

**OTS CONTRACTOR COVER SHEET TO PHS 6364 (Employee Invention Report)**

Invention Title: \_\_\_\_\_

<u>Inventor(s)</u>	<u>Organizational Affiliations</u>
1.	1.
2.	2.
3.	3.
4.	4.

See EIR for additional inventors:

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

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

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

1. Was 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: \_\_\_\_\_)
4. Is this invention specifically related to work being conducted at the request of an NCI investigator?  
 No.  
 Yes. If yes, who \_\_\_\_\_ and from which NCI division:  
 Center for Cancer Research  
 Division of Cancer Epidemiology and Genetics  
 Division of Cancer Treatment and Diagnosis  
 Other: \_\_\_\_\_

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

\_\_\_\_\_  
OTS Employee Lead Inventor Date

**Please submit this form along with the original and six copies of the EIR to the Director of your Directorate.**

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

**A. OTS CONTRACTOR DIRECTORATE APPROVAL:**

Please check one:

- Please proceed with this invention report.
- Please do NOT proceed with this invention report.

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

Printed Name and Title:\_\_\_\_\_

**B. OTS CONTRACTOR IP ADMINISTRATOR APPROVAL**

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

1. Was this invention reported by a subcontractor of the OTS Contractor?

- No.
- Yes. If **Yes**, check which of the IP provisions were flowed down into the subcontract, in accordance with the Determination of Exceptional Circumstances and associated deviated FAR Clauses of the OTS Contract.

- Large Business Subcontractor with Deviated FAR 52.227-13 and/or Deviated FAR 52.227-17 (third party material/data)
- Full-length cDNA Initiative (FlcDNA) with Deviated FAR 52.227-11 (FlcDNA) and Deviated FAR 52.227-14 (FlcDNA)
- Initiative for Chemical Genetics (ICG) with Deviated FAR 52.227-11 (ICG) and Deviated FAR 52.227-14 (ICG)
- Proteomics Technologies Research Resources Initiative (PTRRI) with Deviated FAR 52.227-11 (PTRRI) and Deviated FAR 52.227-14 (PTRRI)

Third-party DEC with:

- Deviated FAR 52.227-11 (third party material/data) for small businesses; and
- Deviated FAR 52.227-17 (third party material/data)

Standard Far clauses included:

- Standard FAR 52.227-11
- Standard FAR 52.227-14
- Standard FAR 52.227-17

2. Did this invention use proprietary materials or data supplied to NIH by a third-party collaborator(s) as part of a NCI Program or NIH CRADA that may restrict or eliminate the patent rights of SAIC-Frederick 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.

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

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

4. Pursuant to Section B.4(w) of OTS Contract, does the OTS Contractor requests 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 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 invention report.
- Please do NOT proceed with this invention report.

\_\_\_\_\_  
Larry O. Arthur, Ph.D.  
Principal Investigator, OTS Contract

\_\_\_\_\_  
Date

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

1. Please check one:

- Please proceed with this invention report.
- Please do NOT process this invention report.

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

\_\_\_\_\_  
Date

**Please forward this entire cover document with original signatures, and the original and three copies of the PHS 6364 (Employee Invention Report) to:**

NCI Technology Transfer Branch (Frederick Unit),  
1003 West 7<sup>th</sup> Street  
Fairview Center, Suite 500, Mail code: FVC 500  
Frederick, MD 21701

Phone: 301-846-5465  
Fax 301-846-6820

NCI TTB will forward the EIR package to the appropriate technology transfer office(s).

**(Part IV on the following page is to be completed by Technology Transfer Offices other than the Frederick Office of the NCI Technology Transfer Branch.)**

**Part IV:** Case Disposition by organizations outside of NCI-Frederick

*To be completed by technology transfer offices other than the Frederick Unit of the NCI Technology Transfer Branch*

1. Describe your organization:

NIH Institute or Center (Name here): \_\_\_\_\_  
United States Army:  
Other Government Organization:

2. For NIH Institutes and Centers:

List the date the invention was sent to the NIH Office of Technology Transfer (OTT)

List the NIH "E-number" assigned to the invention by NIH OTT

3. What was the patent decision regarding the invention:

A patent application(s) was filed: (List filing dates and application numbers):

\_\_\_\_\_

No patent application will be filed on this invention

4. Contact Person and Information:

\_\_\_\_\_  
Signature

Please return this completed page to:

NCI Technology Transfer Branch (Frederick Unit)  
1003 West 7<sup>th</sup> Street  
Fairview Center, Suite 500, Mail code: FVC 500  
Frederick, MD 21701

Phone: 301-846-5465  
Fax 301-846-6820