

NATIONAL INSTITUTES OF HEALTH (NIH) APPLICATION FOR LICENSE FOR BIOLOGICAL MATERIALS (INTERNAL USE OR COMMERCIAL)

Thank you for your interest in technology transfer activities at the NIH. A completed application is required before any action can be taken towards negotiating a license. Your answers to the following questions will provide the sole foundation for licensing decisions, so provide complete and thorough responses. Failure to complete all sections of the license application in a satisfactory manner may result in delays in processing your application or the refusal of your application as being incomplete.

Please be aware that NIH patenting and licensing functions are no longer handled in a centralized manner by the Office of Technology Transfer. The efforts have been decentralized to nine NIH Institutes and Centers (ICs), the FDA and the CDC.

To apply for a license, please email a signed PDF of the completed license application to the appropriate Technology Transfer Manager (TTM) whose name and email address can be found toward the bottom of the technology “Abstract,” or if the information was received from another source, please email the signed application to ncitechtransfer@mail.nih.gov.

I. IDENTIFICATION OF INVENTIONS(S) FOR WHICH LICENSE IS SOUGHT (Complete all relevant sections)

- A. NIH Reference Numbers (E#: E-XXX-XXXX-X for a new license, or L#: L-XXX-XXXX-X, if amending a license):
- B. Biological Material(s) Requested (**PLEASE BE SPECIFIC IN NAME AND QUANTITY**):
- C. Inventor(s):
- D. Source from which you learned of availability of a license to the present invention(s):

II. BASIC INFORMATION ABOUT APPLICANT

- A. “Company Name and Address” (Must be the organization with Signatory Authority for any Agreement resulting from this application):
- B. Name, title, address, phone, fax and email, of Applicant's licensing representative:
- C. Name, title, address, phone, fax and email for Applicant's representative who should receive official notices for any agreement (only one contact is permitted):
- D. Name, title, address, phone, fax and email for Applicant's representative who should receive invoices for any agreement (only one contact is permitted):
- E. Name, title, address, phone, fax and email for Applicant's representative who should receive any materials (only one contact is permitted):

F. Preferred shipping carrier and account number (**necessary to ship any materials**):

G. Is Applicant a U.S. Corporation? _____ Yes _____ No

1) State of incorporation:

2) If non-US, state country of origin:

H. Is Applicant a Small Business Firm? _____ Yes _____ No

I. Is Applicant a Start-up Company? _____ Yes _____ No

J. Will applicant accept PDF execution copy of the agreement? _____ Yes _____ No

K. Will applicant accept a Digital Signature in the execution copy of the agreement?
_____ Yes _____ No

L. Does applicant have an SBIR/STTR grant? _____ Yes _____ No

M. Applicant Tax ID # _____ (**must provide before license is executed**)

N. Description of the Applicant (a few sentences). Please address the following questions:

1) How many individuals are employed by Applicant?

2) What is the Applicant's overall company structure?

3) If Applicant is a large company with many subsidiaries, what arm and research facility of the company will be using the Biological Materials?

III. TYPE OF NON-EXCLUSIVE LICENSE SOUGHT

_____ Non-exclusive Biological Materials License for Commercial Use (for commercial manufacture and sale of materials and/or services)

_____ Non-exclusive Biological Materials License for Internal Commercial Use (for internal use; no right to sell or distribute materials or services)

_____ Non-exclusive Commercial Biological Materials Evaluation License (short term (6-12 mos.), for internal use; no right to sell or distribute materials or services)

_____ Amendment to Non-exclusive Biological Materials License (Please Indicate L#: L-XXX-XXXX-X)

IV. PROPOSED FIELD(S) OF USE (please provide 1-3 sentences describing the desired Licensed Field of Use).

V. Research Description. Please provide a few sentences addressing the following questions:

For all license types, please answer these questions.

A. How will the Biological Materials be used?

B. What is the desired duration of use of the license?

1) For Biological Materials License: XX months/X years? _____

2) For a Commercial Evaluation License: XX mons. _____

C. Is the Applicant working with a collaborator that will need access to the Biological Materials? _____ Yes _____ No

1) If yes, please describe the collaborator and the nature of the collaboration:

D. Does the Applicant intend to share the Biological Materials with:

1) an Affiliate? _____ Yes _____ No - if yes, please name the Affiliate and briefly describe how they will use the materials

2) a CRO? _____ Yes _____ No - if yes, please name the CRO and briefly describe how they will use the materials

3) a Contractor? _____ Yes _____ No - if yes, please name the CRO and briefly describe how they will use the materials

4) Other? _____ Yes _____ No - if yes, please name the entity and briefly describe how they will use the materials

E. For a Commercial Use Biological Materials License, please answer these additional questions.

1) Will the Applicant use the Biological Materials to provide a service? If yes, please briefly describe the service and proposed customers.

F. Will the Applicant sell the Biological Materials as-is?

G. Will the Applicant modify the Biological Materials in some way before selling them? If yes, please briefly describe the product(s)

H. Will the company commercialize the Biological Materials through:

1) Affiliate(s) _____ Yes _____ No

2) Contractor _____ Yes _____ No

3) Distributors? _____ Yes _____ No

If yes to any of the above, please provide details:

VI. OTHER LICENSES TO NIH INVENTIONS

Identify any licenses previously granted to the Applicant under federally owned inventions (L-XXX-XXXX-X):

I certify, to the best of my knowledge, that all the information provided on this application and on attachments to this application is true and accurate.

Signature of Applicant or Authorized Representative

Date

Print Name _____

Title _____

The commercial and financial responses in this application will be treated as privileged and confidential information as provided in [35 U.S.C. 209\(f\)](#); and, to the extent permitted by law, will not be accessible under the Freedom of Information Act.