

**IIP (INTER-INSTITUTE PROGRAM FOR THE DEVELOPMENT OF AIDS-RELATED THERAPEUTICS) APPLICANT
INTELLECTUAL PROPERTY REPORT FORM**

(information to be provided by Applicant's Technology Transfer Office)

Institution Name:

Principal Investigator Name:

1. Describe technology to be developed in IIP project:	
2. Describe patent status of technology (provide serial #'s of any filings):	
3. Name(s) of patent assignee(s):	
4. Are patent filing and/or prosecution costs being shared with a commercial party?	Y ___ N ___ Not Applicable ___
5. Describe licensing status (please provide name of licensing organization):	
The IIP Coordinator (contact information provided below) should be notified if successful licensure of the current application's subject agent/technology occurs.	
6. Has research that produced technology received any private sector support?	Y ___ N ___
6b. If "Yes" please describe:	
7. Describe any license option or obligation to third parties regarding this technology for its use:	
8. Describe any patents held by others which would be required for the development of this technology:	

Signed by Applicant's Technology Transfer Office

Office Name:

Address:

Phone:

Fax:

Contact Signature: _____ **Date:** _____

Contact Name (Print):

Contact Title:

Any questions regarding this document should be directed to:

IIP Program Coordinator

DTP, DCTD, NCI, NIH

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