

FORM PTO-1619A

Expires 06/30/99  
OMB 0651-0027

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FORM PTO-1619B

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U.S. Department of Commerce  
Patent and Trademark Office  
**PATENT****Correspondent Name and Address**Area Code and Telephone Number 435-19862Name National Institutes of Health, TheAddress (line 1) Extramural Inventions Office, TheAddress (line 2) 6705 Rockledge Drive, Suite 1040Address (line 3) MSC 7980Address (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)**09266465**Patent Number(s)**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.

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**Patent Cooperation Treaty (PCT)**Enter PCT application number  
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**Number of Properties**

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