

July 2026



AUTM Better World Project Highlights Chikungunya Vaccine

Richelle Holnick, OTT

The National Institute of Allergy and Infectious Diseases (NIAID) licensed a portfolio of 15 US patents and corresponding international patents covering the development and use of virus-like particles (VLP)-based chikungunya vaccines. The technology encompasses specialized plasmids used to generate the virus-like particles as well as the production cell line necessary for vaccine research, development, characterization, and manufacturing.



This technology became Vimkunya®, the first FDA-approved VLP chikungunya vaccine and the first approved chikungunya vaccine for individuals age 12 and older. Chikungunya is a mosquito-borne viral illness that causes fever, rash, fatigue, headaches, and severe joint pain for months or years.

AUTM has featured the story as a part of their Better World Project. This is the sixth discovery from the NIH Intramural Research Program that has been featured in this project. You can [read the full story](#) on their website.



Credit: AUTM

We would love to hear about ideas for future submissions to the AUTM Better World Project and are happy to assist with writing submissions. Please reach out to Steve Ferguson if you have a product you would like to submit.



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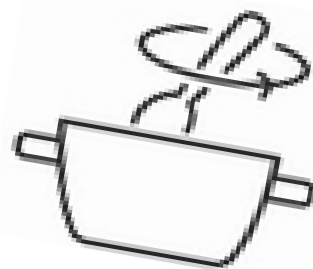
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Technology Transfer Magic Sauce Ingredients - When and Where to Use Them

Ami Gahdia, NCATS

It is well known within the biomedical community that translating basic research findings into disease treatments or cures is a long and arduous journey, requiring the participation of a large number of individuals from a variety of backgrounds. Technology transfer, broadly defined as the sum of collaboration management, innovation management, and intellectual property licensing, is central to the success of this translational process. In a recently published paper there is a retrospective review of a select number of collaborations and case studies from the National Center for Advancing Translational Sciences (NCATS), a Center within the NIH that offers a fresh perspective on the field of technology transfer through the analogous lens of culinary arts.



Roughly 70% of all active projects within NCATS involve at least one outside collaborator, and nearly 60% of the patent portfolio at NCATS is managed by outside partners, providing a rich set of case studies to analyze and identify critical practices that can help advance successful technology transfer outcomes. This paper describes the context and timing in which these technology transfer best-practice ingredients can be most effectively applied. Just as the magic sauce ingredients that great chefs use are all well-known and commonly available, technology transfer professionals too have the tools listed in this paper freely available. However, these ingredients have to be used judiciously at the right time and in combination with other raw materials to get the desired results. Readers will recognize that thoughtfully chosen magic sauce ingredients are required for talented chefs to produce delicious meals, so it follows that great technology transfer efforts also require a judicious combination of strategies. Nothing less should be expected for all of us engaged in medical research.

The article was written by Krishna Balakrishnan, Rebecca Erwin-Cohen, Ami Gadhia, and Christopher Dillon and was originally published in the March issue of *les Nouvelles*. You can read “Technology Transfer Magic Sauce Ingredients - When and Where to Use Them” [here](#).



Credit: les Nouvelles

From Repetitive Tasks to Smarter Workflows: RAU's First Steps with AI

Kevin Doran, OTT

Every successful payment transaction, reconciliation, and royalty-related calculation depends on a great deal of behind-the-scenes work. For the Royalty Administration Unit (RAU), that work requires precision, persistence, and a steady focus on details that directly support NIH's technology transfer mission.

Now, RAU is asking a practical question: **where can artificial intelligence help us work smarter?**

Across the workplace, AI is evolving quickly. What began for many users as simple chatbot interactions is increasingly moving toward tools that are more context-aware, more integrated into daily software, and more capable of supporting structured workflows. For RAU, that shift opens up new opportunities to reduce repetitive manual work, improve consistency, and help staff focus more time on the activities where their expertise adds the greatest value.

RAU's early AI exploration is focused on practical, mission-supporting use cases. One example is workflow prioritization. By pairing more comprehensive ETT dashboards with AI-supported review, RAU is exploring ways to generate daily task lists that help staff identify what needs attention and when. This reflects a broader trend in AI: moving beyond one-time prompts and toward tools that can help organize information, support task sequencing, and reduce friction in routine processes.



Another promising use case involves payment reconciliation. RAU is evaluating how AI tools can compare NIH and CDC bank payment details with licensee bank receipts to help identify discrepancies more efficiently. By surfacing potential mismatches sooner, AI may help staff investigate issues, resolve payment problems more quickly, and support successful payment transactions.

RAU is also examining whether generative AI can assist with certain aspects of patent expense reimbursement (PPC) calculations. These calculations require careful review and staff expertise, and AI is not a substitute for that judgment. However, AI may help organize information, flag inconsistencies, compare details, and reduce time spent on repetitive review steps. In this way, AI can support the work around expertise while keeping the human in the loop and firmly in control. This distinction is important. As AI tools become more capable, the central question is not simply, “Can AI do this?” A better question is, **“Can AI assist with this task within the right boundaries?”** For RAU, those boundaries include using approved tools, protecting sensitive information, verifying outputs, and ensuring that staff remain accountable for final work products.

RAU's approach is also collaborative. Rather than treating AI exploration as a series of one-off experiments, the team is building a shared learning process. Staff are developing and refining prompts together, testing what works, and documenting successful approaches in a new RAU

prompt library. Over time, this library can become a practical resource for capturing lessons learned, improving consistency, and helping more staff benefit from AI-supported workflows. The prompt library also reflects an important lesson from current AI training: effective AI use is not just about asking a tool to produce an answer. Strong prompts provide context, define the task, specify the desired output, include constraints, and identify what needs to be checked. For example, prompts that ask AI to “use only the information provided,” “flag claims that need verification,” or “identify discrepancies for human review” can help make outputs more useful and easier to validate.

AI may also offer opportunities beyond text-based drafting. As multimodal AI tools become more common, they may be able to assist with reviewing charts, tables, dashboards, screenshots, slides, and other visual materials. For a technology transfer environment that relies on documents, data, communications, and operational reporting, these capabilities could eventually support first-pass reviews of materials for clarity, completeness, accessibility, or audience fit. As with any AI output, however, polished does not always mean correct; human review remains essential.

RAU staff are encouraged to take advantage of AI training and guidance resources available through NIH and CIT. The [NIH AI Hub](#) serves as a central resource for learning about NIH-authorized AI tools, available chatbot and productivity tools, training opportunities, responsible-use guidance, and compliance considerations. These resources are especially important because different AI tools may have different approved uses, access requirements, and data-handling restrictions.

Before using AI for operational work, staff should pause to ask a few practical questions: Is this an approved tool for the information involved? What data or context is being provided? Can the output be verified? Is the task appropriate for AI assistance? Who remains accountable for the final product? These questions are not meant to slow innovation; they help match the tool, the task, and the information appropriately.



Credit: iStock/S and V Design

For the broader NIH Technology Transfer Community, RAU's experience offers a useful reminder: AI adoption does not need to begin with sweeping transformation. Sometimes, the most meaningful progress starts with identifying repetitive tasks, testing practical solutions, sharing what works, and keeping human expertise at the center.

By combining hands-on experimentation, NIH-approved AI tools and training, shared prompts, and careful validation, RAU is taking practical steps toward more efficient workflows and stronger operational support for NIH technology transfer activities. The goal is not to replace the judgment and experience of staff, but to give them better tools to manage complexity, reduce administrative friction, and focus on the work that requires human insight.

New! NIH IIA (Institution Lead) Reporting Requirements

3rd Party Reporting Working Group



Reporting requirements for our Inter-Institutional Agreement (IIA) partners have been revised in an effort to streamline the reporting process for all stakeholders (Licensing and Patent Managers, Licensees, and OTT Patent Docketing). The revision establishes an annual reporting requirement and standardizes the required patent data.

The NIH-Institution (Institution Lead) templates have been updated to include the revised language for the annual reporting requirement and now appear on the NIH OTT website and SharePoint. The following are links to the updated documents:

- OTT's website under [NIH Inter-Institutional Agreement \(IIA\) \(Institution Lead\)](#)
- [Agreement Report Example and Guidance](#)
 - Report: [Inter-Institutional Agreement \(IIA\) Report Example](#)
 - Guidance: [Inter-Institutional Agreement \(IIA\) Report Guidance](#)

Utilizing OTT Resources to Promote Licensing and Collaboration

Richelle Holnick, OTT

The National Eye Institute (NEI) has been partnering with the Office of Technology Transfer (OTT) to expand visibility for its innovative technologies.

A key component of this effort has been the development of high-quality marketing abstracts for technologies that did not yet have one. NEI has been utilizing OTT's abstract writer, Wayne Pereanu, to draft and publish abstracts for technologies. To date, 32 new abstracts have been written, enhancing the accessibility and appeal of NEI's portfolio to potential licensees and collaborators. This has more than doubled their currently published abstracts!

In parallel, NEI has partnered with Richelle Holnick to amplify the reach of technologies that already had abstracts in place. Through targeted promotion on the NIH Technology Transfer Community website and coordinated social media campaigns, 17 technologies have been featured since the fall. These efforts have helped drive awareness and connect them with broader audiences.

Together, these initiatives demonstrate how leveraging OTT resources can significantly enhance technology visibility and foster new licensing and collaboration opportunities. If you are interested in having abstracts developed or would like to promote specific technologies, please contact Steve Ferguson.



Credit: iStock/Marina Nuxoll

Preparedness in Action: NIAID Science and Technology Transfer Support Urgent Bundibugyo Vaccine Research

Gelu Dobrescu, NIAID

When Bundibugyo virus disease emerged as an urgent public health threat in the Democratic Republic of the Congo and Uganda, the National Institute of Allergy and Infectious Diseases (NIAID) was prepared to respond because of research conducted years before the current outbreak.

Bundibugyo virus is a member of the Ebola virus family, but it is distinct from other Ebola viruses that have received more vaccine-development attention. In May 2026, the World Health Organization reported that no licensed vaccines or specific therapeutics were available for Bundibugyo virus disease and activated research-and-development efforts to advance potential medical countermeasures.



Colorized scanning electron micrograph of a single filamentous Ebola virus particle, shown in blue. Credit: NIAID

The foundation for one promising vaccine approach began with NIAID scientists Andrea Marzi, Ph.D., and Heinz Feldmann, M.D., Ph.D., who developed recombinant vesicular stomatitis virus-based Bundibugyo vaccine materials and associated tools needed to generate the recombinant vaccine virus for evaluation. Earlier work by Drs. Marzi, Feldmann and collaborators helped show the value of this vaccine platform for filoviruses, the virus family that includes Ebola viruses.

Those NIAID-developed materials later supported collaborative nonhuman primate studies with researchers at The University of Texas Medical Branch. In a 2013 publication, the research team reported that recombinant vesicular stomatitis virus-based vaccine approaches protected nonhuman primates against Bundibugyo ebolavirus challenge.

As development interest accelerated during the current outbreak, NIAID's Technology Transfer and Intellectual Property Office (TTIPO) moved quickly to support responsible access to NIAID-developed biological materials. Working closely with Dr. Marzi and external development partners,

TTIPO completed two license agreements within roughly ten business days of receiving each request near the end of May 2026.



The agreements are an important step in enabling urgently needed preclinical development work for vaccine candidates tailored to the current Bundibugyo outbreak. The two development partners, IAVI (International AIDS Vaccine Initiative) and PHV (Public Health Vaccines, LLC), have publicly announced support from public-health funders,

including CEPI (Coalition for Epidemic Preparedness Innovations) and BARDA (Biomedical Advanced Research and Development Authority), reflecting a broader coordinated response across government and nonprofit sectors.

The effort illustrates the public health value of preparedness. NIAID scientists developed promising tools before they were urgently needed, and TTIPO helped move those tools into the hands of development partners when the need became immediate. Together, NIAID research and technology transfer transformed years of scientific discovery into timely action.

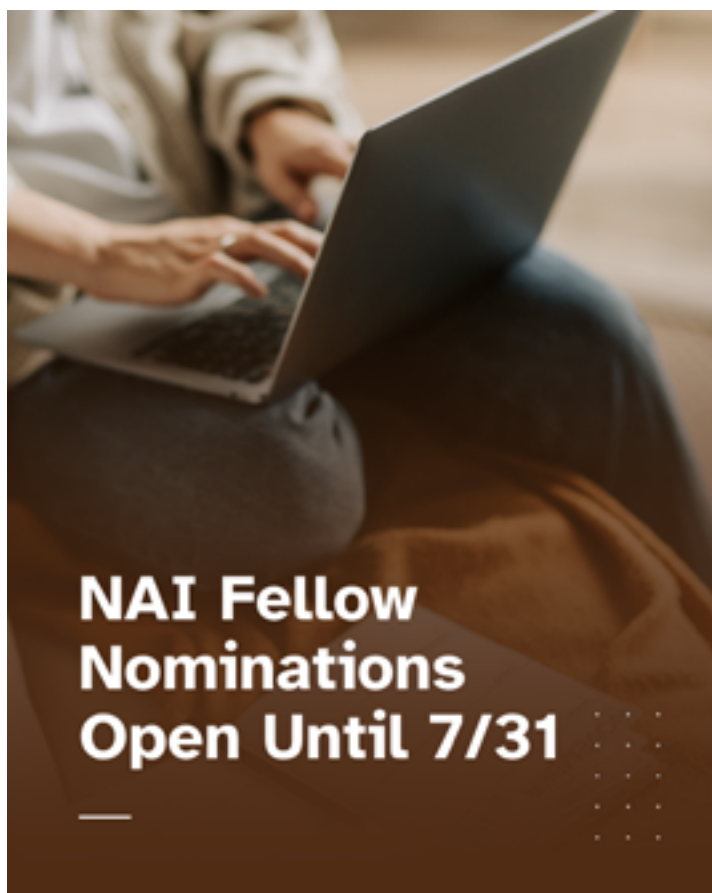


National Academy of Inventors Fellow Applications Now Open

Richelle Holnick, OTT

The National Academy of Inventors (NAI) selects a group of fellows each year from research universities, governmental and non-profit research institutes worldwide. The NAI is a member organization made up of over 4,000 Senior Members and Fellows spanning more than 250 institutes worldwide, including NIH. Its purpose is to encourage inventors with issued US patents, enhance the visibility of technology innovation, and help to translate the inventions of its members to the benefit of society.

[Submissions](#) for this year's cohort of NAI fellows is open until July 31, 2026. We hope to see the number of NAI Fellows representing the NIH grow! Please let Steve Ferguson and Richelle Holnick know if you have a nomination that you plan to submit or if you need assistance.



Behind the Scenes at OTT: Data Quality Efforts

Terry Goodell, Sapiient

Much of OTT's data quality work occurs behind the scenes, ensuring ETT remains a reliable source of information for reporting and business processes. The ongoing effort to identify and consolidate duplicate contact and company records illustrates the depth and complexity of these data quality initiatives.



Credit: iStock/champpixs

Since ETT launched, OTT has removed 14,947 legacy contact records and 535 duplicate contacts created after migration. For company records, 12,164 legacy records and 241 new duplicates have been removed. Most duplicate records originated from the consolidation of the legacy databases into ETT, with only 3.5% of condensed contacts and 1.9% of condensed companies created after migration. These trends reflect improving data entry practices and stronger data governance. These records have been a major focus as duplicates create system clutter and incomplete records affect reporting accuracy.

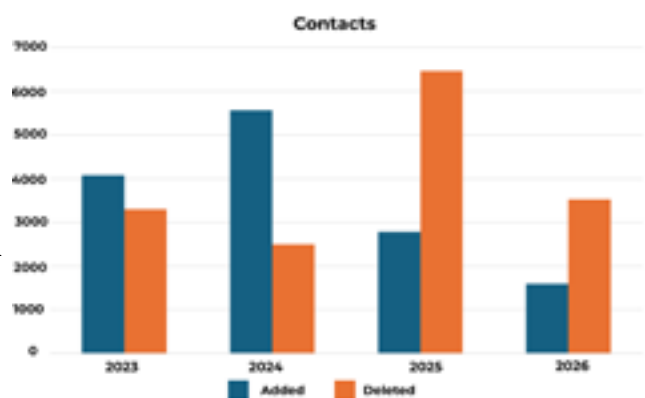
Data deduplication involves far more than merging records. Each potential duplicate is reviewed to ensure the resulting master record is accurate, complete, and retains all relevant information. During the process, data fields, supporting documents, agreements, and related records are validated, and external sources such as company websites and LinkedIn may be consulted when necessary. User input is also sought for complex cases. Quality checks before and after consolidation help ensure that critical information is preserved and records are merged correctly.

Beyond completeness, data quality also depends on proper field usage. Even when records contain the necessary information, inconsistencies in how that information is entered can create downstream issues. One example OTT is currently addressing is standardizing the "Address 1" field in company records, where street address and country and city values are often combined and need to be separated. The first set of 3,400 records is nearing completion as part of this ongoing cleanup.

These efforts represent just two of the numerous areas OTT actively monitors to maintain and improve data quality. We have come a long way since the ETT migration, and it is encouraging to see the progress reflected in the data. OTT will continue collaborating with the Data Quality Working Group and end users to ensure records are created accurately and removed when appropriate. Let's continue the positive trend as we further strengthen our data quality efforts.

July 2026

NIH Technology Transfer Community Newsletter



NIH Tech Transfer Community SharePoint Post-Migration Update

Terry Goodell, Sapient

The NIH Center for Information Technology (CIT) chose to shut down all on-premises SharePoint hosting, causing the NIH TT Community SharePoint site to need to be migrated to SharePoint Online. SharePoint Online is non-hierarchical – every individual site is stand-alone. There are now 16 independent sites:

- NIH Tech Transfer Community
- OTT
- CRADA
- TTCF
- TTPB
- ETT
- RAU
- MEU
- NCATS
- NCI
- NHGRI
- NHLBI
- NIAID
- NIDDK
- NIMH
- NINDS



The migration was completed on April 29th. Any previously saved SharePoint links will need to be updated. All contents of the old SharePoint site have been backed up. These files will be retained for at least 12 months.

Due to SharePoint Online being non-hierarchical, users must use links/bookmarks to move between sites. There is a main list of all sites located [here](#).

For any SharePoint help, please use the NIH ServiceNow system to request SharePoint support.

1. Open an [OTT Request at this location](#)
2. Choose "OTT SharePoint" as the application
3. Describe the support you need
4. Submit the ticket



3 Gene Therapies from NIH Make GEN Top 10 Best Sellers List

Richelle Holnick, OTT

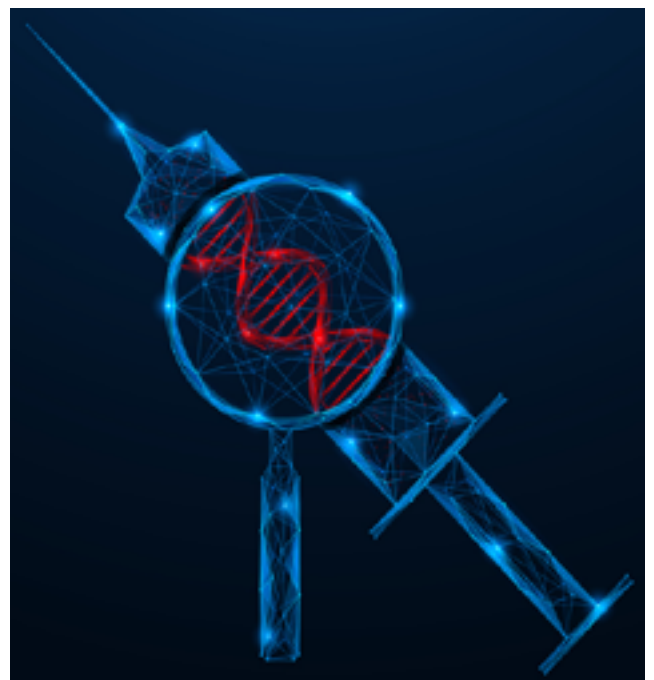
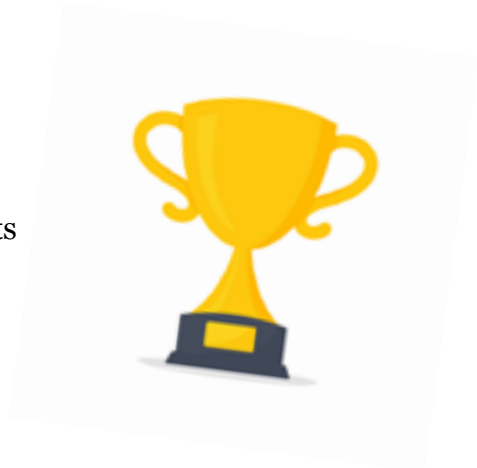
The “Top 10” list of best-selling gene therapies published by Genetic Engineering & Biotechnology News (GEN) in their May 2026 issue features three products based upon license agreements for technologies originating from the NIH Intramural Research Program. Featured and ranked on the GEN list are:

In sixth place is Hemgenix®, a one-time gene therapy for hemophilia B that allows long-term expression of Factor IX. Hemgenix is based on technology licensed from the NHLBI and NIDCR. It received FDA approval in 2022. Hemgenix was noted but unranked last year.

In eighth place is Luxturna®, an adeno-associated virus vector-based gene therapy for treatment of patients with confirmed biallelic RPE65 mutation-associated retinal dystrophy based on technology licensed from NEI.

In tenth place is Roctavian®, an AAV vector-based gene therapy for treatment of adults with severe hemophilia A (congenital factor VIII deficiency) based upon technology licensed from NHLBI and NIDCR.

Congratulations to our intramural investigators and their technology transfer programs for such an impressive showing!



Credit: iStock/Ilya Lukichev



NIH Tech Transfer Exhibits at BIO 2026

Richelle Holnick, OTT

The Biotechnology Innovation Organization's (BIO) International Convention, the largest partnering biotech conference in the world, was held in San Diego in June. Representatives from the NIH Technology Transfer program were able to attend to work at the NIH Tech Transfer booth to meet with potential partners and spread awareness of the program.

The conference was highly successful, with the team participating in dozens of partnering meetings and speaking with more than 100 additional attendees about NIH's licensing and collaboration opportunities. Many industry professionals are unaware that NIH conducts intramural research and actively licenses technologies and pursues research collaborations. BIO provides a valuable platform to challenge these misconceptions, showcase NIH's innovations, and highlight the many ways organizations can partner with NIH.

The NIH Tech Transfer booth was part of a shared pavilion with the Federal Laboratory Consortium and Frederick National Laboratory. This collaborative approach expands our collective presence on the exhibit floor, increases visibility for all participating organizations, and streamlines logistical planning, with the FLC leading the coordination effort.

NCI's Michael Salgaller was also featured on BIO's social media pages leading up to the conference. You can watch his short interview [here](#).



Left to right: Malek Kechrid, Steve Ferguson, Michael Salgaller, Joseph Conrad, Roberta Hunt, and Tara Kirby



Booth Activity at BIO 2026



Stay Connected: FLC Opportunities for NIH Technology Transfer Professionals

Sharon Soucek, NIEHS

A lot has been happening with the FLC lately, and there are some great opportunities worth your attention — from catching up on this year's National Meeting to getting recognized for the work you're already doing. Here's a quick roundup.



Catch up on the National Meeting. This year's FLC National Meeting brought the community together for strong sessions, candid discussions, and valuable cross-agency networking. [Browse the photo gallery](#) to revisit your favorite parts. Recordings will be posted soon in the FLC Learning Center.

Get recognized. NIH colleagues are encouraged to apply for [FLC PRO™ verification](#), the only professional designation built specifically for federal technology transfer. It recognizes practitioners with demonstrated experience, ongoing education, and active engagement in the field. If you've been doing the work, this is how you get recognized for it.

Showcase your work. Two windows are open for NIH to shine:

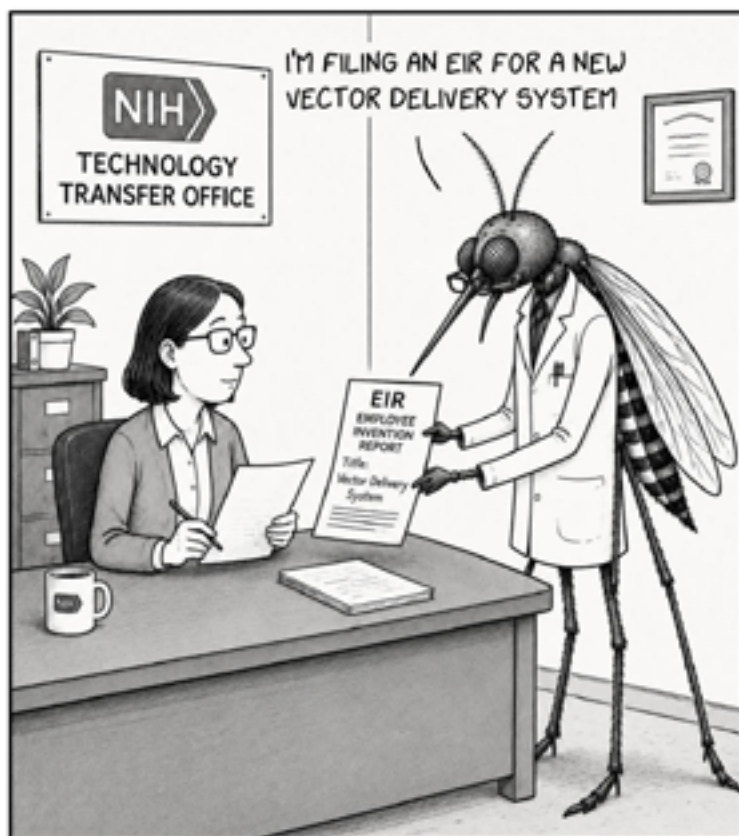
- Nominations for the [2027 FLC Awards](#) submissions open in August, so start planning! This is a chance to spotlight standout technologies, partnerships, and the people driving tech transfer impact.
- Submissions for the 2027 FLC Planner are [open now through August 17](#). Have a compelling photo or story from across the federal lab community? This is an easy, high-visibility way to share it.

Build your toolkit. Download the FLC Green Book app to put federal tech transfer policy at your fingertips. The app makes this critical information searchable, mobile, and easy to reference. As FLC members, NIH employees also get access to AUTM's educational library, including live and recorded webinars. Find [more details here](#).

See the payoff of showing up. FLC's and NIH's presence at BIO this year reinforced a simple truth: Visibility matters. FNL and NIH both reported strong meetings across all four days, building relationships and surfacing new collaborators. Both teams called it well worth the investment — and they're already looking ahead to next year's event in Philadelphia.

Congratulate NIH's newest FLC Board members: Steve Ferguson (Member-at-Large) and Amanda Corbel (Mid-Atlantic Regional Coordinator).

Looking further out: FLC is launching [Innovation for Impact: National Security Technology Transfer Forum](#), a new event for national security-focused tech transfer. Look for more information about the schedule, speakers, and registration later this summer.



THE CLINICAL TRIALS PREDATED THE NEED FOR IRB APPROVAL BY A COUPLE MILLION YEARS.



ACCORDING TO THE COMPANY, THE MILESTONE PAYMENT IS PRE-ARRIVAL, NOT PAST-DUE.

Comings & Goings



Kristin Chestnutt, PhD, joined NCI TTC in September 2025 as a Negotiator fellow. Kristin earned her PhD in Biochemistry from The Ohio State University (OSU), with a focus on Chromatin and Epigenetics. Her career in technology transfer began as a Commercialization Intern at OSU, where she also participated in the NSF I-Corps program. There she worked with an ER physician to commercialize a mass casualty training technology and a geneticist to assess commercialization pathways for a robotics and machine vision technology used in genetics research. In her free time, she enjoys traveling, trying new foods, and exploring new hobbies.



Tom Clouse retired from NCI TTC in 2025 and has since moved to the University of Maryland, Baltimore's Center for Clinical Trials and Corporate Contracts. Prior to NCI TTC, he worked at NIH OTT for several years also handling patent and licensing matters as well as several local patent law firms.



Mercedes Cornelius, PhD, has joined NCI TTC as a Technology Transfer Manager. She studied physics and mathematics at the University of California, Los Angeles (UCLA) before pursuing graduate studies at the University of Cambridge in England, where she earned her PhD in physics. During her doctoral research, she developed the Reusable Hepatic Imaging Tool, a platform designed to make live imaging of mouse liver tissue under a microscope more accessible and straightforward for researchers. Through this work, she developed a strong interest in technology transfer and is excited to leverage her scientific background and business interests to help translate research innovations into real-world impact. In her free time, she enjoys watching movies and—perhaps unsurprisingly for Technology Transfer—reading about contract law.



Phillip Gross, PhD, joins NCI TTC after a postdoc at NIA's Center for Alzheimer's and Related Dementias, where he used cortical organoids to study early pathological mechanisms in Dementia. He also interned part-time at the University of Maryland Ventures office assisting in life sciences-related technology transfer. Phil earned his PhD in Neuroscience from Georgetown University, studying the role of aging in Multiple Sclerosis.



Bonny Harbinger has retired following more than 22 years of federal service at NIH as a Special Advisor on Innovation in the Office of Intramural Research and as a Deputy Director in OTT. Prior to joining NIH in 2004, she practiced first as a clinical psychologist and later as an DC-area attorney, holding a PhD degree from Alliant International University and JD from Georgetown University. Prior to her clinical practice she had served earlier as an officer in the Israeli Air Force. Many at NIH today have benefited from her strong support and mentorship of the original NIH Technology Transfer Fellowship Program. We all extend our congratulations and best wishes to Bonny upon her retirement!



Corey He is interning at the Office of Science Policy's Technology Transfer and Innovation Policy Division (OSP TTIP). Corey is a recent graduate of the University of Pennsylvania, where he majored in health care management, legal studies, and biology. During his internship with OSP, he has contributed to efforts to assess implementation of the NIH IRP Access Planning Policy. He has also conducted research and analysis on projects addressing open science, royalties, copyright, exclusive licensing, investment opportunities for small businesses, and biomanufacturing innovation and capacity, all of which have downstream effects on therapeutic affordability and accessibility. After his time at OSP, he will serve as a Fulbright Scholar in Taiwan, and he plans to attend medical school to merge clinical practice with science policy to serve patients in the future.



Jessica Herrera has joined NIAID TTIPO as Technology Transfer Records Management Analyst. Jessica brings more than ten years of experience supporting NIH research and administrative operations, including nearly seven years at NIAID where she served as a coordinator for gift and collaborative research agreements. Jessica also played a hands-on role in the transition to NIH's current ETT database, serving as a principal beta tester and contributing to working groups that helped coordinate the database migration across multiple NIH institutes. Her earlier NIH experience includes administrative roles at the NEI and the NHGRI, where she supported senior staff, managed meeting logistics, and coordinated personnel and compliance activities.



Nathan Jansen, PhD, has joined NCI TTC as a Technology Transfer Fellow. Nathan comes to NCI from Michigan State University, where he recently earned his PhD in Chemistry with a focus on near-term quantum computing and intermolecular interactions. His interest in technology transfer grew out of his PFAS-related work, which brought him into contact with regulators and lawmakers and led him to pursue opportunities at the intersection of law and science. Prior to his doctoral studies, he earned his BS in Chemistry from Portland State University. In his free time, Nathan enjoys reading science fiction, 3D printing and painting tabletop miniatures, and baking sourdough bread.



Christopher Kornak, JD, has left NIAID TTIPO after more than 14 years of dedicated service. Chris joined NIAID in June 2012 as an Oak Ridge Institute for Science and Education fellow, became a federal employee in 2013, and grew into the role of Lead Technology Transfer and Patent Specialist. He supported technology transfer activities across multiple NIAID divisions and intramural laboratories, and later led the office's support for the CDC's technology transfer portfolio. He also served as NIAID's representative to the NIH Exclusive Licensing Consultation Group, including terms as Vice-Chair and Chair. Chris has accepted a position as General Attorney with the Specialty Team Advising Research at the U.S. Department of Veterans Affairs Office of General Counsel.



Jyothi Krishnaswamy Rajashekar, PhD, joined NIAID as Senior Technology Transfer Records Management Analyst. Jyothi holds a PhD in Biomedical Sciences from Kyung Hee University in South Korea, a Master's degree in Biotechnology from Bangalore University, and certification in Good Clinical Practice under International Council for Harmonisation guidelines. Jyothi brings more than 15 years of experience spanning biomedical research, regulatory documentation, and project management including at AstraZeneca and at Yale University's Department of Internal Medicine.



Elizabeth "Liz" Pitts, PhD, has departed NIAID for the U.S. Food and Drug Administration, where she will serve as a Biologist (Nonclinical Reviewer). Liz joined NIAID in September 2020 through the Oak Ridge Institute for Science and Education fellowship program before transitioning to a full-time Technology Transfer and Patent Specialist role in February 2021. At NIAID, Liz was a valued resource for laboratory investigators and staff, managing a broad portfolio of agreements, patents, and licensing matters. She also played an important role in the office's records management efforts, helping lead a complex project to review and disposition thousands of expired technology transfer records.



Meghan Ricciardi, PhD, has joined NCI TTC as a Technology Transfer Fellow. She recently completed her PhD in Chemical Biology/Medicinal Chemistry from UNC Chapel Hill. There her research focused on understanding protein dynamics and mechanisms for function. During her PhD, she also gained experience in technology commercialization through being a Venture Catalyst Fellow with Innovate Carolina and working as a consultant and engagement manager with Carolina's pro-bono consulting group. These experiences fostered her interest in the intersection of science and business leading her to pursue a career in technology transfer. Outside of work, Meghan enjoys running to train for her next half marathon, crocheting, and traveling to new places.