DEDODT OF INITION				A 5 600						
REPORT OF INVENTIONS AND SUBCONTRACTS (Pursuant to "Patent Rights" Contract Clause)							A5.502 University of Hawai'i 1975			
(Pursuant to "Patent R		JCTDII	CTIONS				University	of Hawai'i 19	1/5	
This form (in triplicate) is		NOTEON I	LIIONS	Δ	FINAI rer	ort chal	l he cuhmi	tted as soon as		
This form (in triplicate) is for use in submitting IN- TERIM and FINAL reports to the Contracting Agency.				A FINAL report shall be submitted as soon as practicable after the work under the contract is						
The state of the contracting rigorey.			complete and shall include (a) a summary of all							
An INTERIM report shall be submitted at least every			inventions requested by the contract to be re-							
twelve month, commencin		ported, including all inventions previously								
tract, and should include o		reported and any inventions since the last IN-								
subcontracts for which the information requested			TERIM report; and (b) any required information							
below has not previously been reported.			for subcontracts which has not previously been							
		reported.								
1. NAME AND ADDRES		2. CONTRACT NUMBER								
		3. TYPE OF REPORT (check one)								
		□ a. INTERIM □ b. FINAL								
SECTION I - INV	ENTIONS ("Subject Invent	tions" re	quired to	be 1	reported by	the "Pa	atent Right	s" clause)		
4. INVENTION DATA (Li	sted below are all invention	s require	ed to be re	epor	ted) (If NO	ONE, so	state)			
(i)	(ii)	(iii)		(iv)			(v)			
NAME OF INVENTOR		` ′	NT APPLI	-			CONFIRMATORY			
	TITLE OF INVENTION	CATION SERIAL NO., IF AVAIL-			L HAS FILED OR WILL FILE U.S. PATENT APPLI- CATION		S. ASSIGNMENT I- HAS BEEN FORWARDED TO			
	ABLE, OR D			-						
		CLOSURE IDI								
		TIFICATION		O.	Э.		CONTRACTING			
								AGENCY		
					YES	NO	YES	NO		
a.	ECTION IN CUID CONTR	 	~		<u> </u>	1				
	ECTION II - SUBCONTRA									
5. LISTED BELOW IS II (If "NONE", so state)	NFORMATION REQUIRE	D BUT	NOT PRE	EVI0	OUSLY RI	EPORT	ED FOR S	UBCONTRAC	JTS	
	(")		(iii)			I	(iv)			
(i) (ii) NAME AND ADDRESS OF SUBCONTRACT NUMBE							DATE			
NAME AND ADDRESS OF SUBCONTRACT NUMBER SUBCONTRACTOR			WAS FURNISHED TO				SUBCONTRACT			
(Include ZIP Code)			CONTRACTING AGENO				COMPLETED			
(merade Zir Code)							<u> </u>			
	N III - CERTIFICATE									
TT ' ''C' .11 '							1 .	1	.1	
University certifies that this best of its knowledge and b	s report of inventions and su	ubcontra	icts, includ	ding	g any attacl	nments	s complete	and correct to	the	
NAME AND TITLE OF AUTHORIZED OFFICIAL					SIGNATURE					
Print or Type				~						
I				1						