

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Procedure for Submission of Final Invention Statement and Certification (For Grant or Award) Form HHS 568

A Final Invention Statement and Certification (Form HHS 568) shall be executed and submitted within 90 days following the expiration or termination of a grant or award. The Statement shall include all inventions which were conceived or first actually reduced to practice during the course of work under the grant or award, from the original effective date of support through the date of completion or termination. The Statement shall include any inventions reported previously for the grant or award as part of a non-competing application. This reporting requirement is applicable to grants and awards by Department of Health and Human Services in support of research.

The Final Invention Statement and Certification does not in any way relieve the person responsible for the grant or award, or the institution, of the obligation to assure that all inventions are promptly and fully reported directly to the National Institutes of Health, as required by terms of the grant or award. Information regarding the reporting of inventions, including the reporting form to be followed, may be obtained from the Office of Policy for Extramural Research Administration, Division of Extramural Inventions and Technology Resources, 6705 Rockledge Drive MSC 7980, Bethesda, Maryland 20892-7980, Telephone: (301) 435-1986.

The original of the completed Final Invention Statement and Certification is to be returned to the awarding component that funded the grant or award. The entire grant or award number must appear in the designated box on the form. The period covered by the Final Invention Statement is the project period of the grant or award at a particular grantee institution. If no inventions were involved, insert the word "None" in the first block under item Title of Invention. Each Statement requires the signature of an institution official authorized to sign on behalf of the institution.

Public reporting burden for this collection of information is estimated to vary from 5 to 10 minutes 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. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0002). Do not return the completed form to this address.

**Privacy Act Statement.** The NIH maintains application and grant records as part of a system of records as defined by the Privacy Act: NIH 09-25-0225 <a href="https://era.nih.gov/privacy-act-and-era.htm">https://era.nih.gov/privacy-act-and-era.htm</a>.

## **Department of Health and Human Services** Einal Invention Statement and Certification

DHHS Grant or Award No.

(For Grant or Award)		
A. We hereby certify that, to the conceived and/or first actual DHHS grant or award for the conceived and the conceived	he best of our knowledge and belief, all inventio ally reduced to practice during the course of wor ne period	ns are listed below which were k under the above-referenced
	through	
original effective date	date of termination	
B. Inventions (Note: If no inv	ventions have been made under the grant or aw	ard, insert the word "NONE"
NAME OF INVENTOR	TITLE OF INVENTION	DATE REPORTED TO DHHS
(Use continuation sheet if necessary)		
C. Signature — This block me	<b>ust</b> be signed by an official authorized to sign o	n behalf of the institution.
Title	Name and Mailing Ad	
Typed Name		
Signature	Date	