



FY 20	QTR			
	1 <sup>st</sup> <input type="checkbox"/>	2 <sup>nd</sup> <input type="checkbox"/>	3 <sup>rd</sup> <input type="checkbox"/>	4 <sup>th</sup> <input type="checkbox"/>
<input type="checkbox"/> No Quarterly Activity				

This form is to be completed by the TTO for individual inquiry/case activity during the quarter as required by the Technology Transfer Commercialization Act of 2000. Mouse over definitions and descriptions appear over text/check boxes where appropriate. After completing this form, click on the submit button.

\*If you have no TTO activity for the quarter, please fill in your name, FY and quarter, lab or facility and check the box "No Quarterly Activity".

Initial Ombuds Contact: \_\_\_\_\_ Type:  Inquiry  Case  
 Ombuds Name: \_\_\_\_\_ Time Spent: (Hours) \_\_\_\_\_  
 Final Ombuds Involvement: \_\_\_\_\_

**Laboratory or Facility:**

- |                               |                               |                                |                                      |
|-------------------------------|-------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> AMES | <input type="checkbox"/> ANL  | <input type="checkbox"/> BNL   | <input type="checkbox"/> LBNL        |
| <input type="checkbox"/> INL  | <input type="checkbox"/> KCP  | <input type="checkbox"/> LANL  | <input type="checkbox"/> NREL        |
| <input type="checkbox"/> LLNL | <input type="checkbox"/> NBL  | <input type="checkbox"/> NETL  | <input type="checkbox"/> PNNL        |
| <input type="checkbox"/> NNSS | <input type="checkbox"/> ORNL | <input type="checkbox"/> PXSO  | <input type="checkbox"/> SRNL        |
| <input type="checkbox"/> PPPL | <input type="checkbox"/> SLAC | <input type="checkbox"/> SNL   | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> TJ   | <input type="checkbox"/> Y-12 | <input type="checkbox"/> FERMI |                                      |

**Source of Inquiry/Case:**

- |  |   |
|--|---|
| <input type="checkbox"/> Private Industry      | <input type="checkbox"/> Office Personnel               |
| <input type="checkbox"/> Not-for-Profit        | <input type="checkbox"/> Self-Identified Small Business |
| <input type="checkbox"/> Lab/Facility Employee | <input type="checkbox"/> Private Individual             |
|  | <input type="checkbox"/> Other _____                    |

**Subject of Inquiry/Case:**

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> CRADA     | <input type="checkbox"/> License     |
| <input type="checkbox"/> Invention | <input type="checkbox"/> WFO         |
|                                    | <input type="checkbox"/> Other _____ |

**Nature of Issue(s):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Policy Interpretation           | <input type="checkbox"/> Terms & Conditions           | <input type="checkbox"/> Procedures     |
| <input type="checkbox"/> Termination of Contract         | <input type="checkbox"/> Manufacture Issue            | <input type="checkbox"/> Process Status |
| <input type="checkbox"/> Royalties                       | <input type="checkbox"/> Expiration of Patent/License | <input type="checkbox"/> General _____  |
| <input type="checkbox"/> Rights to Intellectual Property | <input type="checkbox"/> Unfair Competition           |   |

**Actions:**

- |   |  |
|---|--|
| <input type="checkbox"/> Consultation/"Sounding Board"                          | <input type="checkbox"/> Externally Mediated |
| <input type="checkbox"/> Referred to _____                                      | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> TTO Mediated/Facilitated between TTO visitor and _____ |  |

**Quarterly Status or Outcome:**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Pending from _____ FY Qtr _____ | <input type="checkbox"/> Unresolved  |
| <input type="checkbox"/> Resolved                        | <input type="checkbox"/> Other _____ |

**Optional Case Notes:**

OMB Control No.: 1910-5118  
Expiration Date:

U.S. Department of Energy  
OMB Burden Disclosure Statement

This data is being collected pursuant to the Technology Transfer Commercialization Act of 2000, Pub. L. 106-404, codified at 42 U.S.C. 7261c (c) 3 (C). The data supplied will ensure that the Technology Partnership Ombudsmen are hearing and helping resolve complaints from outside organizations regarding the policies and actions of the national laboratory or facility with respect to technology partnerships.

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Submission of this data is required pursuant to the Technology Transfer Commercialization Act.