

REPORT OF INVENTIONS AND SUBCONTRACTS
(Pursuant to "Patent Rights" Contract Clause) (See Instructions on back)

Form Approved
OMB No. 9000-0035
Expires Jan 31, 2008

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 Service Directorate (9000-0035). 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.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE CONTRACTING OFFICER.

1. a. NAME OF CONTRACTOR/SUBCONTRACTOR University of Edinburgh	c. CONTRACT NUMBER	2. a. NAME OF GOVERNMENT PRIME CONTRACTOR	c. CONTRACT NUMBER								
b. ADDRESS (Include ZIP Code) AIAI, Crichton Street, Edinburgh EH8 9LE, UK	d. AWARD DATE (YYYYMMDD) 20030218	b. ADDRESS (Include ZIP Code)	d. AWARD DATE (YYYYMMDD) FROM 20050101 TO 20070531								
3. TYPE OF REPORT (X one)		4. REPORTING PERIOD (YYYYMMDD)									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. INTERIM</td> <td style="width:50%;">b. FINAL</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table>		a. INTERIM	b. FINAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. FROM</td> <td style="width:50%;">b. TO</td> </tr> <tr> <td align="center">20050101</td> <td align="center">20070531</td> </tr> </table>		a. FROM	b. TO	20050101	20070531
a. INTERIM	b. FINAL										
<input type="checkbox"/>	<input checked="" type="checkbox"/>										
a. FROM	b. TO										
20050101	20070531										

SECTION I - SUBJECT INVENTIONS

5. "SUBJECT INVENTIONS" REQUIRED TO BE REPORTED BY CONTRACTOR/SUBCONTRACTOR (If "None," so state)	TITLE OF INVENTION(S)	DISCLOSURE NUMBER, PATENT APPLICATION SERIAL NUMBER OR PATENT NUMBER	ELECTION TO FILE PATENT APPLICATIONS (X)				CONFIRMATORY INSTRUMENT OR ASSIGNMENT FORWARDED TO CONTRACTING OFFICER (X)
			(1) UNITED STATES		(2) FOREIGN		
			(a) YES	(b) NO	(a) YES	(b) NO	
N/A	None	None					

f. EMPLOYER OF INVENTOR(S) NOT EMPLOYED BY CONTRACTOR/SUBCONTRACTOR	g. ELECTED FOREIGN COUNTRIES IN WHICH A PATENT APPLICATION WILL BE FILED	(2) FOREIGN COUNTRIES OF PATENT APPLICATION
(1) (a) NAME OF INVENTOR (Last, First, Middle Initial)	(1) TITLE OF INVENTION	
(b) NAME OF EMPLOYER		
(c) ADDRESS OF EMPLOYER (Include ZIP Code)		


SECTION II - SUBCONTRACTS (Containing a "Patent Rights" clause)

6. SUBCONTRACTS AWARDED BY CONTRACTOR/SUBCONTRACTOR (If "None," so state)					
NAME OF SUBCONTRACTOR(S)	ADDRESS (Include ZIP Code)	SUBCONTRACT NUMBER(S)	FAR "PATENT RIGHTS"		DESCRIPTION OF WORK TO BE PERFORMED UNDER SUBCONTRACT(S)
			(1) CLAUSE NUMBER	(2) DATE (YYYYMM)	
a.	b.	c.	d.	e.	
None					

SECTION III - CERTIFICATION

7. CERTIFICATION OF REPORT BY CONTRACTOR/SUBCONTRACTOR (Not required if: (X as appropriate))	SMALL BUSINESS or NON-PROFIT ORGANIZATION
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I certify that the reporting party has procedures for prompt identification and timely disclosure of "Subject Inventions," that such procedures have been followed and that all "Subject Inventions" have been reported.

a. NAME OF AUTHORIZED CONTRACTOR/SUBCONTRACTOR OFFICIAL (Last, First, Middle Initial) Tate, Austin	b. TITLE Professor	c. SIGNATURE 	d. DATE SIGNED 31 Aug 2007
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