

**NIMH Cover Sheet**  
Employee Invention Report (EIR)

**NOTE:** Please complete and submit with each Employee Invention Report (EIR).

**Instructions:** 1. To be filled out by Inventor. *(Please type all pages submitted).*  
2. PLEASE ATTACH (DRAFT) MANUSCRIPT!!! (if available)

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**List Inventors:**

**Invention Title:**

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**Has this invention been (or will it soon be) disclosed in any way?**

**Yes, has already been submitted for publication on (date):**

**The estimated publication date is:**

**Yes, will be submitted for publication on (date):**

**Yes, has already been disclosed on (date):**  
(Circle as appropriate - Abstract / talk / interview / *NIH Record*)

**Yes, abstract, talk, etc. scheduled to be given on (date):**

**Yes: \_\_\_\_\_(Other) Date disclosed:**

**Please check here if this is a CRADA-related invention:**

**Notes:**

# PHS Employee Invention Report

*For Patent Branch Use*

E-Number  
U. S. P. A. #  
U.S. filing (date)

## Part 1: To Be Completed By The Inventor.

First Inventor's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

- 1. Give a short descriptive title of your discovery or invention.**
- 2. Please provide (in non-scientific terms if possible) a one paragraph description of the essence of your discovery or invention and identify the public health need it fills.**
- 3. Who contributed to the invention or discovery? Please identify all colleagues who *could* merit co-authorship credit for the associated publication, whether or not you believe them to be co-inventors.**
- 4. Is anyone outside of the Public Health Service aware of your invention or discovery? If so, please identify them and describe the dates and circumstances.**
- 5. Are you aware of any PHS patent applications that are related to your invention or discovery?**
- 6. Please list the most pertinent previous articles, presentations or other public disclosures, made by you or by other researchers, that are related to your invention or discovery. Also, attach copies, *please!***
- 7. Please indicate any future dates on which you will publish articles or make any presentations related to your invention or discovery.**
- 8. In one paragraph, please speculate (and be creative!) about possible commercial uses of your invention or discovery.**



**Information On Additional Inventors (*copy this page as needed*)**

**Name:** **Degree:** **Social Security No. (*optional*):**

**Position Title:** **Office address:**

**Office Phone No:** **FAX No.:** **Citizenship:  
(U.S. – Other)**

**Home address:**

**Affiliation:**

**ICD (specify ICD and applicable box below)**

- |       |                      |                        |                     |
|-------|----------------------|------------------------|---------------------|
| · GS  | · CO                 | · Visiting Scientists  | · Special Volunteer |
| · GM  | · Visiting Fellow    | · Howard Hughes Fellow | · Other (specify):  |
| · SES | · Visiting Associate | · Guest Researcher     | _____               |

**Non-ICD Affiliation (specify):**

**What specific personal contribution did s/he make to this work?**

Non-ICD Affiliation (specify):

If more than one inventor, what specific contribution did you make to this work?

**14. Inventors' Signatures**

This report is submitted pursuant to Executive Order 10096 and 10930 and/or Department Regulations. PHS employees have an obligation to report inventions they make while employed by PHS to OTT. Under E.O. 10096 and 367 CFR 501 the Government shall obtain the entire right, title, and interest in inventions: (I) made during working hours; or (ii) with Government facilities, equipment, materials, funds or information; or (iii) which bear a direct relationship or is made in consequence of the official duties of the inventor. If you are employed by PHS to conduct or perform research it is presumed that the invention was made under the foregoing circumstances. If this is not the case you must contact your Technology Development Coordinator (TDC) and provide the TDC with the details pertaining to this particular discovery or invention so that a determination of rights can be made.

<b>Inventors' Signatures</b>	<b>Dates</b>	<b>Witnesses' Signatures</b>	<b>Dates</b>
_____			
_____			
_____			
_____			

**Part II: To Be Completed By The Technology Development Coordinator.**

15. Institute(s) or Agency(s) sponsoring this invention: \_\_\_\_\_

16. Patent prosecution fees are to be charged to: CAN: \_\_\_\_\_ ICD: \_\_\_\_\_

\_\_\_\_\_  
Authorizing Official (Typed) Signature Date

*Send 3 copies of this form when completed to the OTT Patent Branch*