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5. "SUBJECT INVENTIONS" REQUIRED TO BE REPORTED BY CONTRACTOR/SUBCONTRACTOR (If "None," so state)			AIAI, Crichton Street, Edinburgh EH8 9LE, UK	b. ADDRESS (Include ZIP Code)	University of Edinburgh	1.a. NAME OF CONTRACTOR/SUBCONTRACTOR c. CONTRACT NUMBER	PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE CONTRACTING OFFICER.	The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (9000-0095). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.	REPORT OF (Pursuant to "Patent
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CTOR (If "None," so state)	SECTION I - SUBJECT INVENTIONS			AWARD DATE b. ADDRESS (Include ZIP Code)		2.a. NAME OF GOVERNMENT PRIME CONTRACTOR	TION. RETURN COMPLETED FORM TO THE CON	, including the time for reviewing instructions, searching existing ct of this collection of information, including suggestions for reduce be subject to any penalty for failing to comply with a collection or	REPORT OF INVENTIONS AND SUBCONTRACTS (Pursuant to "Patent Rights" Contract Clause) (See Instructions on back)
				d. A		c. CONTRACT NUMBER	TRACTING OFFICE	data sources, gathering a cing the burden, to the D information if it does not	
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		ь. то 20070531	а. FROM 20050101	d. AWARD DATE 4. REPORTING PERIOD (YYYYMMDD)	a. INTERIM X b. FINAL	3. TYPE OF REPORT (X one)		the data needed, and completing and fense, Executive Services Directorate ly valid OMB control number.	Form Approved OMB No. 9000-0095 Expires Jan 31, 2008

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5. "SUBJECT INVENTIONS" REQUIRED TO BE REPORTED BY CONTRACTOR/SUBCONTRACTOR (If "None," so state)	ED BY CONTRACTOR/SUBCONT	TRACTOR (If "None," so state)					
NAME(S) OF INVENTOR(S)	ΤΙΤΙΕ Ο ΕΙΙ	TITLE OF INVENTION(S)	PATENT APPLICATION	ELECTION TO FILE PATENT APPLICATIONS (X)	ILE (X)	CONFIRMATORY INSTRUMENT OR ASSIGNMENT FORWARDED TO CONTRACTING OFFICER (X)	T FORWARDED
ודמפל ז וופל אווממום ווווומול			PATENT NUMBER	(1) UNITED STATES (2)	(2) FOREIGN	e.	
à		, p	ç	(a) YES (b) NO (a) YES	S (b) NO	(a) YES	(b) NO
N/A	None						
f. EMPLOYER OF INVENTOR(S) NOT EMPLOYED BY CONTRACTOR/SUBCONTRACTOR	OR/SUBCONTRACTOR		g. ELECTED FOREIGN COUNTRIES IN WHICH A PATENT APPLICATION WILL BE FILED	IES IN WHICH A PATENT A	PPLICATION WIL	L BE FILED	
(1) (a) NAME OF INVENTOR (Last, First, Middle Initial)	(2) (a) NAME OF INVENTOR (Last, First, Middle Initial)	, First, Middle Initiall	(1) TITLE OF INVENTION	(2) FC	DREIGN COUNTRI	(2) FOREIGN COUNTRIES OF PATENT APPLICATION	PPLICATION
(b) NAME OF EMPLOYER	(b) NAME OF EMPLOYER						
(c) ADDRESS OF EMPLOYER (Include ZIP Code)	(c) ADDRESS OF EMPLOYER (Include ZIP Code)	lude ZIP Codel					
	SECTION II - SU	SECTION II - SUBCONTRACTS (Containing a "Patent Rights" clau	a "Patent Rights" clause)				
6. SUBCONTRACTS AWARDED BY CONTRACTOR/SUBCONTRACTOR (If "None," so state)	BCONTRACTOR (If "None," so state	e)					
NAME OF SUBCONTRACTOR(S) ADDRESS	ADDRESS (Include ZIP Code)	SUBCONTRACT FAR "PATENT RIGHTS" d.		DESCRIPTION OF WORK TO BE PERFORMED		SUBCONTRACT DATES (YYYYMMDD)	TES (YYYYMMDD)
ça	b.	c. (1) CLAUSE	(2) DATE (YYYYMM)	е.		(1) AWARD	(2) ESTIMATED COMPLETION
None							
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		SECTION III - CERTIFICATION	ATION				
7. CERTIFICATION OF REPORT BY CONTRACTOR/SUBCONTRACTOR (Not required if: IX as appropriate).	CONTRACTOR (Not required if: (X		SMALL BUSINESS or	NONPROFIT ORGANIZATION	NIZATION		
I certify that the reporting party has procedures for prompt identification and timely disclosure of "Subject Inventions," that Inventions" have been reported.	s for prompt identification ar	nd timely disclosure of "Su	bject Inventions," that sucl	such procedures have been followed and that all "Subject	en followed a	and that all "S	ubject

a. NAME OF AUTHORIZED CONTRACTOR/SUBCONTRACTOR b. TITLE	b. TITLE	c. SIGNATURE	d. DATE SIGNED
OFFICIAL (Last, First, Middle Initial)	Professor		21 A 227
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