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FORM PTO-1619B

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

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

Patent Application Number(s)**09129028****Patent Number(s)**If this document is being filed together with a new Patent Application, enter the date the patent application was
signed by the first named executing inventor.Month Day Year
2 10 98**Patent Cooperation Treaty (PCT)**Enter PCT application number
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This instrument confirms to the United States Government, as represented by the National Institutes of Health, an irrevocable, nonexclusive, nontransferable, royalty-free license to practice or have practiced on its behalf throughout the world the following subject invention:

Invention Title : Procedure to Repopulate Injured or Degenerated Regions
of the Central Nervous System

Inventor(s) : James S. Reid
James H. Fallon

Patent Application Title : Induction of Migration of Neural Progenitors


Serial No. : 09/129/028

Filing Date : August 4, 1998

Country (if other than U.S.) : PCT designating ALL MEMBERS

This subject invention was made with National Institutes of Health Grant No. NS07351

Principal rights to this subject invention have been left with The Regents of the University of California, Licensor.

Signed: 

Name: Linda S. Stevenson

Title: Principal Prosecution Analyst

Office of Technology Transfer

Date: January 15, 1999