreement.  
As used below, "the Company" means *Mitek Sports Medicine* and any company affiliated with it.

- I acknowledge that the Company has not solicited this submission which I make voluntarily. I agree that no confidential relationship is established or implied by the Company's acceptance or evaluation of the submitted material, and that the Company shall have the right to retain any such material.
- I agree that the only basis for my protection against unlicensed use of the idea is based solely upon my rights under the patent laws. Ideas that are not covered by an issued patent (pending patent applications are not considered issued patents) shall be considered by the Company with the understanding that the use to be made of such ideas, if any, and the possibility of compensation therefore, are matters resting solely in the discretion of the Company.
- The Company shall not be obligated to specify the reasons for any decision it makes regarding the idea or to reveal any past or present activities that relate to the idea. Negotiating or offering to purchase an idea shall in no way obligate the Company nor be deemed an admission of the novelty, priority, originality, or value of the idea.

I represent and warrant to the Company that, except as noted herein, the material disclosed is wholly original to me; that I am the sole owner of the idea and of all material submitted with this agreement; that no interest in or to this idea has been granted to or acquired by others; that I have full authority to make the disclosure and to execute this Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Return completed form to: DePuy Mitek, Inc.  
Attn: Mitek Idea Center, Mail Box 73  
325 Paramount Drive  
Raynham, MA 02767  
or via [Mitekideacenter@its.jnj.com](mailto:Mitekideacenter@its.jnj.com) Phone (800) 35 MITEK

1. How would you classify your idea?

- An improvement to an **existing product** or medical device
- An improvement to a **surgical procedure** or technique
- A **new product** or medical device
- Other

If your idea is an improvement to an existing *Mitek Sports Medicine* product or device, please include the name and catalog number, if known.

Product Name

Catalog Number – if known

\_\_\_\_\_

2. Do you share the rights to this invention with a business or academic institution?

Yes

No

If yes, please list the full name(s) of the organizations affiliated with your idea.

\_\_\_\_\_  
\_\_\_\_\_

3. If you have received one or more patents for this idea, please list them below

Patent Number

Patent Office (US, UK, etc.)

\_\_\_\_\_  
\_\_\_\_\_

4. If you have one or more patents pending for this idea, please list them below.

Patent Application Number Patent Office (US, UK, etc.) Filing Date  
(MM/DD/YY) (optional)

\_\_\_\_\_  
\_\_\_\_\_

5. If your idea has been publicly presented, or featured in any publications, please provide the relevant details below.

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**Before answering the following questions, ensure that you have signed the Disclosure Agreement. You will not be asked for confidential information.**

6. What is the key element or essence of your innovation (one sentence)?

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7. What problem with current procedures are you trying to solve? For instance – What is the current procedure? Why does the current procedure need improvement?

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8. What are the benefits of your idea? For instance – Does it significantly improve clinical outcomes? Does it simplify or reduce the time to perform the current procedure? Does it enable less-skilled medical professionals to complete the diagnosis / treatment?

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Please provide Contact Information on next page

**Contact Information**

Name	
Signature	Date
Address	
Phone	Fax
email address	
<i>Mitek Sports Medicine</i> Sales Representative	

Return completed form to:

DePuy Mitek, Inc.  
 Attn: Mitek Idea Center, Mail Box 73  
 325 Paramount Drive  
 Raynham, MA 02767  
 or via [mitekideacenter@its.jnj.com](mailto:mitekideacenter@its.jnj.com)