



## PATENT POLICY FORM

### INVENTION REPORTING & ASSIGNMENT OBLIGATIONS

#### MEDICAL UNIVERSITY OF OHIO RESEARCH AND GRANTS ADMINISTRATION

Name (PRINT) \_\_\_\_\_

Program of Study \_\_\_\_\_

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

I have read the MUO 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 Associate Vice President for Research 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 Medical University of Ohio in accordance with the MUO patent policy and Section 3345.13 of the Ohio Revised Code.

**SIGNATURE** \_\_\_\_\_

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\* Since this policy, like all MUO policies, is revised from time to time, you should always refer to the MUO General Policies and Procedures Manual for the most recent revision of the MUO patent policy (MUO Policy #03-003).