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FORM PTO-1619A
Expires 06/30/99
OMB 0651-0027

11-22-1999



101168938

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

**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
 - License
 - Merger
 - Security Agreement
 - Change of Name
 - 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

Second Party

Name (line 1) Execution Date
Month Day Year

Name (line 2)

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.)

Change 40

Domestic Representative Name and Address

Enter for the first Receiving Party only.

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Address (line 1)

Address (line 2)

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REEL: 010235 FRAME: 0320

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

Name

Address (line 1)

Address (line 2)

Address (line 3)

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Pages Enter the total number of pages of the attached conveyance document including any attachments. #

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)		
<input type="text" value="08/751.624"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 PCT PCT

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

Number of Properties Enter the total number of properties involved. #

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

Method of Payment: Enclosed Deposit Account

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

Deposit Account Number: #

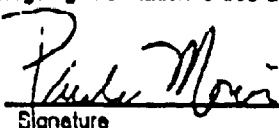
Authorization to charge additional fees: Yes No

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.

Paula D. Morris

Name of Person Signing Signature Date

6FORM PTO-1596		08-22-1997		I. DEPARTMENT OF COMMERCE Patent and Trademark Office	
To the Honorable Commissioner of Patents thereof.		100515224		Attached original documents or copy	
1. Name of conveying party(ies): Harald Mohr Bernd Lambrecht Additional Name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MRP 8-21-97		2. Name and address of receiving party(ies): Name: Blutspendedienst der Landesverbands des Deutschen Roten Kreuzes Niedersachsen, Oldenburg und Bremen G.G.m.b.H. Address: Eldsener Strasse 38, 31830 Springe, Federal Republic of Germany	
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other: Corrected Assignment to Correct Assignee Address: An Assignment was previously recorded at Reel/Frame 8315/0177 8315/0177				Additional name(s) & address(es) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Application number(s) or patent number(s): 08/751,624					
If this document is being filed together with a new application, the execution date of the application is:					
A. Patent Application No.(s) 08/751,624			B. Patent No.(s)		
Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Name and address of party to whom correspondence concerning documents should be mailed. Name: Paula Morris Internal Address: Madan & Morris 2803 Augusta, Suite 700 Mailing Address: Same City: Houston State: Texas ZIP: 77057-5638			6. Total number of applications and patents involved: [1]		
			7. Total fee (37 CFR 1.21(h)): \$40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Charge Deposit Account		
			8. Deposit account number: 13-0010(GRC-001) (Attach duplicate copy of this page if paying by deposit account)		
DO NOT USE THIS SPACE					
9. 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.					
Paula Morris Name of Person Signing		 Signature		Chg 40 August 21, 1997 Date	
Total number of pages including cover sheet, attachments, and document: [1] Do not detach this portion					
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01-28-1996

In the Honorable Commissioner of Patents & Trademarks

106345278 ... attached original documents or copy thereof.

1. Name of conveying party(ies):
MOHR, Harald, Walter-Flex Strasse 27,
30116 Hannover, Fed. Rep. of Germany;
LAMBRECHT, Bernd, Harmsmuehlenstrasse
43, 31832 Springe, Fed. Rep. of Germany.

2. Name and address of receiving party(ies):
Name: Blutspendedienst der Bundesrepublik
verbaende des Deutschen Roten
Kreuzes Niedersachsen
Oldenburg und Bremen G.G.m.b.H.

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance: 11-18-96
 Assignment Merger
 Security Agreement Change of Name
 Other

Address: Eldagsener Strasse 38
31708 Ahnsen
Federal Republic of Germany
City: _____ State: _____ ZIP: _____

Execution Date: August 20, 1996

Additional name(s) & address(es) attached? Yes No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: August 20, 1996

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers after

Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Thomas H. Whaley

Internal Address: _____

Street Address: 675 N. Terrace Ave., #1-D
P.O. Box 9013

City: Mount Vernon State: NY ZIP: 10552

Total number of applications and patents involved: 1

Total fee (37 CFR 3.41): \$ 40.00

Enclosed

Any deficiency is hereby
 Authorized to be charged to deposit account

8. Deposit account number:

23-1623

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D. Print name 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.

Thomas H. Whaley
Name of Person Signing

Thomas H. Whaley

November 18, 1996
Date

Total number of pages comprising cover sheet: 1

Assignment

In consideration of One Dollar (\$1.00), and other good and valuable considerations, the receipt of which is hereby acknowledged, WE, the undersigned, Harald Mohr, residing at Walter-Flex Strasse 27, 30117 Hannover, Federal Republic of Germany; and Bernd Lambrecht, residing at Harmsmuehlenstrasse 43, 31832 Springe, Federal Republic of Germany,

Hereby sell, assign and transfer to Blutspendedienst der Landesverbande des Deutschen Roten Kreuzes Niedersachsen, Oldenburg und Bremen G.G.m.b.H., having a place of business at Hldagsener Strasse 38, 31830 Springe, Federal Republic of Germany its successors, assigns and legal representatives, the entire right, title and interest for all countries, in and to any and all inventions which are disclosed and claimed, and any and all inventions which are disclosed but not claimed, in the application for United States Patent, which has been executed by the undersigned and concurrently filed herewith, and is entitled

PROCESS FOR INACTIVATING VIRUSES IN BLOOD AND BLOOD PRODUCTS

and in and to said application and all divisional, continuing, substitute, renewal, reissue, and all other applications for U.S. Letters Patent or other related property rights in any and all foreign countries which have been or shall be filed on any of said inventions disclosed in said application; and in and to all original and reissued patents or related foreign documents which have been or shall be issued on said inventions;

Authorize and request the Commissioner of Patents of the United States to issue to said Assignee, the corporation above named, its successors, assigns and legal representatives, in accordance with this assignment, any and all United States Letters Patent on said inventions or any of them disclosed in said application;

Agree that said Assignee may apply for and receive foreign Letters Patent or rights of any other kind for said inventions, or any of them; and may claim, in applications for said foreign Letters Patent or other rights, the priority of the aforesaid United States patent application under the provisions of the International Convention of 1883 and later modifications thereof, under the Patent Cooperation Treaty, under the European Patent Convention or under any other available international agreement; and that, when requested, without charge to, but at the expense of, said Assignee, its successors, assigns and legal representatives, to carry out in good faith the intent and purpose of this assignment, the undersigned or the undersigned's executors or administrators will, for the United States and all foreign countries, execute all divisional, continuing, substitute, renewal, reissue, and all other patent applications or other documents on any and all said inventions; execute all rightful oaths, assignments, powers of attorney and other papers; communicate to said Assignee, its successors, assigns and representatives, all facts known and documents available to the undersigned relating to said inventions and the history thereof; testify in all legal proceedings; and generally do everything possible which said Assignee, its successors, assigns or representatives shall consider desirable for aiding in securing, maintaining and enforcing proper patent protection for said inventions and for vesting title to said inventions and all applications for patents or related foreign rights and all patents on said inventions, in said Assignee, its successors, assigns and legal representatives; and

Covenant with said Assignee, its successors, assigns and legal representatives that no assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed has been made to others by the undersigned, and that full right to convey the same as herein expressed is possessed by the undersigned.

Date: 20 August 1996 1996

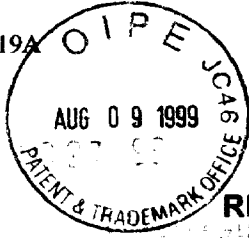
Witness: Christa Wittich
Christa Wittich

Harald Mohr [L.S.]
HARALD MOHR

Date: 20 August 1996 1996

Witness: Christa Wittich
Christa Wittich

Bernd Lambrecht [L.S.]
BERND LAMBRECHT



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Document ID#

Correction of PTO Error
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Conveyance Type

Assignment Security Agreement

License Change of Name

Merger Other

U.S. Government
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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) Execution Date
Month Day Year

Name (line 2)

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Name (line 1) If document to be recorded
is an assignment and the
receiving party is not
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separate document from
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City State/Country Zip Code

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Correspondent Name and Address **Area Code and Telephone Number**

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Number of Properties Enter the total number of properties involved. #

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

Method of Payment: Enclosed Deposit Account

Deposit Account

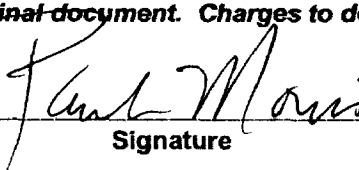
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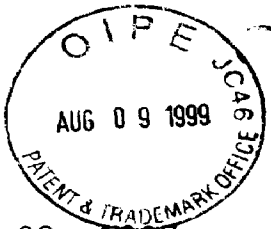
Authorization to charge additional fees: Yes No

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.

Paula D. Morris  August 4, 1999

Name of Person Signing Signature Date



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
 ASSISTANT SECRETARY AND COMMISSIONER
 OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

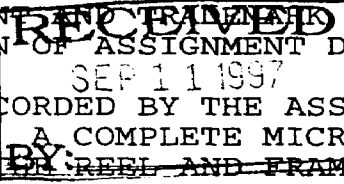
SEPTEMBER 02, 1997

PTAS



MADAN & MORRIS
 PAULA MORRIS
 2603 AUGUSTA
 SUITE 700
 HOUSTON, TX 77057-5638

UNITED STATES PATENT AND TRADEMARK OFFICE
 NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT



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RECORDATION DATE: 08/21/1997

REEL/FRAME: 8622/0101
 NUMBER OF PAGES: 4

BRIEF: CORRECTIVE ASSIGNMENT TO CORRECT ASSIGNEE'S ADDRESS. AN ASSIGNMENT WAS PREVIOUSLY RECORDED AT REEL/FRAME 8315/0177.

ASSIGNOR:
 MOHR, HARALD

DOC DATE: 08/20/1996

ASSIGNOR:
 LAMBRECHT, BERND

DOC DATE: 08/20/1996

ASSIGNEE:
 BLUTSPENDEDIENST DER LANDESVERBAENDE DES DEUTSCHEN ROTEN KREUZES
 NIEDERSACHSEN, OLDENBURG UND BREMEN G.G.M.B.H.
 ELDAGSENER STRASSE 38
 31830 SPRINGE, FED REP GERMANY

SERIAL NUMBER: 08751624
 PATENT NUMBER:

FILING DATE: 11/18/1996
 ISSUE DATE: