#### Title of Discovery:

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#### Brief Description of Discovery *(in less than 200 words)*:

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|  |

*Your discovery should be documented in your lab records. Please ensure that you maintain signed, witnessed, and dated lab records, but do not enclose them. E.g. see* [*https://ttc.nci.nih.gov/pdfs/brochures/Keeping\_Lab\_Records.pdf*](https://ttc.nci.nih.gov/pdfs/brochures/Keeping_Lab_Records.pdf)

Expanded Description of Discovery *(Please attach a description of the technology in MS Word specifically describing what is new about the discovery including any sequences, compositions, structures, formulas, steps of a method etc. The description may be by reference to a separate document such as a copy of a report, preprint, manuscript or preliminary results and the like. Please include a MS Word copy if possible).* If this is a modification or improvement to an existing work or incorporates elements (software, confidential information, material) that are not original to you or your lab, please identify that work and any original creators.

#### Technology Significance

Describe the unique advantages of this discovery over the current science/technology:

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#### Was this discovery made as part of a collaboration, contract, CRADA, or grant with an outside entity?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***(indicate yes or no)*** |  | Yes |  | No |  | Don’t Know |
| Is there a written agreement with the collaborator? |  | Yes |  | No |  | Don’t Know |
| Was the collaboration part of a CRADA? |  | Yes |  | No |  | Don’t Know |
| Did the collaborator provide materials? |  | Yes |  | No |  | Don’t Know |
| Did the discovery involve human materials or subjects? |  | Yes |  | No |  | Don’t Know |
| **Name of Collaborator Material Provided (if any) Agreement Type/ # (if known) Date**  |
| (List each separately) |

#### Publication or Other Disclosure of Discovery

Was the discovery: submitted to a journal, published, presented orally or as a poster, listed on a website, discussed with non-NIH personnel, or otherwise disclosed? If yes, describe (e.g. title, journal, public URL, hand-outs, location) and provide a date for each:

|  |
| --- |
| Are any future disclosures planned? If yes, provide estimated date(s): |  |
| *Provide 1) information/ attach PDFs regarding any disclosures above, and 2) citations to any work others have done in this specific area (e.g. scientific papers, patent /application numbers, public access web sites) and, if available, copies of cited documents:* |
| Citations: |  |

#### Technology Stage (Choose all that apply)

|  | Concept |  | Prototype |  | Modification |  | *In vitro* |  | *In vivo* |  | Clinical |  | Final Product |  | Research Use |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

1. Future Research PlansDescription of any additional research that is needed in order to complete development and testing of the invention (use an additional page if necessary):

|  |
| --- |
| 1. Is this research presently being undertaken?
 |  | Yes |  | No | If yes, list any outside collaborator: |  |
| 1. Actively pursued by other PHS staff?
 |  | Yes |  | No | If yes, identify staff: |  |
| 1. Actively undertaken by a corporate partner?
 |  | Yes |  | No | If yes, identify corporate partner: |  |
| 1. Do you want to seek corporate partnership?
 |  | Yes |  | No |  |  |
| 1. Do you think this technology could form the basis of a “start-up” company?
 |  | Yes |  | No |  | Don’t Know |

1. Commercial Potential (*be creative) S*uggest any products, processes ,services you could envision resulting from this invention, and whether they can be developed in the near term (less than two years) or long term:

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#### Competition and Potential Users and Manufacturers

| * 1. Describe technologies, products, processes or services currently on the market of which you are aware that accomplish the purpose of this invention; or that are similar to this technology but used for a different purpose:
 |  |
| --- | --- |
| * 1. List any companies you believe may be interested in this technology:
 |  |
| * 1. If you have a contact at any of these companies, please provide name, email and phone numbers for each, if available:
 |  |

List the names and organizations of **all people** who participated in conceiving or continued development of the discovery/invention. Examples include those who made intellectual, theoretical, or innovative contribution to the discovery. In the case of software, those individuals who were involved in creating program code, manuals, flowcharts or any related items.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Submitting Contributor
 |  | Organization: |  |
| 1. Co-Contributor
 |  | Organization: |  |
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 |  | Organization: |  |
| 1. Co-Contributor
 |  | Organization: |  |

1. Enter additional Co-Contributor’s names and organizations as necessary:

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An Additional Contributor Information document (to follow) is to be completed for each contributor listed above. If required, extra forms may be downloaded at: <http://www.ott.nih.gov/sites/default/files/documents/docs/eir-additional-contributor.docx>

In addition to the above names, identify any individuals who could merit authorship credit of any associated publication:

|  |
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|  |

**NOTICE: There may be fewer individuals listed as contributors than named as coauthors.** *Please be aware that inventorship is strictly defined in patent law. Accordingly, contributors you list in this section will be named on patent applications resulting from this EIR only if their contributions meet this legal standard.* A co-author may or may not qualify based on the particular facts; if you have any questions, contact your [TDC](http://www.ott.nih.gov/technology-development-coordinators).

The following acknowledgement pertains to Government employees and those treated as employees. Under [45 CFR Part 7 “Employee Inventions”](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=a8f5dbd788ac7639f33c081ba13b4b81&tpl=/ecfrbrowse/Title45/45cfr7_main_02.tpl), all employees of the Public Health Service have an **obligation to report** and assign inventions to the United States of America as represented by the Government of the United States (the Department of Health and Human Services). Specifically, the Government shall obtain the entire right, title, and interest in inventions: (i) made during working hours; or (ii) made with a contribution by the Government of facilities, equipment, materials, funds or information or of time or services of other Government employees on official duty; or (iii) which bear a direct relationship or are made in consequence of the official duties of the inventor.

If you are employed by HHS to conduct or perform research, it is presumed that the invention was made under these circumstances. If this is not the case, you should still complete the EIR, but you must contact your [TDC](http://www.ott.nih.gov/technology-development-coordinators) and provide the details pertaining to this particular discovery or invention so that a determination of rights can be made.

**Detailed Contributor Information begins on next page**

|  |
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| Contributor 1 |
| **Name** |
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|  Degree |  | ♦Citizenship |  |  |  |  |
| ♦[HHS ID #](https://ned.nih.gov/) (e.g. 999-9999-999) |  | ♦Associated project [NIH Z01 Project #](http://intramural.nih.gov/search/index.taf) |  |
| ♦Describe this individual’s contribution to the discovery. |
|  |
| Current Organization Information: |
| ♦Organization Name |  |
| Division/Branch/Laboratory |  |
| ♦Title |  |
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| ♦City |  | ♦State |  | ♦Zip  |  | ♦Country |  |
| ♦Email |  | Telephone |  |  Fax |  | Other contact# (optl) |  |
| ♦Has your organizational affiliation changed during the development of this discovery? Yes/No, if yes, explain and provide affiliation at time of discovery: |
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| ♦ Country |  |  Phone |  | ♦Email |  |  |  |
| Please identify with a “X” if this individual falls under one or more of the following [training or fellowship appointments](https://www.training.nih.gov/home) or [institutional partnerships](https://www.training.nih.gov/programs/gpp/partnerships).  |
|  | CRADA Personnel |  | [Howard Hughes Fellow](http://www.hhmi.org/cloister/) |  | [ORISE Fellow](http://www1.od.nih.gov/oir/sourcebook/prof-desig/orisedescription.htm) |  | [NIH-ORAU](http://www1.od.nih.gov/oir/sourcebook/irp-policy/oriserarsprogram.htm) |
|  | [Clinical Fellow](http://sourcebook.od.nih.gov/prof-desig/clinical-fellow.htm) |  | Gates Foundation |  | [NRSA Fellowship](http://grants.nih.gov/training/nrsa.htm) |  | [Visiting Fellowship](http://sourcebook.od.nih.gov/personnel-appt/visit-prgm.htm) |
|  | [Fogarty Scholar](http://www.fic.nih.gov/Programs/Pages/scholars-fellows.aspx) |  | [IRTA Fellowship Program](https://www.training.nih.gov/postdoctoral/international.asp) |  | [Postdoctoral Fellow](http://sourcebook.od.nih.gov/prof-desig/postdoc.htm) |  | Other (specify below )\* |
|  | [Oxford-Cambridge Scholars Prog](http://oxcam.gpp.nih.gov/)ram |  | National Research Council Award |  | [Research Fellowship](http://sourcebook.od.nih.gov/prof-desig/research-fellow.htm) |  | NIH Contract Employee – specify employer name \* |
|  | [CNRM Personnel (HJF)](http://www.usuhs.mil/cnrm/) |  | Society Fellows specify below |  | [Graduate Partnership Program](https://www.training.nih.gov/programs/gpp) |  |  |
| \* Note Section |  |

**Contributor:** I have read and understand the information submitted in the EIR.

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**Signature Date**

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| Contributor 2 |
| **Name** |
| ♦First |  | ♦Middle |  | ♦Last |  | Suffix |  |
|  Degree |  | ♦Citizenship |  |  |  |  |
| ♦[HHS ID #](https://ned.nih.gov/) (e.g. 999-9999-999) |  | ♦Associated project [NIH Z01 Project #](http://intramural.nih.gov/search/index.taf) |  |
| ♦Describe this individual’s contribution to the discovery. |
|  |
| Current Organization Information: |
| ♦Organization Name |  |
| Division/Branch/Laboratory |  |
| ♦Title |  |
| ♦Office Address |  |
| ♦City |  | ♦State |  | ♦Zip  |  | ♦Country |  |
| ♦Email |  | Telephone |  |  Fax |  | Other contact# (optl) |  |
| ♦Has your organizational affiliation changed during the development of this discovery? Yes/No, if yes, explain and provide affiliation at time of discovery: |
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|  | CRADA Personnel |  | [Howard Hughes Fellow](http://www.hhmi.org/cloister/) |  | [ORISE Fellow](http://www1.od.nih.gov/oir/sourcebook/prof-desig/orisedescription.htm) |  | [NIH-ORAU](http://www1.od.nih.gov/oir/sourcebook/irp-policy/oriserarsprogram.htm) |
|  | [Clinical Fellow](http://sourcebook.od.nih.gov/prof-desig/clinical-fellow.htm) |  | Gates Foundation |  | [NRSA Fellowship](http://grants.nih.gov/training/nrsa.htm) |  | [Visiting Fellowship](http://sourcebook.od.nih.gov/personnel-appt/visit-prgm.htm) |
|  | [Fogarty Scholar](http://www.fic.nih.gov/Programs/Pages/scholars-fellows.aspx) |  | [IRTA Fellowship Program](https://www.training.nih.gov/postdoctoral/international.asp) |  | [Postdoctoral Fellow](http://sourcebook.od.nih.gov/prof-desig/postdoc.htm) |  | Other (specify below )\* |
|  | [Oxford-Cambridge Scholars Prog](http://oxcam.gpp.nih.gov/)ram |  | National Research Council Award |  | [Research Fellowship](http://sourcebook.od.nih.gov/prof-desig/research-fellow.htm) |  | NIH Contract Employee – specify employer name \* |
|  | [CNRM Personnel (HJF)](http://www.usuhs.mil/cnrm/) |  | Society Fellows specify below |  | [Graduate Partnership Program](https://www.training.nih.gov/programs/gpp) |  |  |
| \* Note Section |  |

**Contributor:** I have read and understand the information submitted in the EIR.

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**Signature Date**

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| Contributor 3 |
| **Name** |
| ♦First |  | ♦Middle |  | ♦Last |  | Suffix |  |
|  Degree |  | ♦Citizenship |  |  |  |  |
| ♦[HHS ID #](https://ned.nih.gov/) (e.g. 999-9999-999) |  | ♦Associated project [NIH Z01 Project #](http://intramural.nih.gov/search/index.taf) |  |
| ♦Describe this individual’s contribution to the discovery. |
|  |
| Current Organization Information: |
| ♦Organization Name |  |
| Division/Branch/Laboratory |  |
| ♦Title |  |
| ♦Office Address |  |
| ♦City |  | ♦State |  | ♦Zip  |  | ♦Country |  |
| ♦Email |  | Telephone |  |  Fax |  | Other contact# (optl) |  |
| ♦Has your organizational affiliation changed during the development of this discovery? Yes/No, if yes, explain and provide affiliation at time of discovery: |
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| Please identify with a “X” if this individual falls under one or more of the following [training or fellowship appointments](https://www.training.nih.gov/home) or [institutional partnerships](https://www.training.nih.gov/programs/gpp/partnerships).  |
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**Contributor:** I have read and understand the information submitted in the EIR.

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**Signature Date**

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| Contributor 4 |
| **Name** |
| ♦First |  | ♦Middle |  | ♦Last |  | Suffix |  |
|  Degree |  | ♦Citizenship |  |  |  |  |
| ♦[HHS ID #](https://ned.nih.gov/) (e.g. 999-9999-999) |  | ♦Associated project [NIH Z01 Project #](http://intramural.nih.gov/search/index.taf) |  |
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| ♦Email |  | Telephone |  |  Fax |  | Other contact# (optl) |  |
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|  | [Fogarty Scholar](http://www.fic.nih.gov/Programs/Pages/scholars-fellows.aspx) |  | [IRTA Fellowship Program](https://www.training.nih.gov/postdoctoral/international.asp) |  | [Postdoctoral Fellow](http://sourcebook.od.nih.gov/prof-desig/postdoc.htm) |  | Other (specify below )\* |
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| \* Note Section |  |

**Contributor:** I have read and understand the information submitted in the EIR.

|  |  |  |
| --- | --- | --- |

**Signature Date**

### Information about this Form

Reporting an invention is required as part of your Government service, and supports the mission of your IC and the NIH in advancing public health. An EIR should be completed for each discovery or invention\* that is:

1. An innovation;
2. A new or improved method or process;
3. Believed to have potential commercial value (e.g. a new reagent, unique antibody, vaccine, medical device, or therapeutic compound); **or**
4. Requested from a commercial organization for use or resale.

If you are employed by HHS it is presumed that the invention was made as part your official duties as a Government employee. If this is not the case, you should still complete the EIR, but you must contact your [Technology Development Coordinator (TDC)](http://www.ott.nih.gov/technology-development-coordinators) and provide the details pertaining to this particular discovery or invention so that a determination of rights can be made.

IC means a Public Health Service (PHS) Contributor’s Institute, Center, or Office (includes NIH, FDA and CDC).

**COMPLETION OF THE EIR**

1. Complete the form by filling in the shaded fields. For “check boxes” insert “X”;
2. Once completed, have each contributor sign their Contributor Information Sheet;
3. Questions regarding the completion of the EIR should be referred to your TDC;
4. Email the completed electronic EIR template and any related documents to your TDC; and
5. After review by your TDC, email a signed copy of the final EIR to your TDC.
6. The TDC will then forward the completed and signed EIR to the [Office of Technology Transfer (OTT](http://www.ott.nih.gov)). If your IC in decides not to file a patent application on your invention you may contact your TDC to request a waiver and, if granted, have an opportunity to obtain the rights to the invention by filing the patent application at your own expense.

Frequently Asked Questions: <http://ottintranet.od.nih.gov/EIR/EIR_FAQS_20110915.htm>

General questions regarding the form may be directed to your TDC or the NIH Office of Technology Transfer (OTT). It is suggested, particularly if you leave government service and are receiving royalties, that you keep the [Office of Financial Management](http://www.ott.nih.gov/information-nih-cdc-and-fda-inventors) apprised of changes in your official address.

Thank you for your contribution toward improving public health!

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**Privacy Act Notice:** HHS is collecting this information under authority of [45 CFR Part 7 “Employee Inventions”](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=a8f5dbd788ac7639f33c081ba13b4b81&tpl=/ecfrbrowse/Title45/45cfr7_main_02.tpl). The information will be maintained as a part of the System of Records: 09-25-0168, “Invention, Patent and Licensing Documents.” Provision of this information is mandatory and will be used as the initial step toward obtaining patent protection of inventions submitted by HHS employees, granting licenses to HHS inventions, administering and providing royalty payments to HHS inventors, and the intended “routine uses” of the information. Failure to provide complete information may adversely affect the Government's rights to future patent applications and licensing agreements.

**\*What is the difference between a discovery and an invention?**

| **Discovery** | **Invention** |
| --- | --- |
| * Elucidating something that already exists
 | * An innovation that did not previously exist
 |
| * Embodied in Nature
 | * Embodied in human-made artifact
 |
| * Discovery involves describing something
 | * Always involves creating something
 |
| * Product of Nature
 | * Produced through human thought
 |
| * e.g. A botanist discovers a new plant species on an island
 | * A botanist invents a new topical antibiotic formulation using the plant oils
 |

|  |  |  |  |
| --- | --- | --- | --- |
| Lead IC sponsoring this invention: |  | Division/Lab/Branch  |  |
| Identify any other ICs (if necessary, include Division/Lab/Branch |  |
| **Confirm the scientist who will serve as the key point of contact** (Scientific Point of Contact or SPC) to receive and respond to patent correspondence. This may be different from the person identified as the Submitting Contributor. |  |
| **IC CRADA Determination: (Answer required if the EIR is related to a CRADA)** |
|

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| --- | --- | --- |
|  |  | The invention was conceived or first actually reduced to practice in the performance of the activities under the CRADA Research Plan during the term of the CRADA. Enter Y or N. |

 |
| IC is requesting the following action regarding this EIR. *Only 1 of the following option boxes should be checked*. |
| **Do Not File** |
|  |  | Do not file; EIR is being submitted due to a request for material(s) licensing. Requester’s contact information is attached |
|  |  | Do not file; market as a research material |
|  |  | Do not file a patent application based on other patent and/or policy reasons |
| **Evaluation/Searching** |
|  |  | Request evaluation and recommendation, Outside search/opinion are authorized, if needed |
|  |  | Request evaluation and recommendation, Outside search/opinion is not authorized |
| **Patent Application Filing** |
|  |  | Emergency Patent Filing - File immediate provisional patent application based on an imminent publication. Authorization for filing is provided. In the “Additional Information or Instructions” boxenter the date, location of public release and any other instructions |
|  |  | File Patent: File a fully enabled provisional patent application |
|  |  | File Patent/Patent Opinion: File a fully enabled provisional patent application and conduct a patentability opinion/assessment immediately after the provisional patent application has been filed |
|  |  | Patent Opinion/File Patent: Conduct a patentability opinion/assessment (Completed by contract law firm). If the patentability opinion/assessment is positive, proceed with the filing a fully enabled provisional patent application |
|  |  | Third Party Filing Patent Lead: Third party has already filed or will be doing the filing. Please provide 3rd Party contact information. Application number(s), filing date(s), and copy(ies) of application(s) should be provided as well as filing receipts or paperwork identifying the inventors as filed |
|  |  | Other Filing Instructions |  |
| **Additional Information or Instructions** |
|  |  |  |
| **Is the IC submitting the EIR represented by a Service Center?**  |  |
| **If yes, identify IC:** |  |
| All patent recommendations and patent correspondence will be directed the Lead IC's central email account. |
| **Name of LPM designated for this EIR by IC:** |  |

The TDC, IC delegate, or Service Center Representative confirms receiving the EIR and acknowledges a complete EIR packet is being forwarded to OTT.

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| Name |  | Date |  |
| Title |  |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized IC official for expenditure of IC funds for patent related expenses or attach authorization memo.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
| Title |  |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An OCR’d PDF containing the signed EIR containing all documents such as manuscripts, presentations, articles and citations referred to in the EIR, as well as any related IC reviews and authorization documents should be forwarded to OTT at ottfileroom@mail.nih.gov. The email’s subject line should include “New EIR for IC, (PI’s Last Name), (IC Ref. #, if exists).” Original formatted documents, i.e. MS Word, PowerPoint, should be attached for EIRs with recommendations of “Evaluate”, “File Patent”, “Patent Opinion” or any combination of these.

**This attachment requests information regarding materials that may be available for potential licensing.** The **Set 1** questions elicit general information regarding specific materials required to practice the invention or ancillary materials created during the course of development that may be potentially licensed. The **Set 2** questions SHOULD BE ANSWERED IF THIS EIR is being submitted based on an outside party’s request for licensing a material.

**Set 1.** General material information. *(Not required if Set 2 Questions are completed)*

1. Identify those materials made during the course of research that are specifically required to practice this invention. Please identify each unique material or chemical compound developed that are related to this EIR.

|  |
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|  |

1. Identify those material(s) made during the course of research that may be available for licensing as a research material. Please identify each unique material or chemical compound developed that are related to this EIR.

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1. Material citation or other source:

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1. Has material been deposited in the ATCC or similar repository? If yes, please provide the repository and catalog reference number.

|  |
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1. Were any of the materials necessary to use or make the Material acquired from someone outside NIH? If yes and not already listed in Question 5, please provide contact information and a copy of any document that records this transfer.

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**Set 2.** If a prospective licensee is interested in a material answer the following questions.

Provide a summary regarding the approximate difficulty/time/cost/effort for your laboratory to provide the material to an outside for-profit requestor. Is it a limited resource?

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**Identify and describe the Material Type:**

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| **Examples of potential material types:** |
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| **Antibodies:** monoclonal, polyclonal | **Cell Lines:** uninfected cells, infected cells, hybridomas |
| **DNA/RNA:** genetic clones, expression vectors  | **PCR reagents** |
| **Proteins/Peptides** | **Purified Proteins** |
| **Viruses:** virus isolates, drug resistant, recombinant vaccinia |
| **Opportunistic Infections:** (e.g. Candida, Cryptococcus, cryptosporidium, cytomegalovirus, mycobacterium, mycoplasma, pneumocystis, toxoplasma) |
| **Model Organisms** (e.g. strain, species) | **Chemical Compounds** |

**Designation:** (Laboratory nomenclature)

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**Source of Material:** (i.e. human, mouse, rat)

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**Reference Citation or other source:**

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**Has the material been deposited in the ATCC or similar repository**? If Yes, provide repository & catalog. ref.#s.

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**How can it be provided:** (i.e. 2ml vial of frozen cells, plasmid)

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**Current quantities available for distribution:** (i.e. 10 vials)

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**Recommended propagation medium & growth characteristics:** (i.e. expression level, titer, temp., passages)

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**Recommended freeze medium:**

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**Sterility:** (i.e. negative for bacteria, fungi and mycoplasma)

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**Morphology:** (i.e. epithelial-like, lymphoblast-like, fibroblast-like)

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**Recommended Storage:** (i.e. liquid nitrogen)

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**The purpose of this attachment is to provide information regarding evaluation of software for potential licensing.** The following questions should be answered as completely as possible.

1. Does this software contain code obtained from a third-party or covered by any Open Source License (e.g., collaborator, under a software agreement, a vendor, purchased etc.)? If Yes, please explain.

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2. Has this software been previously copyrighted? If yes, by whom?

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3. Did you use outsiders to beta-test code? If yes, was this done under an agreement?

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4. How would the lab generally classify the use of this software (e.g., imaging, array analysis, mapping etc.)?

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5. From the lab’s perspective, what would be the preferred way of distributing this software?

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6. What are the operating system requirements to run this software?

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7. In which computer language is the software code written?

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8. What stage of development is the software? Select one of the following:

|  | Ready to use by anyone |
| --- | --- |
|  | Useable with some effort or assistance |
|  | Needs substantial further development |

9. Is the lab willing to release the source code?

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10. Is the lab willing to prepare a demonstration version of the software to give to prospective licensees?

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11. Were the current or prior versions distributed? If yes, explain and supply date of distribution and any distribution agreement (if any).

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12. Was a government contractor involved in the writing or development of any of the code? If yes, identify the individual.

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