APPLICATION DATA SHEET (ADS) - FORM SB/14

[Use this template to complete your Application Data Sheet]

TITLE OF INVENTION:

Method and System for Multi-Level Automated Status Management in Clinical Trial Workflows

INVENTOR INFORMATION:

Inventor 1:

Family Name: Sarkar

Given Name: Narendra Nath

Middle Initial: [If applicable]

Address:

Street Address: [Your street address]

City: [Your city]

State/Province: [Your state/province]

Country: [Your country]

Postal Code: [Your postal code]

Citizenship: [Your citizenship country]

Inventor Residence:

□ US

□ Foreign (specify country): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT INFORMATION:

□ Applicant is inventor

□ Applicant is assignee

If assignee:

Organization Name: [Company/Organization name if filing as assignee]

Address: [Business address]

CORRESPONDENCE ADDRESS:

(Where USPTO should send correspondence)

□ Use Customer Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Use address below:

Name: Narendra Nath Sarkar

Organization: [Optional]

Address Line 1: [Your address]

Address Line 2: [Optional]

City: [Your city]

State: [Your state]

Country: [Your country]

Postal Code: [Your postal code]

Telephone: [Your phone number]

Email: [Your email address]

REPRESENTATIVE INFORMATION:

□ Attorney or Agent

□ Not Applicable

Registration Number: [If using patent attorney]

Name: [Attorney name if applicable]

Telephone: [Attorney phone if applicable]

APPLICATION INFORMATION:

Type of Application:

□ Utility

□ Provisional

□ Design

□ Plant

Small Entity Status:

□ Applicant qualifies for Small Entity status (50% fee reduction)

□ Applicant qualifies for Micro Entity status (75% fee reduction)

□ Large Entity (no fee reduction)

PUBLICATION INFORMATION:

□ Request Early Publication

□ Request Non-Publication (only available for applications not filed abroad)

PRIORITY CLAIMS:

□ This application claims priority to:

Prior Application Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Filing Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATED APPLICATIONS:

□ Continuation of Application No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Divisional of Application No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Continuation-in-Part of Application No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Not Applicable

FILING INFORMATION:

Total Number of Pages in Application: [To be completed]

Number of Drawing Sheets: [To be completed]

Total Number of Claims: 15

Number of Independent Claims: 2

Number of Dependent Claims: 13

DECLARATION STATEMENT:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: Narendra Nath Sarkar

NOTES FOR COMPLETION:

1. Fill in all bracketed placeholders with your actual information

2. Check appropriate boxes

3. Ensure all addresses are complete and accurate

4. Sign and date the declaration

5. This form must be filed with your patent application