

Form PTO-1595 (Rev. 06/04)
OMB No. 0651-0027 (exp. 6/30/2005)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):

Henning GROLL

Execution Date(s) September 10, 2004Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No**3. Nature of conveyance:**

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

2. Name and address of receiving party(ies)Name: Roche Diagnostics GmbH

Internal Address: _____

Street Address: Sandhofer Strasse 116City: Mannheim

State: _____

Country: Germany Zip: 68305Additional name(s) & address(es) attached? ☐ Yes ☒ No**4. Application or patent number(s):**☐ This document is being filed together with a new application.

A. Patent Application No.(s)

10/871,403

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No**5. Name and address to whom correspondence concerning document should be mailed:**Name: Troy J. Cole

Internal Address: _____

Street Address: Bank One Center/Tower, 111 Monument Circle, Suite 3700City: IndianapolisState: IN Zip: 46204-5137Phone Number: (317) 634-3456Fax Number: (317) 637-7561Email Address: docketdept@uspatent.com**6. Total number of applications and patents involved:**1**7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00**


- ☒ Authorized to be charged by credit card
☐ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

a. Credit Card Last 4 Numbers 1391
 Expiration Date 04/06

b. Deposit Account Number _____

Authorized User Name _____

9. Signature:


Signature

Troy J. Cole

Name of Person Signing

October 5, 2004

Date

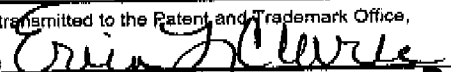
Total number of pages including cover sheet, attachments, and documents:

3

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
 Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, V.A. 22313-1450

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office,
 to (703) 306-5995, on October 5, 2004.

Signature



PATENT

700120397

REEL: 015218 FRAME: 0043

OP \$40.00 10871403

007404-000652.TJC.301416

WP 22031 US6
RDID 02102(6) US

Assignment of Rights, Title and Interest in Invention (Multiple inventors; single assignee)	Docket No. 7404-652																										
<p><i>This is an Assignment of the following rights, title and interest: (check all that apply):</i></p> <p><input checked="" type="checkbox"/> <i>United States of America rights, title and interest in the invention</i></p> <p><input type="checkbox"/> <i>Foreign rights, title and interest in the invention</i></p> <p><input checked="" type="checkbox"/> <i>United States Patent Application Serial No. <u>10/871,403</u></i></p> <p><i>Date of Execution: _____ Date of Filing: <u>June 18, 2004</u></i></p> <p><input type="checkbox"/> <i>United States Provisional Patent Application Serial No. _____</i></p> <p><input type="checkbox"/> <i>United States Patent No(s). _____</i></p> <p><input type="checkbox"/> <i>International (PCT) Patent Application Serial No. _____</i></p> <p><input type="checkbox"/> <i>Other (specify) _____</i></p> <p><i>Title of the Invention</i></p> <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> SYSTEM AND METHOD FOR CODING INFORMATION ON A BIOSENSOR TEST STRIP </div>																											
<p><i>Inventors (assignors)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: center; padding: 5px;"><i>Name</i></th> <th style="width: 60%; text-align: center; padding: 5px;"><i>Address</i></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Henning Groll</td> <td style="padding: 5px;">6050 Halfmoon Lane, Indianapolis, Indiana 46220, USA</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table>		<i>Name</i>	<i>Address</i>	Henning Groll	6050 Halfmoon Lane, Indianapolis, Indiana 46220, USA																						
<i>Name</i>	<i>Address</i>																										
Henning Groll	6050 Halfmoon Lane, Indianapolis, Indiana 46220, USA																										
<p><i>Assignee</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: center; padding: 5px;"><i>Name</i></th> <th style="width: 60%; text-align: center; padding: 5px;"><i>Address</i></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Roche Diagnostics GmbH</td> <td style="padding: 5px;">Sandhofer Strasse 116 68305 Mannheim Germany</td> </tr> </tbody> </table>		<i>Name</i>	<i>Address</i>	Roche Diagnostics GmbH	Sandhofer Strasse 116 68305 Mannheim Germany																						
<i>Name</i>	<i>Address</i>																										
Roche Diagnostics GmbH	Sandhofer Strasse 116 68305 Mannheim Germany																										

