

**SAIC FREDERICK COVER SHEET TO PHS 6364 (Employee Invention Report)**  
(Revised 6/25/03)

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

Inventor(s) &  
Organizational  
Affiliations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART I: TO BE COMPLETED BY THE LEAD SAIC FREDERICK INVENTOR**

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

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

1. Project Identifier \_\_\_\_\_ and Project Description: \_\_\_\_\_  
\_\_\_\_\_

2. (Yes or No) Are any inventors Guest Researchers or Special Volunteers? If yes, attach the Guest Researcher Agreement(s) or Special Volunteer Agreement(s).

3. (Yes or No) Does this invention rely upon data involving Human Subjects as defined in and regulated under 45 CFR Part 46? If yes, provide IRB approval number and date: \_\_\_\_\_

4. Project Funding: \_\_\_\_\_%NCI \_\_\_\_\_%NIAID \_\_\_\_\_%Other (Identify: \_\_\_\_\_)

5. Government Principal Investigator/Asst. Project Officer & Affiliation: \_\_\_\_\_

6. (Yes or No) Were proprietary materials or data used in creating this invention that were obtained from an outside third-party? If yes, check all that apply.

\_\_\_\_\_ Materials were obtained under a Materials Transfer Agreement (please attach a copy).

\_\_\_\_\_ Materials were obtained as part of CRADA Research.  
If yes, provide the NIH IC, CRADA number and CRADA Collaborator: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Materials obtained through another mechanism (please explain and attach related documents): \_\_\_\_\_

7. Please fax a copy of the Employee Invention Report to the NCI Technology Transfer Branch at (301) 846-6820 while concurrently obtaining the signatures below through normal SAIC-Frederick channels.

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

\_\_\_\_\_  
SAIC Frederick Lead Inventor

\_\_\_\_\_  
Date

**PART II: TO BE COMPLETED BY SAIC - FREDERICK MANAGEMENT**

**A. SAIC-FREDERICK PROGRAM APPROVAL:**

Please check one:

Please proceed with this invention report.

Please do NOT proceed with this invention report.

\_\_\_\_\_  
Program Director, SAIC Frederick

\_\_\_\_\_  
Date

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

**B. SAIC-FREDERICK IP ADMINISTRATOR APPROVAL**

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

1. (Yes or No) Was this invention reported by an SAIC-Frederick subcontractor? If **Yes**, indicate the IP provisions applicable to the subcontract, such as a Determination of Exceptional Circumstances and one or more of the deviated FAR Clauses associated with Contract NO1-CO12400: \_\_\_\_\_  
\_\_\_\_\_

2. (Yes or No) Did this invention use the proprietary materials or data of a third-party collaborator as part of a Program, CRADA or subcontract that may restrict or eliminate the patent rights of SAIC-Frederick or its subcontractor(s) pursuant 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 Contract NO1-CO-12400?

3. (Yes or No) Pursuant to the deviated FAR Clause 52.227-13 (b)(2) of Contract NO1-CO-12400, SAIC-Frederick chooses to elect Greater Rights in this invention.

4. (Yes or No) Pursuant to Section B.4(w) of Contract NO1-CO-12400, SAIC-Frederick requests that the Phase III/Commercialization indemnification language be utilized.

5. (Yes or No) Pursuant to FAR Clause 52.227-14(c)(1) (or other appropriate clause) of Contract NO1-CO-12400, SAIC-Frederick intends to request Contracting Officer's approval to assert and establish copyright beyond publication in scientific or technical journals.

\_\_\_\_\_  
SAIC-Frederick IP Administrator Signature

\_\_\_\_\_  
Date

C. SAIC-FREDERICK 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, SAIC Frederick

\_\_\_\_\_  
Date

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

*Please provide the requested information.*

1. This Invention should be sent to the following Technology Transfer office(s) (check all that apply)  
(Denote the Technology Transfer office taking the lead with a “ \* ”)

\_\_\_\_ NCI Technology Transfer Branch, Fairview Center, Suite 500 (FVC500)  
1003 W. 7<sup>th</sup> St. Frederick, MD 21701 (Phone: 301-846-5465; Fax: 301-846-6820)

\_\_\_\_ NIAID Office of Technology Development, 6610 Rockledge Dr., Room 4045  
MSC 6606, Bethesda, MD 20817 (Phone: 301-496-2644; Fax: 301-402-7123 )

\_\_\_\_ Other IC or Agency (add contact information)

2. 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 the Technology Transfer office(s) noted above. Note: the Employee Invention Report with original signatures should be sent to the lead Technology Transfer Office designated above.**

**(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: TO BE COMPLETED BY TECHNOLOGY TRANSFER OFFICES OTHER THAN NCI-FREDERICK**

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

1. Receipt Date: \_\_\_\_\_ Reference Number: \_\_\_\_\_
2. (Yes or No) Are you the designated Lead NIH IC ? If yes, proceed to 3-5 below. If No, **STOP**.
3. Date invention was reported to the NIH Office of Technology Transfer \_\_\_\_\_
4. Signature of the Contracting Officer's Technical Representative (COTR) for Intellectual Property.

\_\_\_\_\_  
COTR for Intellectual Property

\_\_\_\_\_  
Date

5. Please forward a copy of this document to the NCI Technology Transfer Branch, Fairview Center, Suite 500 (FVC500), 1003 W. 7<sup>th</sup> St. Frederick, MD 21701 (Phone: 301-846-5465; Fax 301-846-6820)