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T U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

Atty Docket No.: PP-19681.002

To the Director of the U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

LAGWINSKI, Willy
HARRINGTON, Charles A.
PHELPS, Bruce H.

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

2. Name and address of receiving party(ies)

Name: **Chiron Corporation**Internal Address: **Intellectual Property Dept., R-338**Street Address: **4560 Horton Street**City: **Emeryville** State: **CA** Zip: **94608-2916**☐ OtherAdditional name(s) & address(es) attached? ☐ Yes ☒ No

3. Nature of conveyance:

☒ Assignment☐ Merger☐ Security Agreement☐ Change of Name☐ Other _____Execution Date: **February 24, 2004, March 4, 2004 and May 23, 2004**

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)

U.S. Patent Application No. 10/655,588

B. Patent Registration No.(s)

Additional number(s) attached ☐ Yes ☒ No

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

Name: **Chiron Corporation**Internal Address: **Intellectual Property, Mail Stop R-338**Street Address: **4560 Horton Street**City: **Emeryville** State: **CA** Zip: **94608-2916**6. Total number of applications and patents involved **1**7. Total fee (37 CFR 3.41)..... \$**00**☒ Enclosed☐ Authorized to be charged to deposit account

8. Deposit account number:

03-1664

(Attach duplicate copy of this page if paying by deposit account)

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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.

Marcella Lillis (Reg. No. 36,583)

Name of Person Signing

Signature

Date

Total number of pages including cover sheet, attachments, and document: **13**

Mail documents to be recorded with required cover sheet information to:

Mail Stop Assignment Recordation Services
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06/07/2004 MBETACHE 00000012 10655588

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I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail in an envelope addressed to:

Mail Stop Assignment Recordation Services, Director of the U.S. Patent and Trademark Office, P. O. 1450, Alexandria, VA 22313-1450, on this

1st day of June, 2004.By: Marcella Lillis

PATENT

REEL: 015416 FRAME: 0027

ASSIGNMENT

WHEREAS, We, WILLY LAGWINSKI, CHARLES A. HARRINGTON, and BRUCE H. PHELPS, hereinafter referred to as ASSIGNORS, have co-invented certain improvements as described and set forth in the below-identified application for United States Letters Patent:

Title of Invention: **METHODS FOR VERIFYING FLUID MOVEMENT**

Date of Execution: February 24, 2004 and March 4, 2004

Filing Date: **September 5, 2003**

Serial No: **10/655,588**

WHEREAS, CHIRON CORPORATION, located at 4560 Horton Street, Emeryville, California 94608-2916, hereinafter referred to as ASSIGNEE, is desirous of acquiring the entire right, title and interest in the said invention and application and in any Letters Patent which may be granted on the same;

NOW, THEREFORE, TO ALL WHOM IT MAY CONCERN: Be it known that, for and in consideration of the sum of One Dollar (\$1.00) lawful money paid to ASSIGNORS by ASSIGNEE, receipt of which is hereby acknowledged, ASSIGNORS have sold, assigned and transferred, and by these presents do sell, assign and transfer unto said ASSIGNEE, and ASSIGNEE'S successors and assigns, all right, title and interest in and to the said invention, said application for United States Letters Patent, and any Letters Patent which may hereafter be granted on the same in the United States and all countries throughout the world including any divisions, renewals, continuations in whole or in part, substitutions, conversions (including conversions claiming priority under 35 U.S.C. § 119(e)), reissues, prolongations or extensions thereof, the said interest to be held and enjoyed by said ASSIGNEE as fully and exclusively as it would have been held and enjoyed by said ASSIGNORS had this assignment and transfer not been made, to the full end and term of any Letters Patent.


ASSIGNORS also agree that the U.S. serial number and the filing date may be entered above by ASSIGNEE or its agents upon designation of the serial number and the filing date by the U.S. Patent and Trademark Office.

ASSIGNORS further agree that they will, without charge to said **ASSIGNEE**, but at **ASSIGNEE'S** expense, cooperate with **ASSIGNEE** in the prosecution of said application and/or applications, execute, verify, acknowledge and deliver all such further papers, including applications for Letters Patent and for the reissue thereof, and instruments of assignment and transfer thereof, and will perform such other acts as **ASSIGNEE** lawfully may request, to obtain or maintain Letters Patent for said invention and improvement in any and all countries, and to vest title thereto in said **ASSIGNEE**, or **ASSIGNEE'S** successors and assigns.

IN TESTIMONY WHEREOF, **ASSIGNORS** have hereunto signed their names to this assignment on the dates indicated below.

INVENTOR: WILLY LAGWINSKI

DATE Feb. 24/2004

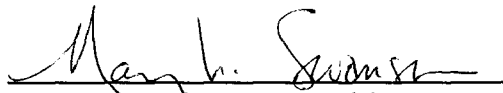

Signature

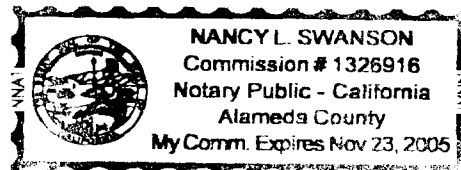
State of California

County of Alameda

On 2/24/04 before me, Nancy L. Swanson, Notary Public, personally appeared Willy Lagwinski, personally known to me OR proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/~~she~~/~~they~~ executed the same in his/~~her~~/~~their~~ authorized capacity(ies), and that by his/~~her~~/~~their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.


Signature of Notary Public



Notary Seal

INVENTOR: CHARLES A. HARRINGTON

DATE _____

Signature

State of California

County of _____

On _____ before me, Nancy L. Swanson, Notary Public, personally appeared _____, personally known to me OR proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary Public

Notary Seal

INVENTOR: BRUCE H. PHELPS

DATE 04 March '04

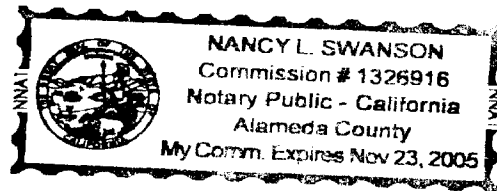
Bruce H Phelps
Signature

State of California
County of Alameda

On 3/4/04 before me, Nancy L. Swanson, Notary Public, personally appeared Bruce H. Phelps, personally known to me OR proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their authorized capacity(ies), and that by his/~~her~~/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Nancy L. Swanson
Signature of Notary Public



Notary Seal

ASSIGNMENT

WHEREAS, We, WILLY LAGWINSKI, CHARLES A. HARRINGTON, and BRUCE H. PHELPS, hereinafter referred to as *ASSIGNORS*, have co-invented certain improvements as described and set forth in the below-identified application for United States Letters Patent:

Title of Invention: **METHODS FOR VERIFYING FLUID MOVEMENT**

Date of Execution: May 23, 2004

Filing Date: **September 5, 2003**

Serial No: **10/655,588**

WHEREAS, CHIRON CORPORATION, located at 4560 Horton Street, Emeryville, California 94608-2916, hereinafter referred to as *ASSIGNEE*, is desirous of acquiring the entire right, title and interest in the said invention and application and in any Letters Patent which may be granted on the same;

NOW, THEREFORE, TO ALL WHOM IT MAY CONCERN: Be it known that, for and in consideration of the sum of One Dollar (\$1.00) lawful money paid to *ASSIGNORS* by *ASSIGNEE*, receipt of which is hereby acknowledged, *ASSIGNORS* have sold, assigned and transferred, and by these presents do sell, assign and transfer unto said *ASSIGNEE*, and *ASSIGNEE'S* successors and assigns, all right, title and interest in and to the said invention, said application for United States Letters Patent, and any Letters Patent which may hereafter be granted on the same in the United States and all countries throughout the world including any divisions, renewals, continuations in whole or in part, substitutions, conversions (**including conversions claiming priority under 35 U.S.C. § 119(e)**), reissues, prolongations or extensions thereof, the said interest to be held and enjoyed by said *ASSIGNEE* as fully and exclusively as it would have been held and enjoyed by said *ASSIGNORS* had this assignment and transfer not been made, to the full end and term of any Letters Patent.

ASSIGNORS also agree that the U.S. serial number and the filing date may be entered above by *ASSIGNEE* or its agents upon designation of the serial number and the filing date by the U.S. Patent and Trademark Office.

ASSIGNORS further agree that they will, without charge to said **ASSIGNEE**, but at **ASSIGNEE'S** expense, cooperate with **ASSIGNEE** in the prosecution of said application and/or applications, execute, verify, acknowledge and deliver all such further papers, including applications for Letters Patent and for the reissue thereof, and instruments of assignment and transfer thereof, and will perform such other acts as **ASSIGNEE** lawfully may request, to obtain or maintain Letters Patent for said invention and improvement in any and all countries, and to vest title thereto in said **ASSIGNEE**, or **ASSIGNEE'S** successors and assigns.

IN TESTIMONY WHEREOF, ASSIGNORS have hereunto signed their names to this assignment on the dates indicated below.

INVENTOR: WILLY LAGWINSKI

DATE _____
Signature

State of California
County of _____

On _____ before me, Nancy L. Swanson, Notary Public, personally appeared _____, personally known to me OR proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary Public

Notary Seal

INVENTOR: CHARLES A. HARRINGTON

DATE 5.23.04

Robert T. Gilb
CHARLES A. HARRINGTON

By Robert T. Gilb as Attorney-in-Fact

State of California
County of _____

SEE ATTACHED POWER OF ATTORNEY FORM

On _____ before me, Nancy L. Swanson, Notary Public, personally appeared _____, personally known to me OR proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary Public

Notary Seal

INVENTOR: BRUCE H. PHELPS

DATE _____
Signature _____

State of California
County of _____

On _____ before me, Nancy L. Swanson, Notary Public, personally appeared .
_____, personally known to me OR proved to me on the basis of
satisfactory evidence to be the person whose name is subscribed to the within instrument
and acknowledged to me that he/she/they executed the same in his/her/their authorized
capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the
entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary Public

Notary Seal

**STATE OF CALIFORNIA
COUNTY OF ALAMEDA**

I, ROBIN TERESE GILB, hereby swear that the attached reproduction of the power of attorney for CHARLES. A HARRINGTON, is a true, correct and complete photocopy from the original document, which is in my possession.

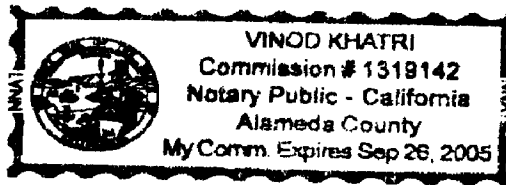
Robin Terese Gilb

ROBIN TERESE GILB

SUBSCRIBED AND SWORN TO BEFORE ME THIS
23RD DAY OF FEBRUARY, 2004, BY ROBIN TERESE
GILB.

Vinod Khatri

Signature of Notary Public



(Seal of Notary)

- (2) Exercise in whole or in part, release, or let lapse any power the principal may have under any trust whether or not created by the principal, including any power of appointment, revocation, or withdrawal, but a trust created by the principal may only be modified or revoked by the agent as provided in the trust instrument.
- (3) Make a gift, grant, or other transfer without consideration to or for the benefit of the spouse or descendants of the principal or a charitable organization, or more than one or all of them, either outright or in trust, including the forgiveness of indebtedness and the completion of any charitable pledges the principal may have made; consent to the splitting of gifts under Internal Revenue Code Section 2513, or successor sections, if the spouse of the principal makes gifts to any one or more of the descendants of the principal or to a charitable institution; pay any gift tax that may arise by reason of those gifts.
- (4) Loan any of the property of the principal to the spouse or descendants of the principal, or their personal representatives or a trustee for their benefit, the loan bearing such interest, and to be secured or unsecured, as the agent determines advisable.
- (5) In general, and in addition to all the specific acts enumerated, do any other act which the principal can do through an agent for the welfare of the spouse, children, or dependents of the principal or for the preservation and maintenance of other personal relationships of the principal to parents, relatives, friends, and organizations.

In addition to all of the powers listed in lines (A) to (M) and (1) to (5) above, I grant to my agent full power and authority to act for me, in any way which I myself could act if I were personally present and able to act, with respect to all other matters and affairs not listed in lines (A) to (M) or (1) to (5) above, but this authority does not include authority to make health care decisions. I have executed an Advance Health Care Directive naming Robin T Gilb as my agent for those matters.

I nominate my agent to be a conservator of my person or estate or both, or a guardian of my person or estate or both, for consideration by the court if protective proceedings for the my person or estate are hereafter commenced

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED

If I have designated more than one agent, the agents are to act _____

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY", THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 12th day of Dec. 2002

Charles A. Harrington
(your signature)

redacted

(your social security number)

State of North Carolina, County of Mecklenburg

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California

- (1) that the individual who signed or acknowledged this durable power of attorney is personally known to me, or that the individual's identity was proven to me by convincing evidence,
- (2) that the individual signed or acknowledged this durable power of attorney in my presence,
- (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence,
- (4) that I am not a person appointed as agent by this durable power of attorney, and
- (5) that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

First witness

Sharon M. Gilb
(print name)

17109 Cabarrus Road
(address)

Midland, NC
(city) (state)

[Signature]
(signature of witness)

12/2/02
(date)

Second witness

Robert P. Gilb
(print name)

17109 Cabarrus Road
(address)

Midland, NC
(city) (state)

[Signature]
(signature of witness)

12.26.02
(date)

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 12th day of Dec. 2002

Charles A. Harrington
(your signature)

redacted

(your social security number)

State of North Carolina, County of Mecklenburg

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First witness

Sharon M. Gilb
(print name)

17109 Cabarrus Road
(address)

Midland, NC
(city) (state)

(signature of witness)

12/2/02
(date)

Second witness

Robert P. Gilb
(print name)

17109 Cabarrus Road
(address)

Midland, NC
(city) (state)

(signature of witness)

12.26.02
(date)