

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Employee Invention Report
(Use plain paper if more space is needed)

For Patent Branch Use

E-Number

U.S.P.A.#

U.S. Filing Date (mm/dd/yyyy)

Part I: To Be Completed by the Inventor

First Inventor's Name

Phone No.

1. Give a short descriptive title of your discovery or invention.
2. Please provide (in non-specific terms if possible) a one paragraph description of the essence of your discovery or invention and identify the public health need it fills.
3. Who contributed to the invention or discovery? Please identify all colleagues who *could* merit co-authorship credit for the associated publication, whether or not you believe them to be "co-inventors."
4. Is anyone outside of the Public Health Service aware of your invention or discovery? If so, please identify them and describe the dates and circumstances.
5. Are you aware of any PHS patent applications that are related to your invention or discovery?
6. Please list the most pertinent previous articles, presentations or other public disclosures, made by you or by other researchers, that are related to your invention or discovery. Also, attach copies, ***please!***
7. Please indicate any future dates on which you will publish articles or make *any* presentations related to your invention or discovery.

Employee Invention Report

8. In one paragraph, please speculate (*and be creative*) about possible commercial uses of your invention or discovery.

9. a. Is the subject matter of your invention related to a PHS CRADA (*Cooperative Research and Development Agreement*) involving your laboratory or ICD?

No Yes If **yes**, please identify the collaborator: _____

b. Is the subject matter based on research materials that you obtained from some other laboratory?

No Yes If **yes**, please attach any materials transfer agreements (MTA) under which you received the material.

10. What companies or academic research groups are conducting similar research (*if you know*)? Can you identify any companies that may be good licensing prospects?

11. What further research would be necessary for commercialization of your invention? Generally, what are your future research plans for the invention and/or for research in areas related to the invention?

12. Human Subject Certifications: Does this invention rely upon data involving human subjects as defined in and regulated under 45 CFR Part 46?

No Yes If **yes**, please provide the following, or explain fully below.

Institutional Review Board (<i>IRB</i>) protocol approval number	IRB protocol approval date (<i>mm/dd/yyyy</i>)
--	--

Employee Invention Report

13. First Inventor Information (Provide this information for each inventor who contributed to the essence of the invention. If more than one, use Page 4, "Information on Additional Inventors.")

Name		Degree	Social Security No. (optional)
Position Title		Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other: _____	
Office Address		Home Address	
Office Phone No.	Fax No.		

Affiliation

ICD (specify ICD and applicable box below): _____

<input type="checkbox"/> GS	<input type="checkbox"/> CO	<input type="checkbox"/> Visiting Fellow	<input type="checkbox"/> Visiting Scientist	<input type="checkbox"/> Special Volunteer
<input type="checkbox"/> GM	<input type="checkbox"/> SES	<input type="checkbox"/> Visiting Associate	<input type="checkbox"/> Howard Hughes Fellow	<input type="checkbox"/> Guest Researcher

Non-ICD Affiliation (specify) _____

Other (specify) _____

If more than one inventor, what specific contribution did you make to this work?

14. Inventor's Signatures

This report is submitted pursuant to Executive Order 10096 and 10930 and/or Department Regulations. PHS employees have an obligation to report inventions they make while employed by PHS to OTT. Under E.O. 10096 and 367 CFR 501 the Government shall obtain the entire right, title, and interest in inventions: (i) made during working hours; or (ii) with Government facilities, equipment, materials, funds or information; or (iii) which bear a direct relationship or is made in consequence of the official duties of the inventor. If you are employed by PHS to conduct or perform research it is presumed that the invention was made under the foregoing circumstances. If this is not the case you must contact your Technology Development Coordinator (TDC) and provide the TDC with the details pertaining to this particular discovery or invention so that a determination of rights can be made.

Inventor's Signatures	Dates (mm/dd/yyyy)	Witnesses' Signatures	Dates (mm/dd/yyyy)

Part II: To Be Completed by the Technology Development Coordinator

15. Institute(s) or Agency(s) sponsoring this invention

16. Patent prosecution fees are to be charged to

CAN:			
ICD:			
Authorizing Official (Typed)		Signature	Date (mm/dd/yyyy)

Send 3 copies of this form, when completed, to the OTT Patent Branch.

Employee Invention Report

Information on Additional Inventors *(copy this page as needed)*

Name		Degree	Social Security No. <i>(optional)</i>
Position Title		Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other: _____	
Office Address		Home Address	
Office Phone No.	Fax No.		

Affiliation

ICD *(specify ICD and applicable box below):*

- | | | | | |
|-----------------------------|------------------------------|---|---|--|
| <input type="checkbox"/> GS | <input type="checkbox"/> CO | <input type="checkbox"/> Visiting Fellow | <input type="checkbox"/> Visiting Scientist | <input type="checkbox"/> Special Volunteer |
| <input type="checkbox"/> GM | <input type="checkbox"/> SES | <input type="checkbox"/> Visiting Associate | <input type="checkbox"/> Howard Hughes Fellow | <input type="checkbox"/> Guest Researcher |

Non-ICD Affiliation *(specify)*

Other *(specify)*

What specific personal contribution did she/he make to this work?

Name		Degree	Social Security No. <i>(optional)</i>
Position Title		Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other: _____	
Office Address		Home Address	
Office Phone No.	Fax No.		

Affiliation

ICD *(specify ICD and applicable box below):*

- | | | | | |
|-----------------------------|------------------------------|---|---|--|
| <input type="checkbox"/> GS | <input type="checkbox"/> CO | <input type="checkbox"/> Visiting Fellow | <input type="checkbox"/> Visiting Scientist | <input type="checkbox"/> Special Volunteer |
| <input type="checkbox"/> GM | <input type="checkbox"/> SES | <input type="checkbox"/> Visiting Associate | <input type="checkbox"/> Howard Hughes Fellow | <input type="checkbox"/> Guest Researcher |

Non-ICD Affiliation *(specify)*

Other *(specify)*

What specific personal contribution did she/he make to this work?