

FORM PTO-1619A  
Expires 06/30/99  
OMB 0651-0027

07-16-1998

U.S. Department of Commerce  
Patent and Trademark Office  
**PATENT**



100766162

# **RECORDATION FORM COVER SHEET PATENTS ONLY**

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

## Submission Type

## Conveyance Type



New

Assignment

Security Agreement

Resubmission (Non-Recordation)

License

Change of Name

Document ID#

Correction of PTO Error

Merger



Other Confirmatory License

Reel #

Frame #

U.S. Government

Corrective Document

(For Use ONLY by U.S. Government Agencies)

Reel #

Frame #



Departmental File

Secret File

## Conveying Party(ies)

Mark if additional names of conveying parties attached Execution Date  
Month Day Year

Name (line 1) THE BOARD OF TRUSTEES OF THE LELAND STANFORD

07/1/98

Name (line 2) JUNOIR UNIVERSITY

Execution Date  
Month Day Year

## Second Party

Name (line 1)

Name (line 2)

## Receiving Party

Mark if additional names of receiving parties attached

Name (line 1) National Institutes of Health, The

Name (line 2) Extramural Inventions Office, The

Address (line 1) 6701 Rockledge Drive, Room 3188

Address (line 2) MSC 7750

Address (line 3) Bethesda City Maryland / USA 20892-7750  
State/Country Zip Code

If document to be recorded  
is an assignment and the  
receiving party is not  
domiciled in the United  
States, an appointment  
of a domestic  
representative is attached.  
(Designation must be a  
separate document from  
Assignment.)

## Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231  
REEL: 9305 FRAME: 0315

**Correspondent Name and Address**

Area Code and Telephone Number 301-435-1986

Name National Institutes of Health, The

Address (line 1) Extramural Inventions Office, The

Address (line 2) 6701 Rockledge Drive, Room 3188

Address (line 3) MSC 7750

Address (line 4) Bethesda, Maryland / USA 20892-7750

**Pages** Enter the total number of pages of the attached conveyance document including any attachments.

# 1

**Application Number(s) or Patent Number(s)**

Mark if additional numbers

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

Patent Number(s)

08845343

If this document is being filed together with a new Patent Application, enter the date the patent application was

Month Day Year

**Patent Cooperation Treaty (PCT)**

Enter PCT application number

PCT

PCT

PCT

only if a U.S. Application Number  
has not been assigned.

PCT

PCT

PCT

**Number of Properties**

Enter the total number of properties involved. # 1

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41): \$ 0

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No X

**Statement and Signature***To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.*

Belen Awetahegne

7/1/98

Name of Person Signing

Signature

Date

PATENT

REEL: 9305 FRAME: 0316

## LICENSE TO THE UNITED STATES GOVERNMENT

Invention Title: **Rapid Method of Optimal Gradient Waveform Design for K-**  
Inventor(s): **Meyer, Craig / Pauly, John Mark**  
Patent or Application Serial No: **08/845343**  
U.S. Filing / Issue Date: **4/25/97**  
Agency: **National Institutes of Health**  
Grant / Contract Identification Number: **NIH CA50948**  
Grantee / Contractor File #: **S96-062**  
Foreign Applications filed/intended in (countries): **None**

The invention identified above is a Subject Invention under 35 U.S.C. 200, et seq., and the Standard Patent Rights clause at 37 CFR 401.14 of FAR 52.227-11, which are included among the terms of the above-identified grant/contract award from the above agency. This document is confirmatory of:

1. The Nonexclusive, nontransferable, irrevocable, paid-up license granted to the Federal Government in the invention described in the patent application and in any and all divisions, continuations, and continuations in part, and in any and all patents and re-issues granted thereon; and
2. All other rights acquired by the Government by reason of the above identified grant/contract award and the laws and regulations which are applicable to the award.

The Government is hereby granted an irrevocable power to inspect and make copies of the above-identified patent application.

Signed this 18th day of June, 1998

By: 

(Katharine Ku, Director, Office of Technology Licensing)

For: The Board of Trustees of the Leland Stanford Junior University

At: 900 Welch Road, Suite 350, Palo Alto, California 94305-1850

SEAL

