



Albert Einstein College of Medicine

# Patent Policy Acceptance Agreement

I confirm that:

1. I have read and agree to abide by [The Albert Einstein College of Medicine Official Policy on Patents and Licensing Agreements](#) (“the Patent Policy”).
2. I shall, in writing and in reasonable detail, promptly disclose to Albert Einstein College of Medicine (“Einstein”), any invention or discovery I make which results from research projects supported entirely or partly by Einstein resources.
3. In accordance with the terms and conditions of the Patent Policy, I hereby assign to Einstein all right, title and interest to any invention or discovery I make which results from research projects supported entirely or partly by Einstein resources.


Date \_\_\_\_\_

By \_\_\_\_\_  
Signature

Name \_\_\_\_\_  
Type or Print Name

Dept. \_\_\_\_\_

Accepted on behalf of Albert Einstein College of Medicine:

By  \_\_\_\_\_  
Gordon F. Tomaselli, M.D.