

PHS 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)

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-scientific 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.

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?
G No
G Yes. If yes, please identify the collaborator: _____
- b. Is the subject matter based on research materials that you obtained from some other laboratory?
G No
G Yes. If yes, please attach any material 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 Certification: Does this invention rely upon data involving human subjects as defined in and regulated under 45 CFR Part 46?
G No **G** Yes **6** If "yes," please provide the Institutional Review Board (IRB) protocol approval number and date:
or explain fully below:

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		Office address	
Office Phone No.	FAX No.	Citizenship G U.S. G Other: _____	
Home address			

Affiliation
G ICD (specify ICD and applicable box below) _____

G GS	G CO	G Visiting Scientist	G Special Volunteer
G GM	G Visiting Fellow	G Howard Hughes Fellow	G Other (specify):
G SES	G Visiting Associate	G Guest Researcher	

G Non-ICD Affiliation (specify): _____

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

14. Inventors' 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.

Inventors' Signatures	Dates	Witnesses' Signatures	Dates

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

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

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

Name	Degree	Social Security No. <i>(optional)</i>
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Position Title	Office address
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Office Phone No.	FAX No.	Citizenship G U.S. G Other: _____
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Home address _____

Affiliation
G ICD *(specify ICD and applicable box below)* _____

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|--------------|-----------------------------|-------------------------------|---|
| G GS | G CO | G Visiting Scientist | G Special Volunteer |
| G GM | G Visiting Fellow | G Howard Hughes Fellow | G Other <i>(specify)</i> : _____ |
| G SES | G Visiting Associate | G Guest Researcher | |

G Non-ICD Affiliation *(specify)*: _____

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

Name	Degree	Social Security No. <i>(optional)</i>
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Position Title	Office address
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Office Phone No.	FAX No.	Citizenship G U.S. G Other: _____
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Home address _____

Affiliation
G ICD *(specify ICD and applicable box below)* _____

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| G GM | G Visiting Fellow | G Howard Hughes Fellow | G Other <i>(specify)</i> : _____ |
| G SES | G Visiting Associate | G Guest Researcher | |

G Non-ICD Affiliation *(specify)*: _____

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

Name	Degree	Social Security No. <i>(optional)</i>
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Position Title	Office address
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Office Phone No.	FAX No.	Citizenship G U.S. G Other: _____
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Home address _____

Affiliation
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G Non-ICD Affiliation *(specify)*: _____

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

