



DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE • Public Health Service
NATIONAL INSTITUTES OF HEALTH • Bethesda 14, Md.

NATIONAL INSTITUTE OF PATENTS AND INVENTIONS
SCIENTIFIC STAFF PATENTS
NATIONAL INSTITUTE OF MEDICAL RESEARCH
NATIONAL INSTITUTE OF HYGIENE
DIVISION OF POLYCLINIC RESEARCH
NATIONAL INSTITUTIONS OF HEALTH
NATIONAL INSTITUTE OF HUMAN GENETICS EXPENSES
THE CANCER CENTER
DIVISION OF SCIENTIFIC GRANTS

December 3, 1953

Mr. Quincy C. Ayres
Office of Patent Manager
Iowa State College
Research Foundation, Inc.
117 Beardsheer Hall
Ames, Iowa

Dear Mr. Ayres:

In reply to your letter of November 19, 1953, I should like to make the following comments concerning the administrative procedures applying to the agreement on patents dated September 14, 1953:

1. No formal report is required unless patentable inventions or discoveries arise; however, we do feel that a short annual report should be submitted advising us as to what has happened during the year. Such a statement would help us in keeping our records up to date on progress made in the patent area.
2. You are correct in your understanding that in the event patent applications are filed the initial report should not be submitted until the serial number and date of filing are known.
3. We do not believe it is necessary for you to require scientific personnel to sign waivers of personal patent rights in connection with the agreement of September 14, 1953. In this connection, I should like to inform you that the Public Health Service is completely satisfied with your statement that members of the staff are not required to sign agreement to report patentable discoveries. We believe that the local institution should report to the Public Health Service any invention which in any way comes to its attention. On the other hand, we do not feel there is need for "policing" of employee activities for possible patentable discoveries. We agree with you that such "policing" would be obnoxious to scientific personnel.

As requested, I am enclosing a copy of the face sheet
of the present application form.

We are pleased to have completed patent agreement with
Iowa State College, and hope you will not hesitate to let us
know if we can be of further service to you.

Sincerely yours,

Ernest M. Allen, Chief
Division of Research Grants

Enclosure

FEDERAL SECURITY ACT
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
APPLICATION FOR RESEARCH GRANT

PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
DIVISION OF RESEARCH GRANTS
Bethesda 14, Maryland

Date _____

Application is hereby made for a grant in the amount of \$ _____ for the period

from _____ through _____
Month Day Year Month Day Year

Inclusive (not to exceed 1 year) for the purpose of conducting a research project on the following subject:

(Give only brief descriptive title)

TITLE OF
PROJECT

NAME OF FINANCIAL INVESTIGATOR

TITLE OF PRINCIPAL INVESTIGATOR

ADDRESS OF PRINCIPAL INVESTIGATOR

NAME OF FINANCIAL OFFICER
TO WHOM CHECK SHOULD BE MAILED

TITLE OF FINANCIAL OFFICER

ADDRESS OF FINANCIAL OFFICER

AGREEMENT

It is understood and agreed by the applicant: (1) That funds granted as a result of this request are to be expended for the purposes set forth herein; (2) that the grant may be revoked in whole or part at any time by the Surgeon General of the Public Health Service, provided that a revocation shall not include any amount obligated previous to the effective date of the revocation if such obligations were made solely for the purposes set forth in this application; (3) that all reports of original investigations supported by any grant made as a result of this request shall acknowledge such support; (4) that if any patentable discoveries or inventions are made in the course of the work aided by any grant received as a result of this application, the applicant will, in consideration of such grant, refer to the Surgeon General of the Public Health Service, for determination, the question of whether such patentable discoveries or inventions shall be patented and the manner of obtaining and disposing of the proposed patents in order to protect the public interest.

NAME OF INSTITUTION _____

NAME AND TITLE OF
OFFICIAL AUTHORIZED
TO SIGN FOR INSTITUTION
(Please Type)

PERSONAL SIGNATURE
(This agreement must carry the
actual signature of the official whose
name appears on the line above.)

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FORM 255
REV. 5-63

Form Approved
Budget Bureau No. 68-2247-4