

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6355667

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
PERRY TWYFORD	06/22/2017
SHELLEY FRIED	06/21/2017
RECEIVING PARTY DATA	
Name:	DEPARTMENT OF VETERANS AFFAIRS
Street Address:	810 VERMONT AVE NW
City:	WASHINGTON
State/Country:	D.C.
Postal Code:	20420
PROPERTY NUMBERS Total: 3	
Property Type	Number
Application Number:	61827170
Application Number:	61841869
PCT Number:	US1439314
CORRESPONDENCE DATA	
Fax Number:	
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
Phone:	6173904728
Email:	kip.bodi@va.gov
Correspondent Name:	KIP BODI
Address Line 1:	150 SOUTH HUNTINGTON AVENUE
Address Line 4:	BOSTON, MASSACHUSETTS 02130
NAME OF SUBMITTER:	KIP BODI
SIGNATURE:	/KIP BODI/
DATE SIGNED:	10/19/2020
Total Attachments: 4	
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source=2017-484_Certifications#page2.tif	
source=2017-484_Certifications#page3.tif	
source=2017-484_Certifications#page4.tif	

Invention Certification Form

Complete one certification for each VA Inventor

I, Perry Twyford, hereby certify that the invention entitled

SYSTEM AND METHOD FOR SELECTIVE NEURAL ACTIVATION USING HIGH-FREQUENCY ELECTRICAL STIMULATION

, patent application number 14/893,549, was made by me on Tuesday, November 24, 2015, while I held a(n)

VA paid full-time appointment

as Researcher at VA Boston Healthcare System.

Please answer "Yes" or "No" in the order that the questions appear.	YES	NO
1. The invention was made during my official VA working hours.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. At the time of the invention, I had a responsibility to perform research for VA, whether by VA research funding or otherwise.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. The invention was made with a contribution by VA of:		
a) Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Time or services of other VA employees on official duty	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please list all other VA employees whose time or services were used		
<u>Shelley Fried, Changsi Chai</u>		
4. The invention:		
a) Bears a direct relation to my official VA duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Was made in consequences of my official VA duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. I am attaching remarks relating to the above.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I hold an academic appointment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please list all institutions with whom you hold an appointment, your title with each institution, and whether the appointment is full-time or part-time.		
<u>Massachusetts General Hospital/Harvard Medical School - Postdoctoral Research Associate</u>		
Please indicate if you have any of the following advanced degrees:		
<input type="checkbox"/> MD <input checked="" type="checkbox"/> PhD <input type="checkbox"/> DO <input type="checkbox"/> DPM If other, specify: 		

I hereby voluntarily assign my entire right, title, and interest in and to the above identified invention to the United States Government. I do not desire a Determination of Rights under 37 CFR Part 501.

See 37 CFR Part 501

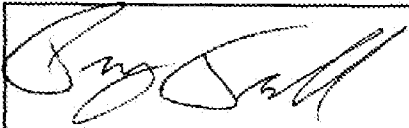
See 38 § CFR 1.650-1.663

YES ☒

NO ☐

Inventor must complete all fields of this form to the best of his or her knowledge, and select "Yes" or "No" for each set of check boxes, including the waiver of rights, before signing this form. Prior to submission, this form must also be signed by either the inventor's Supervisor or the ACOS for Research. Only one signature is required. The invention disclosure will be considered incomplete, and no Determination of Rights will be made for an invention until a completed Certification Form is submitted.

I certify that the responses above are accurate and correct.

 6/22/17

Inventor Signature and Date

VA Email

Affiliate Email

Personal Email

ptwyford@gmail.com

Inventor Phone

(281) 389-3236

Supervisor Signature and Date

Supervisor Email

Supervisor Phone

ACOS R&D Office Signature and Date

ACOS Email

ACOS Phone

Invention Certification Form

Complete one certification for each VA Inventor

I, Shelley Fried, hereby certify that the invention entitled System and method for selective neural activation using high-frequency electrical stimulation, patent application number 14_893,549, was made by me on Wednesday, September 19, 2012, while I held a(n) VA paid part-time appointment as Health Scientist at VA Boston.

<i>Please answer "Yes" or "No" in the order that the questions appear.</i>	YES	NO
1. The invention was made during my official VA working hours.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. At the time of the invention, I had a responsibility to perform research for VA, whether by VA research funding or otherwise.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. The invention was made with a contribution by VA of:		
a) Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Time or services of other VA employees on official duty	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please list all other VA employees whose time or services were used <u>Perry Twyford, PhD</u>		
4. The invention:		
a) Bears a direct relation to my official VA duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Was made in consequences of my official VA duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. I am attaching remarks relating to the above.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I hold an academic appointment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please list all institutions with whom you hold an appointment, your title with each institution, and whether the appointment is full-time or part-time. <u>Department of Neurosurgery, Massachusetts General Hospital, Part-time</u>		
Please indicate if you have any of the following advanced degrees:		
<input type="checkbox"/> MD <input checked="" type="checkbox"/> PhD <input type="checkbox"/> DO <input type="checkbox"/> DPM If other, specify: <input type="text"/>		

I hereby voluntarily assign my entire right, title, and interest in and to the above identified invention to the United States Government. I do not desire a Determination of Rights under 37 CFR Part 501.

See 37 CFR Part 501

See 38 § CFR 1.650-1.663

YES ☒

NO ☐

Inventor must complete all fields of this form to the best of his or her knowledge, and select "Yes" or "No" for each set of check boxes, including the waiver of rights, before signing this form. Prior to submission, this form must also be signed by either the inventor's Supervisor or the ACOS for Research. Only one signature is required. The invention disclosure will be considered incomplete, and no Determination of Rights will be made for an invention until a completed Certification Form is submitted.

I certify that the responses above are accurate and correct.

Shelley Fried

Digitally signed by Shelley
Fried
Date: 2017.06.21 14:27:01
-04'00'

Inventor Signature and Date

VA Email

Affiliate Email

Personal Email

Inventor Phone

Supervisor Signature and Date

Supervisor Email

Supervisor Phone

TERRY
KEANE 266403

Digitally signed by TERRY KEANE 266403
DN: dc=gov, dc=va, o=internal, ou=people,
0.9.2342.19200300.100.1.1=terry.keane@va.
gov, cn=TERRY KEANE 266403
Date: 2017.06.21 17:33:29 -04'00'

ACOS R&D Office Signature and Date

ACOS Email

ACOS Phone