



**COLLEGE of MEDICINE**

THE UNIVERSITY OF TOLEDO

**THE UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS**

**OFFICE OF RESEARCH DEVELOPMENT**

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**INVENTION REPORTING & ASSIGNMENT OBLIGATIONS**

DATE: \_\_\_\_\_

I have read the UT patent policy, a current copy of which is enclosed with this agreement, and agree to abide by the terms and conditions set forth in the policy.

I hereby agree to report to the Vice President for Research Development and any potentially patentable inventions and discoveries arising from any of my university work, including research, investigations, studies, and other scholarly activities. I also agree to assign all my rights in such inventions and discoveries to The University of Toledo in accordance with the UT patent policy and Section 3345.14 of the Ohio Revised Code.

NAME (type or print): \_\_\_\_\_

TITLE OR POSITION: \_\_\_\_\_

SCHOOL, DEPARTMENT, CENTER, ETC: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Since this policy, like all UT policies, is revised from time to time, you should always refer to the UT policy website for the most recent revision of the UT patent policy 3364-70-04.

Completed forms must be returned to UT Human Resources Office, HSC, Mail Stop 205, and TC1105 E. Campus Mail.