

FORM PTO-1595
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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Clive Wood
4-8-02
Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
Name: Genetics Institute, Inc.
Internal Address: _____
Street Address: 87 CambridgePark Drive
City: Cambridge State: MA ZIP: 02140
Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance
 Assignment Merger
 Security Agreement Change of Name
 Other _____
Execution Date: December 10, 2001

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: _____
A. Patent Application No.(s)
09/895,837
Additional numbers attached? Yes No

B. Patent No.(s)
FINANCE SECTION

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: Megan E. Williams, Esq.
Internal Address: Lahive & Cockfield, LLP
Street Address: 28 State Street
City: Boston State: MA ZIP: 02109

6. Total number of applications and patents involved: 1
7. Total fee (37 CFR 3.41).....\$ \$40.00
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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.
Megan E. Williams Reg. No. 43,270
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Total number of pages including cover sheet, attachments, and document: 2

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