| Universidad Central del Caribe<br>**Final Invention Statement and Certification**<br>*(For Grant or Award)* | DHHS Grant or Award No. |
|---|---|

**A.** We hereby certify that, to the best of our knowledge and belief, all inventions are listed below which were conceived and/or first actually reduced to practice during the course of work under the above-referenced DHHS grant or award for the period

_____ through _____ .

*original effective date* *date of termination*

**B. Inventions** (Note: If no inventions have been made under the grant or award, insert the word *"NONE"* under Title below.)

| NAME OF INVENTOR | TITLE OF INVENTION | DATE REPORTED TO DHHS |
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| *(Use continuation sheet if necessary)* | | |

**C. Signature** — This block ***must*** be signed by the PI/PD.

| Title | |
|---|---|
| Typed Name | |
| Signature | Date |