* + 1. Prof. Heresco then planned a clinical trial for 26 patients suffering from treatment-resistant depression, in which over a six-week period subjects received increasing doses of DCS in addition to the antidepressant drugs they were taking. The incremental DCS doses started at 250 mg/day for a few days, and gradually increased to 500 mg/day, 750 mg/day and finally 1000 mg/day for the final two weeks of the trial.
		2. **Results of the clinical trial were remarkable** – Beyond the fact that all patients exhibited a good tolerance even to higher doses of DCS, despite expectations to the contrary, without any significant psychiatric or neurological symptoms, the findings showed **significant symptomatic improvement in treatment-resistant depression for doses equivalent to, or greater than, 500 mg/day**.[[1]](#footnote-1)
		3. Furthermore, for one trial subject recruited while suffering from suicidal tendencies, **a** **significant decrease in these symptoms was also evident, even after only two weeks – an improvement maintained throughout the entirety of the trial period**. Furthermore, **other patients showed a significant decrease in feelings of guilt**, one of the indicators of suicidality.
		4. Suicidal tendencies are one of the worst symptoms of clinical depression, and may have different or unanticipated reactions to drug therapy than other symptoms of the disease. Paradoxically, the drugs used to treat the depression itself, may at times **increase** a patient's suicidal tendencies despite relieving the depression.
		5. Thus, the findings, which indicated a decrease in patients' suicidal tendencies, actually presented a duplicate benefit, improving both clinical depression as well as the side effects of drug therapy.
		6. At this stage, Prof. Heresco contacted Prof. Javitt again and shared the surprising results. As they had done in the past, Prof. Heresco transferred the data to Prof. Javitt for statistical analysis of the findings.
		7. Ultimately, the findings of the study indicated a number of significant outcomes: that the use of high doses of DCS together with antidepressant drugs is safe; that the antidepressant effect resulting from this treatment occurs fairly rapidly; and that combining DCS with antidepressant drugs has substantial potential as an appropriate treatment for suicidal tendencies induced by the disease and/or the drugs.
		8. These findings further established that this treatment did not induce the same side induced by ketamine, and pointed to a potential treatment that could "enhance" the beneficial effects of ketamine after a single use.
		9. At that point, in light of the previously established "commercialization" platform, the parties decided that the invention would be included as part of the Intellectual Property portfolio of the joint company – Serotech. Although the research findings belonged exclusively to Herzog and the clinical trials were conducted by Prof. Heresco, Prof. Heresco and Dr. Caine were pleased to include Prof. Javitt in the commercialization of these inventions, due to his claimed experience in the field and especially due to their belief in him and his abilities, and Herzog's own lack of said experience.
		10. At a later stage, the parties also co-authored an article about the study.[[2]](#footnote-2)
	1. **Patent '093 –Patent #3**
		1. On 31.1.2011 the parties filed an American provisional application, patent number 61/347,700, called "Dosage regiment, medication dispensing package and uses thereof for the treatment of major depressive disorder", invented by Prof. Javitt and Prof. Heresco. On 9.6.2011 the parties filed for an additional provisional application in the U.S., patent number 61/494,097 under the same title, listing Prof. Javitt and Prof. Heresco as the inventors.
		2. Based on these applications, on 30.1.2012 international application number PCT/IL2012/050034 was filed, on the basis of which the following applications were also filed: Israeli patent number IL227611, European application number EP2670409 and U.S. application number 13/982,460 (published as 2014/0018349), later granted as patent US 9,789,093 (hereinafter "**'093**" or "**Patent 3**") (as well as simultaneous applications filed elsewhere around the world). These applications were filed under Serotech's name with Profs. Heresco and Javitt listed as the inventors, and all relevant filing expenses paid for by Herzog.
		3. **Patent '093 describes a combined treatment of DCS and antidepressant or antipsychotic drugs approved for treating depression, as treatment for treatment-resistant depression. The patent also refers to the use of this combined treatment to reduce suicidal symptoms**. The patent describes the clinical trials conducted on patients suffering from treatment-resistant major depression and patients being treated with antidepressant drugs combined with DCS. In the study described in the patent, subjects received antidepressant drugs at least eight weeks prior to commencing the trial, and continued to receive this dose throughout the trial period while also receiving increasing doses of DCS – starting at a dose of 250 mg/day to 1000 mg/day.
		4. The patent describes and claims, among others, a method for treating treatment-resistant depression through a combined regimen of DCS and antidepressant or antipsychotic drugs approved for treating depression, including treatment for bipolar depression, naming ketamine as a possible antidepressant material.[[3]](#footnote-3)
		5. The patent application further explains that the supporting research showed unexpectedly that combining the "new generation" of antidepressant drugs (including drugs such as SSRI, SNRI, etc.[[4]](#footnote-4)), with DCS was did not induce the extreme side effects commonly associated with high doses of DCS (including psychotic symptoms), whilst simultaneously preserving the beneficial, antidepressant effect of the treatment.[[5]](#footnote-5)
	2. **The Supplementary Agreement signed in 2013**
		1. Whereas, the agreement signed by and between the parties referred to D-Serine and other related materials for the treatment of Parkinson's disease and movement disorders, as described in application US 20040157926 (eventually Patent 1), the parties decided to sign a brief agreement, supplementary to the main agreement, to delineate the relationships between the parties with regard to the invention involving the use of DCS combined with antidepressant drugs, as treatment for depression and suicidal tendencies.
		2. In light of this, on 22.9.2013 the parties signed a brief supplementary agreement: "Agreement between Teniv and AASI regarding the D-Cyclo Serine Patent in the US registered in the name of Serotech LLC.". This agreement specifically refers to U.S. patent application number 13/982,460 as to the use of DCS for treating depression. A copy of this agreement by and between the parties signed on 22.9.2013 is attached herewith and marked Appendix **D**.
		3. In this agreement, the parties declared that ownership over the patent regarding depression would be shared equally between them (Teniv and AASI), and that the financial investment would likewise be evenly split. The agreement further states that all decisions regarding patent development must be **mutual** (See section 3): "All decisions to develop the patent will have to be mutually agreed upon between the parties".
		4. Furthermore, the agreement states that if for any reason one of the parties wishes to develop a product, and the other side is not so inclined, the former may do so at his own expense. The resulting ownership configuration in this event would be 80% ownership by the party who invested in the development, and 20% by the other party. Moreover, if any continuation were to be filed on the basis of the data and DCS effects described in the patent, such subsequent continuation must recognize both Prof. Heresco and Prof. Javitt as co-inventors (See sections 4-5 and 7):
		"4. If for some reason one of the parties wishes to pursue an avenue which the second party does not feel is suitable for its own goals, then the party desiring to continue may do so with its own financing.
		5. In such an event the ownership of that avenue will become 80%/20% to the benefit of the investing party.
		…
		7. If a continuation is filed based on the data and DCS effects described in the above patent, both Dr. Uri Heresco-Levy and Dr. Dan Javitt will be considered co-inventors on the subsequent continuations."
		5. At the same time, during 2014, the parties continued to strengthen the intellectual property portfolio, financed entirely by the hospital and with no financial contribution made by Prof. Javitt despite his contractual obligation. They submitted a number of continuation applications for patent '105 regarding treatment for movement disorders, including the continuation application eventually granted under patent US 9,029,410 (hereinafter "**Patent '410**") and registered on 2.1.2014, the same date on which they registered the continuation application granted under patent US 9,271,966 (hereinafter "**Patent '966"**) as well.
		6. Further to Patent '093 (Patent 3), Patent '410 claims a method for treatment of movement disorders caused by obsessive-compulsive disorder (OCD) through the administration of agonists or partial agonists (e.g. DCS) to the glycine site of the NMDA receptor. Specifically, regarding DCS, the patent claims a broad range of doses between 250 mg/day and 20 gram/day. Patent '966 claims a broad range of doses between 250 mg/day. Patent '966 claims treatment of movement disorders caused by Parkinson's disease through administering a full agonist to NMDA other than DCS.
	3. **The discovery of the theft: NeuroRX and its field of activities**
		1. In July 2015, approximately two years after the parties signed an agreement regarding the commercialization of Patent 3 (and the derivative patents), Dr. Caine and Prof. Heresco became aware of a televised interview conducted with Prof. Javitt.
		2. To their dismay, in this interview Prof. Javitt described a new "family-owned" company he had co-founded with his brother, Jonathan Javitt (Defendant 3), called "NeuroRX", which, extraordinarily, develops **a combined regimen of DCS with antipsychotics approved for treating depression ("lurasidone") for the treatment of suicidal tendencies in patients suffering from bipolar depressive disorder**.
		3. In other words, this refers to a combination of DCS with an antidepressant drug to treat depression and suicidal tendencies – **none other than a feeble disguise for the development of a technology identical to that which was developed by Prof. Heresco while at Herzog.**
		4. An inspection of the company's website revealed that it was developing treatment that would begin with an initial intravenous dose of ketamine followed by a ketamine "enhancement" through combined administration of DCS and lurasidone.
		5. Dr. Caine and Prof. Heresco were shocked to discover that NeuroRX was founded in 2015 (!), only a short time after they had submitted the continuation applications for the technology developed at Herzog for treating depression, and that NeuroRX had made efforts to raise capital for further development on the basis of the technology discovered at these very same clinical trials conducted at Herzog.
		6. It is worth noting that prior to this discovery about NeuroRX, Prof. Javitt had never reached out to Dr. Caine, Prof. Heresco or anyone else on behalf of Herzog, to apprise them of his intentions to found a competing company, nor certainly did he request their permission for him and his brother to make exclusive use of Herzog's technology.
	4. **Discovering the Patents and the "Double Life" of Prof. Javitt**
		1. The discovery of NeuroRX led Dr. Caine and Prof. Heresco to learn not only that Prof. Javitt had founded an independent company without Herzog's involvement or knowledge (to commercialize the very same technologies discovered and developed by Herzog), but moreover that for several years, in parallel to filing the joint patent applications together with Herzog, Prof. Javitt had been filing independent applications, which were based on the same inventions or their developments, in precisely the same fields, **yet listed under the names of various privately held companies owned by Prof. Javitt himself, and in which he was listed as the sole inventor (!).**
	5. **Patent Application US 2009/0176715 – Application #2, and derivative applications**
		1. Subsequently, it became evident that even prior to discovering the existence of NeuroRX, in January 2008 Prof. Javitt had filed an application for an Israeli patent number IL188681, called "Pharmaceutical preparations and methods of using amino-acid D" owned by AASI, a company owned by Prof. Javitt. Alongside this application, Prof. Javitt also filed a U.S. Patent application, number 2009/0176715 (hereinafter "**Application '715**" or "**Application 2**") (as well as applications filed elsewhere around the world).
		2. Surprisingly, these patent applications refer to the use of D-Serine for a number of neuropsychiatric indications including **movement disorders**, offering a solution for renal toxicity which may be caused as a result of using D-serine (etc.) for treatment, including for these same movement disorders.
		3. According to the patent applications, the ability to use D-Serine etc. is limited to begin with due to risk of renal toxicity. Whereas previous experimentation had shown that it was possible to limit the toxicity of D-Serine by using a material called "glutathione" its efficacy had only been proven when used **intravenously** (as opposed to orally), which is inappropriate for clinical use. Therefore, the patent application suggests adding to the D-Serine treatment materials which break-down to create glutathione, one of which is an "NAC" known to be an oral treatment for **liver** toxicity.
		4. According to the patent application, the research described therein examined for the first time the effects of the use of NAC (for example) on **renal** toxicity induced by D-Serine.
		5. According to the patent application itself, this was ostensibly a "**continued/improved solution**" to the use of D-Serine as treatment for neuropsychiatric disorders, including, as mentioned, movement disorders (See par. [0008]):
		"… the present invention derived from the discovery that orally administered precursors of glutathione (GSH) including the compound N-acetylcysteine and L-cysteine, prevent nephrotoxicity induced by the amino acid D-serine. The present invention provides a method for oral administration of D-serine or similar amino acids that minimize risks of nephrotoxicity. **This formulation therefore represents a significant, clinically useful improvement over use of D-serine or other amino acids alone as medicaments for neuropsychiatric or other medical conditions**."
		6. Application '715 also included a claim pertaining specifically to neuropsychiatric disorders such as "**movement disorders**."[[6]](#footnote-6)
		7. As on its face the patent application offers a solution to renal toxicity, it constitutes a companion solution, among others, to the therapeutic treatment at the core mandate of the parties' activities, and an additional implementation of the very same invention which formed the basis for the parties' relationship, i.e. development and commercialization for uses of D-Serine (and relevant compounds) for the treatment of Parkinson's disease or other movement disorders (as described in Patent 1).
		8. Such development should therefore have been mutually developed by the parties, as part of the commercialization attempts to which they had hereto agreed. These inventions derive directly from the hospital's inventions such that it unfotunately creates partial ownership for the hospital in the intellectual property rights of these additional applications.
		9. Needless to say, at no point in time did Prof. Javitt notify Prof. Heresco or Dr. Caine, or anyone else on behalf of Herzog hospital, about his having filed these applications for patent registration.
		10. In August 2016 after the conflict between the parties arose and Prof. Javitt was confronted about these incidents of theft, Prof. Javitt abandoned the Israeli patent application without the hospital's permission, and in February 2017 he filed in the U.S. a continuation to application '715 (Application 2), number US 2017/0157066 (hereinafter "**Application 066**")[[7]](#footnote-7) which did not include claims regarding movement disorders.[[8]](#footnote-8) In May 2017, Prof. Javitt abandoned Application 2, the parent U.S. patent application.
	6. **U.S. Patent US 9,737,531 – Patent #4, and the patents and patent applications thus derived**
		1. If this was not enough, it later became evident that **merely six months** after the parties filed for Patent '093, the patent which addresses combined treatment of DCS with antidepressant drugs, as a treatment for depression and suicidal tendencies, and approximately six months after filing the first provisional application, Prof. Javitt rushed, **during 2012**, to file other provisional applications addressing the treatment of depression and related side effects induced by its drug treatment, again **solely under his own name while listing himself as the sole inventor.**
		2. This constitutes blatant and recurring acts of deceit and theft.
		3. As will be further shown below, the applications are intractably linked to the technologies and inventions discovered by Herzog, and were effectively "smuggled" out of Herzog for the benefit of Prof. Javitt, his brother and their co-founded "family-run" company.
		4. Thus, on 12.7.2012 two provisional applications were filed by Prof. Javitt in the U.S., Application number 61/741,115 and 61/741,114. On the basis of these provisional applications, on 7.7.2013 a patent application was filed in the U.S., number US 2014/0018348, called "Composition and method for treatment of depression and Psychosis in Humans", and later granted as US 9,737,531 (hereinafter "**Patent '531**" or "**Patent 4**"). Furthermore, additional applications were filed by Prof. Javitt elsewhere around the world.
		5. This patent, much like Patent 3, also describes a **combination of DCS with antidepressant and antipsychotic drugs** in order to reduce the side effects induced by these drugs. This patent also describes compositions for the treatment of **treatment-resistant depression** (major)[[9]](#footnote-9) or psychosis, using a combination of NMDAR antagonists with antidepressant or antipsychotic drugs, referencing drugs intended for a certain 5-HT2A receptor. This combination leads to a decrease in side effects induced by the drug treatment.
		6. However, in this instance the patent focuses on the side effect termed "akathisia" – a severe movement disorder involving internal restlessness, often induced by psychiatric drugs.
		7. Although this patent refers to the side effects of akathisia as opposed to suicidal tendencies, both akathisia and suicidal tendencies, as is obvious to anyone working in the industry, are **both side effects induced by the same drugs and that occur in the same demographic**. Therefore, there is a clear overlap between patients who suffer from both symptoms and **there** **is a close, significant correlation between akathisia and suicidal tendencies**.
		8. For example, it has been established that antidepressant drugs which increase the incidence rates of akathisia may also explain the heightened risk of suicide induced by such drugs. The defendants themselves have expounded this fact, at various occasions on which they presented the scientific background of NeuroRX – attached herein and marked Appendix **E'**,is a copy of the slide which elaborates on the correlation between suicide and akathisia, taken from the slide deck presented by the defendants themselves on behalf of NeuroRX at the BrainTech 2017 conference.
		9. Worth noting, although DCS was not claimed in the summary for Patent 4 as it was eventually granted and registered (presumably due to legal advice received by the defendants upon being confronted with their thievery), DCS is described throughout the application as the central antagonist described therein.[[10]](#footnote-10) Moreover, it was used in the **only example** described in the patent.[[11]](#footnote-11) Furthermore, as will be further elaborated below, use of the DCS was explicitly claimed in the additional continuations filed by Prof. Javitt on the basis of this patent.
		10. Thus, at best this is yet another aspect based on the very same technology developed by Herzog and described in Patent 3, and which is central to the joint venture of the parties and the scientific subject-matter regarding which the parties agreed to develop and commercialize together – this as put forth in the 2013 supplemental agreement.
		11. Certainly, under any other circumstances if the defendants were decent, this patent would have been filed in connection to Patent 3 (whether as a continuation or a continuation-in-part – CIP), and not artificially filed separately as was done in this case. Furthermore, a comparison of the wording of the patents shows that entire portions of Patent 4 had been **copied verbatim** from Patent 3.[[12]](#footnote-12)
		12. In fact, an examiner of Patent 4 for the United States Patent and Trademark Office (USPTO) raised a "double patenting" objection that **Patent 4 was effectively identical to Patent 3**. Nevertheless, Herzog did not permit filing the application nor conducting an additional trial, as mentioned, regarding akathisia or any specific antidepressant or antipsychotic drugs, nor were these efforts made known at any point to Prof. Heresco, Dr. Caine or anyone else on behalf of Herzog, and Prof. Heresco is not listed as in inventor.
		13. Moreover, Prof. Javitt submitted a brazen response to the USPTO objection, describing differences between his application and the application on which basis Patent 3 was granted. In other words, beyond the mere theft of Herzog's technology, a completely absurd and intolerable situation was created whereby even whilst the process for Herzog's patents' applications was taking place, Prof. Javitt was also managing an independent intellectual property portfolio in competition with Herzog and without their knowledge, in the context of which he explicitly opined on, and referred to, their jointly owned patents. It is clear that his assuming such a position and providing this analysis of Patent 3, lacking Herzog's knowledge or consent, and conducted for his own ulterior motives, is not only unethical, it is illegal and constitutes a severe breach of trust between the parties.
		14. On 3.9.2015 Prof. Javitt filed for a divisional patent application, registered as Patent number US 9,486,453 (hereinafter "**Patent '453"**).
		15. Patent '453, which is based on Patent 4 and the provisional applications filed in 2012, claims specifically a method for reducing the incidence rate of akathisia caused by the antipsychotic lurasidone drug, approved for treating depression, in patients with bipolar disorder, through the combined use of lurasidone with DCS at doses of 500 mg/day or higher (until a certain concentration of DCS is created in the subject's blood).
		16. In other words, this patent claims the combination of materials on which NeuroRX's product is based, as a treatment for bipolar depression disorder, while the patent also refers to the use of an initial dose of ketamine.
		17. To understand the full picture, the following point is crucial: patients who suffer from bipolar disorder are treated at the depressive stage with the same drugs used to treat depression in a unipolar patient. Moreover, as mentioned, Patent 3 already describes and claims use of antidepressant or antipsychotic drugs to treat depression combined with DCS, including the treatment of bipolar disorder. As such, the focus of NeuroRX specifically on the lurasidone medication and patients suffering from bipolar disorder does not distance it whatsoever from the research and findings discovered at Herzog, **as it is entirely based, from start to finish, on the very same technology developed by Herzog, and merely constituted a natural next step in the development and commercialization process for this technology, which was supposed to have been conducted jointly with Herzog as the technology's owner.**
	7. **Founding NeuroRX on the basis of the smuggled Herzog property**
		1. In fact, throughout this entire period, Prof. Javitt was operating in parallel channels while leading a double life, stupefying Herzog and concealing his own actions. Throughout, Prof. Javitt had been surreptitiously filing for patents – submitting applications based on the R&D conducted by Herzog, without informing Herzog or listing its researchers as inventors, and he co-founded with his brother, CEO of Defendant 2, a competing commercial company based on these technologies.
		2. In doing so, not only did Prof. Javitt smuggle property from Herzog that it had developed, he effectively voided the relationship between the two: the entirety of the development and commercialization efforts which should have been done on behalf of both parties, excluded Herzog entirely and was executed only on behalf of NeuroRX, a company privately held by Prof. Javitt and his brother.
		3. As if this were not enough, Prof. Javitt, as aforementioned, continued to act in blatant conflict of interest, when in the context of the examination of his own "personal" patents, he assumed certain positions regarding the patents jointly owned with Herzog in a manner which could negatively impact the breadth and scope of the claims covered, and the corollary protections provided to Herzog's patents in the future. As a result, it is evident that Prof. Javitt's duplicitous behavior in wearing these two hats at once exhibits a glaring conflict of interest and outrageous bad faith.
	8. **Pattern of Misconduct**
		1. Moreover, further investigation revealed that Prof. Javitt's behavior was part of a longstanding pattern. Thus, early trials conducted by Prof. Heresco on the use of Glycine for schizophrenia treatment, conducted at Herzog when he returned from Einstein to Israel, ended up – unsurprisingly – in the patent application **filed by Prof. Javitt independently** in 1996, an application which was eventually granted under Patent US 5,854,286, and in an additional continuation granted under Patent US 6,162,827 regarding D-serine treatment for schizophrenic patients. Support for the patent claims rested, among others, on findings of the studies conducted at Herzog and described by Prof. Javitt in the examples illustrated in the patent. This constitutes ongoing and systematic theft belonging to a pattern of deceitful and disingenuous misconduct.[[13]](#footnote-13)
		2. Worth mentioning, beyond omitting on the patent both Prof. Heresco as an inventor and Herzog as an owner, Prof. Javitt never actually requested permission of Herzog or Prof. Heresco to use these data, and such use was never made known to Herzog or anyone on its behalf.
		3. Further research uncovered a licensing agreement apparently signed by Prof. Javitt and Glytech and a pharmaceutical company called Prestwick Pharmaceuticals (hereinafter "**Prestwick**"). From the limited information available, it is possible that this agreement is partially based on the same technology as these patents. Thus, not only did Prof. Javitt use Herzog's data as if it were his own without the permission of either Herzog or Prof. Heresco who led the trials, but Prof. Javitt may have also been unjustly enriched at Herzog's expense by commercializing technology based in part on data he did not own.[[14]](#footnote-14)
		4. In hindsight it is clear that Prof. Javitt stole and devaluated the hospital's property on repeated occasions, further increasing his appetite with each undiscovered exploit.
1. Heresco-Levy et al. *A Randomized add-on trial of high-dose D-cycloserine for treatment-resistant depression. (Rapid Communication)* International Journal of Neuropsychopharmacology 2013, 16, 501-5063. [↑](#footnote-ref-1)
2. Heresco-Levy at al., *Controlled trial of D-cycloserine adjuvant therapy for treatment-resistant major depressive disorder,* Journal of Affective Disorders 93 (2006) 239-243; Heresco-Levy et al., *A Randomized add-on Trial of High-dose D-cycloserine for treatment-resistant depression (Rapid Communication*) International Journal of Neuropsychopharmacology 2013, 16, 501-5063. [↑](#footnote-ref-2)
3. *See, e.g.*, Claims 1, 2 and 3. [↑](#footnote-ref-3)
4. For example, SSRIs, SNRIs and TeCAs. [↑](#footnote-ref-4)
5. See, e.g. Row 22, lines 41-54. [↑](#footnote-ref-5)
6. See claim no. 17 to Application '715. [↑](#footnote-ref-6)
7. This application was filed under the company “AAS LLC” [↑](#footnote-ref-7)
8. However, due to the context the body of this application also included reference to movement disorders as did application '715 – the parent application. [↑](#footnote-ref-8)
9. See, e.g., the second portion of Column 1. [↑](#footnote-ref-9)
10. See, e.g., Columns 6-8, rows 10-11 and others. [↑](#footnote-ref-10)
11. See column 13, rows 15-16. [↑](#footnote-ref-11)
12. Thus, for example, rows 45-67 in column 1 in Patent '531 are identical to rows 17-35 column 1 in Patent '093; rows 1-11 and 14-15 in column 2 of Patent '531 are identical to rows 36-47 column 1 in Patent '093; rows 36-42 in column 2 of Patent '531 are identical to rows 48-54 in column 1 of Patent '093; Rows 5-23 in column 3 of Patent '531 are identical to rows 9-27 column 2 in Patent '093. [↑](#footnote-ref-12)
13. The findings from this study were published by Herzog in 1996, in the article Heresco-Levy U, Javitt DC, Ermilov M, Morel C, Horowitz A, Kelly D., Double-blind placebo controlled, crossover trial of glycine adjuvant therapy for treatment-resistant schizophrenia, Br J Psychiatry. 1996 Nov; 169(5): 610-7. [↑](#footnote-ref-13)
14. See a partial copy of the licensing agreement between Dr. Javitt and Prestwick published online at:

http://www.techagreements.com/agreement-preview.aspx?title=Prestwick%20Pharmaceuticals%20-

%20 License%20Agreement%20--%20Daniel%20C.%20Javitt%20And%20Glytech,%20Inc.&num=296896

A description of Prestwick's activities described in a government statement filed in the U.S. (“Registration Statement under the Securities Act of 1993”):

<https://www.sec.gov/Archives/edgar/data/1222761/000095013305001662/w06892sv1.htm> [↑](#footnote-ref-14)