

OTS CONTRACTOR COVER SHEET TO  
NIH EMPLOYEE DISCOVERY & INVENTION REPORT (EIR)

1. **Title of Discovery/Invention:**  

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2. **Lead OTS Employee Contributor:**  

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**Additional Contributors: (Include Organization)**  


**PART I: TO BE COMPLETED BY THE LEAD OTS EMPLOYEE CONTRIBUTOR**

**A. PROJECT INFORMATION RELATED TO THE DISCOVERY/INVENTION**

*Please check the appropriate answer and provide the requested information.*

1. Was discovery/invention made in association with work being provided in support of a specific project or request?

	No
	Yes. If yes, please describe.

2. Are any inventors Contractor Guest Researchers or NCI Guest Researchers/Special Volunteers?

	No
	Yes. If yes, attach the Guest Researcher Agreement(s) or Special Volunteer Agreement(s)

3. Project Funding:

	%NCI		%NIAID		%USAMRIID
	%Other (Identify):				OTS Contractor CRADA

4. Is this invention/discovery specifically related to work being conducted at the request of an NIH investigator?

	No
	Yes. If Yes, NIH Investigator Name:
NIH IC/IC Division/Center:	

**I certify that the information above is true and accurate to the best of my understanding.**

\_\_\_\_\_  
**Lead OTS Employee Contributor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name and Title**

\_\_\_\_\_  
**Directorate Head**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name and Title**

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**Please submit this form along with the original EIR to the CTO (Technology and Research Group) or CMO (Clinical Group).**

**PART II: TO BE COMPLETED BY OTS CONTRACTOR MANAGEMENT**

**A. OTS CONTRACTOR GROUP HEAD APPROVAL:**

Please check one:

	Please proceed with this EIR.
	Please do NOT proceed with this EIR.

\_\_\_\_\_  
**Key Staff Signature (CSO or designee)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name and Title**

**B. OTS CONTRACTOR IP ADMINISTRATOR APPROVAL**

***Please check the appropriate answer and provide the requested information:***

1. Was this discovery/invention reported by a subcontractor of the OTS Contractor or an OTS CRADA Collaborator?

	No.
	Yes. If Yes, check which of the IP provisions apply, in accordance with the Determination of Exceptional Circumstances and associated deviated FAR Clauses of the OTS Contract.

	OTS CRADA Collaborator pursuant to Deviated FAR 52.227-11 [OTS Contractor CRADA]
	Third-party DEC with OTS subcontractor using third-party proprietary materials/information supplied to NIH:

	Deviated FAR 52.227-11 [Use of Third-party Technology/Information by Subcontractors]
	Deviated FAR 52.227-17 [Use of Third-party Technology/Information by Subcontractors]

	Standard Far clauses included:
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	Standard FAR 52.227-11
	Standard FAR 52.227-14
	Standard FAR 52.227-17

2. Pursuant to the deviated FAR Clause 52.227-13 (b)(2) of the OTS Contract, does the OTS Contractor choose to elect Greater Rights in this discovery/invention?

	Not at this time.
	Yes. See attached justification for this request.

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3. Did this invention use proprietary materials or data supplied to NIH by a third-party collaborator(s) as part of an NCI program or NIH CRADA that may restrict or eliminate the patent rights of Leidos Biomedical Research, Inc. or its subcontractor(s) pursuant to deviated FAR Clauses 52.227-13 (b)(1), 52.227-11 [Patent Rights-Use of Third-party Materials/Data] or 52.227-17 [Rights in Data-Use of Third-party Materials/Data] of the OTS Contract?

	No.
	Yes.

4. Pursuant to Section B.4(r) of the OTS Contract, does the OTS Contractor request that the Phase III/Commercialization indemnification language be utilized?

	No.
	Yes.

5. Pursuant to FAR Clause 52.227-14(c)(1) (or other appropriate clause) of the OTS Contract, does the OTS Contractor intend to request Contracting Officer's approval to assert and establish copyright beyond publication in scientific or technical journals?

	No.
	Yes. See attached copy of Contracting Officer Approval letter.

\_\_\_\_\_  
**OTS Contractor IP Administrator Signature** \_\_\_\_\_  
**Date**

**C. OTS CONTRACTOR EXECUTIVE APPROVAL**

	Please proceed with this EIR.
	Please do NOT process this EIR.

\_\_\_\_\_  
**David Heimbrook, Ph.D.** \_\_\_\_\_  
**Date**  
**President, Leidos Biomedical Research, Inc.**

**PART III: TO BE COMPLETED BY DIRECTOR, OFFICE OF SCIENTIFIC OPERATIONS, NCI-FREDERICK**

1. Please check one:

	Please proceed with this EIR.
	Please do NOT process this EIR.

\_\_\_\_\_  
**Craig W. Reynolds, Ph.D.** \_\_\_\_\_  
**Date**  
**Director, Office of Scientific Operations, NCI-Frederick**

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Please forward this entire cover document with original signatures and the original PHS Employee Discovery & Invention Report (version 201110915.1) to:

NCI Technology Transfer Center (Frederick Unit),  
P.O. Box B  
ATRF, Suite E3200  
Frederick, MD 21702  
Phone: 301-846-5465  
Fax: 301-846-6820

NCI TTC will forward the EIR package to other technology transfer office(s) as appropriate.