

FORM PTO-1619A

Expires 06/30/99  
OMB 0651-0027

09-13-1999



101143136

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

MRD  
9-9-99

# RECORDATION FORM COVER SHEET PATENTS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

## Submission Type

☒ New

☐ Resubmission (Non-Recordation)  
Document ID#

☐ Correction of PTO Error  
Reel #  Frame #

☐ Corrective Document  
Reel #  Frame #

## Conveyance Type

☐ Assignment ☐ Security Agreement

☐ License ☐ Change of Name

☐ Merger ☒ Other

**U.S. Government**  
(For Use ONLY by U.S. Government Agencies)

☒ Departmental File ☐ Secret File

## Conveying Party(ies)

☐ Mark if additional names of conveying parties attached

Name (line 1)  Execution Date  
Month Day Year

Name (line 2)

## Second Party

Name (line 1)

Name (line 2)

Execution Date  
Month Day Year

## Receiving Party

☐ Mark if additional names of receiving parties attached

Name (line 1)

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3)     
City State/Country Zip Code

☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

## Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231  
REEL: 010216 FRAME: 0415

FORM PTO-1619B

Expires 06/30/99  
OMB 0651-0027

Page 2

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) 6705 Rockledge Drive, Suite 1040

Address (line 3) MSC 7980

Address (line 4) Bethesda, Maryland / USA 20892-7980

## 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)

## Patent Number(s)


5753445		

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

## Patent Cooperation Treaty (PCT)

Enter PCT application number  
only if a U.S. Application Number  
has not been assigned.PCT  PCT  PCT   
PCT  PCT  PCT 

## Number of Properties

Enter the total number of properties involved.

# 1

## Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment:  
Deposit AccountEnclosed ☐Deposit Account ☐

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

# 

Authorization to charge additional fees:

Yes ☐No ☒

## Statement and Signature

*To the best of my knowledge and belief, the foregoing information is true and correct and any  
attached copy is a true copy of the original document. Charges to deposit account are authorized, as  
indicated herein.*

Belen Awetahegne

Name of Person Signing



Signature

8/31/99

Date

**LICENSE TO THE UNITED STATES GOVERNMENT**

This instrument confers to the United States Government, as represented by the Department of Health and Human Services, a nonexclusive, nontransferable, irrevocable, paid-up license to practice or have practiced on its behalf throughout the world the following subject invention:

**Invention Title:** A test for the detection of anti-heparin antibodies

**Inventor(s):** Howard Fillit, M.D., Peter Harpel, M.D. and Shinobu Shibata

**Patent Number:** 5,753,445

**Date of Patent :** May 19<sup>th</sup>, 1998

**Country, if other  
than United States:**

This subject invention was conceived or first actually reduced to practice in performance of a government-funded project, National Institutes of Health Grant No. RO1 AI24876, RO1 AR32929 & PO1 AI24671

Principal rights to this subject invention have been left with the Licensor: Mount Sinai School of Medicine, of New York University, subject to the provisions of 37 CFR 401 and 45 CFR 8.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name :** W. Patrick McGrath, Ph.D.

**Title :** Director, Office of Industrial Liaison