

CONFIDENTIAL

[Name & Title of authorised representative]  
CEO or his/her appointees of Institution

Dear Sirs,

**RE: NO SUBSTANTIAL USE OF INSTITUTION FACILITIES OR FUNDS/  
WAIVER OF INSTITUTION OWNERSHIP RIGHTS**

I would like to request a determination that (check one):

- \_\_\_\_\_ (i) [Name of Institution][National Healthcare Group] (“**Institution**”) claims no rights in the technology/manuscript described below as it now exists, because I have developed this technology/manuscript without funds either directly from or channelled through Institution and without substantial use of Institution facilities; or
- \_\_\_\_\_ (ii) Institution waives its ownership rights in the technology/manuscript described below.

I understand that any determination made by Institution will be based on information provided by me herein and will be subject to full and accurate disclosure of all relevant information, including any relevant information becoming available after the date of this letter. It is my understanding that if this request is granted, Institution will make no claim to this technology, with the exception of its right to distribute theses, and that I have no further obligation to Institution in relation thereto. I may, however, at my sole option, contact Collaborations and Partnerships Unit residing in Research & Development Office in NHG (“C & P”) for possible patenting and licensing of my technology through C & P, if C & P elects to assist me.

Title: \_\_\_\_\_  
\_\_\_\_\_

Please check one or more items as appropriate:

Software: \_\_\_\_\_ Invention: \_\_\_\_\_ Thesis: \_\_\_\_\_ Integrated Circuit Layout-Design: \_\_\_\_\_

Biological or other tangible material: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

Department: \_\_\_\_\_

Sponsorship Sources (if any): \_\_\_\_\_

Institution facilities/equipment utilised: \_\_\_\_\_

Institution funds: \_\_\_\_\_

If thesis, whether manuscript served as a Final or Interim Report under a sponsored research contract:

Potential Use of Technology: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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Approved by: \_\_\_\_\_  
(Department Head or Laboratory Director) (Date)

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[Letterhead of Institution]

[Date]

[Name of Institution employee]  
[Department]  
[address]

**RE: NO SUBSTANTIAL USE OF INSTITUTION FACILITIES OR FUNDS/  
WAIVER OF INSTITUTION OWNERSHIP RIGHTS**

We refer to your request dated [ ] in relation to the following technology / manuscript:

Title: \_\_\_\_\_  
\_\_\_\_\_

We hereby determine that (check one):

\_\_\_\_\_ (i) [Name of Institution][National Healthcare Group] (“**Institution**”) claims no rights in the described technology/manuscript as it now exists, because you have developed this technology/manuscript without funds either directly from or channelled through Institution and without substantial use of Institution facilities:

\_\_\_\_\_ (ii) Institution is of the view that you have developed this technology/manuscript with funds either directly from or channelled through Institution or with substantial use of Institution facilities as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (iii) Institution waives its ownership rights in the described technology / manuscript; or

\_\_\_\_\_ (iv) Institution does not waive its ownership rights in the described technology / manuscript.

Any determination by Institution herein is based on the information provided by you in your letter of request and is subject to full and accurate disclosure of all relevant information, including any relevant information becoming available after the date of this letter.

OR

Please provide further information as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yours faithfully,

[Name & Title of authorised representative]  
for and on behalf of  
CEO or his/her appointees of Institution

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