

Form PTO-1595 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002)		RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): JULIE MONAGLE JAVIER P. GONZALEZ-ZUGASTI Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies) Name: <u>TransForm Pharmaceuticals, Inc.</u> Internal Address: _____ _____ Street Address: <u>29 Hartwell Avenue</u> _____ City: <u>Lexington</u> State: <u>MA</u> Zip: <u>02421</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other Execution Dates: <u>March 7, 2005, March 7, 2005</u>		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. _____ B. Patent No. <u>6,852,526</u> ; Issued February 8, 2005 Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Frank C. Eisenschenk, Ph.D.</u> Internal Address: <u>Saliwanchik, Lloyd & Saliwanchik</u> <u>A Professional Association</u> Mailing Address: <u>P.O. Box 142950</u> City: <u>Gainesville</u> State: <u>FL</u> Zip: <u>32614-2950</u>		6. Total number of applications and patents involved: <u>1</u> 7. Total fee (37 CFR 3.41) \$ <u>40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>19-0065</u> (Attach duplicate copy of this page if paying by deposit account)			
DO NOT USE THIS SPACE					
9. Statement and signature. <i>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.</i> Frank C. Eisenschenk, Ph.D. <u>Frank C. Eisenschenk</u> <u>March 18, 2005</u> Name of Person Signing Signature Date Total number of pages including cover sheet, attachments, and documents: <u>6</u> Atty Docket No. <u>TPI-T400C2XC2</u>					

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents, Mail Stop Assignments
Alexandria, VA 22313

CH \$40.00 190065 6852526

ASSIGNMENT

WHEREAS, I, the undersigned, residing at the indicated addresses given below, respectively, have invented certain new and useful improvements in TRANSDERMAL ASSAY WITH MAGNETIC CLAMP, for which applications for United States Letters Patent were

filed on October 28, 2002, Serial No. 10/282,505 (TPI-T400C2XC2).

WHEREAS, TRANSFORM PHARMACEUTICALS, INC., existing by virtue of the laws of the State of Delaware, and having an office at 29 Hartwell Avenue, Lexington, MA 02421, is desirous of acquiring the entire right, title, and interest in and to said invention and in and to any Letters Patent which may be granted therefor in the United States and in any and all foreign countries;

NOW, THEREFORE, in view of our employment with TRANSFORM PHARMACEUTICALS, INC., and other valuable consideration, we, the undersigned, have sold, assigned, and transferred, and by these presents do sell, assign, and transfer, unto said TRANSFORM PHARMACEUTICALS, INC., its successors and assigns, the full and exclusive right to the said invention in the United States and its territorial possessions and in all foreign countries and the entire right, title, and interest in and to any and all Letters Patent which may be granted therefor in the United States and its territorial possessions and in any and all foreign countries and in and to any and all divisions, reissues, continuations, and extensions thereof.

We hereby authorize and request the Patent Office Officials in the United States and in any and all foreign countries to issue any and all of said Letters Patent, when granted, to said TRANSFORM PHARMACEUTICALS, INC., as the assignee of the entire right, title, and interest in and to the same, for the sole use and behoof of said TRANSFORM PHARMACEUTICALS, INC., its successors and assigns.

FURTHER, we agree that we will communicate to said TRANSFORM PHARMACEUTICALS, INC., or its representatives, any facts known to us respecting said invention; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuation, substitution, renewal, and reissue applications; execute all necessary assignment papers to cause any and all of said Letters Patent to be issued to said TRANSFORM PHARMACEUTICALS, INC.; make all rightful oaths; and generally do everything possible to aid the said TRANSFORM PHARMACEUTICALS, INC., its successors and assigns, to obtain and enforce proper protection for said invention in the United States and in any and all foreign countries.

MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT

Gov. Exec. Ord. #455 (03-13), §5(d)

Commonwealth of Massachusetts

County of Middlesex

} ss.

On this the 7th day of March, 2005, before me,Kristin M Kaberry
Name of Notary Public

the undersigned Notary Public,

personally appeared Julie Monagle

Name(s) of Signer(s)

proved to me through satisfactory evidence of identity, which was/were

personal knowledge
Description of Evidence of Identityto be the person(s) whose name(s) is/~~is~~ signed on the preceding or attached document,
and acknowledged to me that ~~he~~/she/~~they~~ signed it voluntarily for its stated purpose(s).☐ as partner(s) for _____

Name of Partnership

a partnership.

☐ as _____

Title of Office

a corporation.

Name of Corporation

☐ as attorney in fact for _____

Name of Principal Signer

the principal.

☐ as _____

Type of Capacity

for _____

a/the _____

Name of Person/Entity

Type of Entity

Signature of Notary Public

Printed Name of Notary



Place Notary Seal and/or Any Stamp Above

My Commission Expires 02/13/2009**OPTIONAL**

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Right Thumbprint
of Signer

Top of thumb here

IN TESTIMONY WHEREOF, I have hereunto set my hand this 7th day of March, 2005.

Signed Julie Monagle
Julie Monagle
Address: 236 Arlington Street
Watertown, MA 02472

State of Massachusetts)
County of _____)

On this _____ day of _____, 2005, personally appeared before me the above-named JULIE MONAGLE, to me known to be the person described in the foregoing instrument, who executed the foregoing instrument, each for himself, and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

Notary Public

My Commission Expires:

SEAL

(see attached)

MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT

Gov. Exec. Ord. #455 (03-13), §5(d)

Commonwealth of Massachusetts

County of Middlesex

} ss.

On this the 7th day of March, 2005, before me,

Day

Month

Year

Kristin M Kaberry

Name of Notary Public

, the undersigned Notary Public,

personally appeared Javier P. Gonzalez-Zugasti

Name(s) of Signer(s)

proved to me through satisfactory evidence of identity, which was/were

personal knowledge

Description of Evidence of Identity

to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose(s).

☐ as partner(s) for

Name of Partnership

, a partnership.

☐ as

Title of Office

for

Name of Corporation

, a corporation.

☐ as attorney in fact for

Name of Principal Signer

, the principal.

☐ as

Type of Capacity

for

a/the

Name of Person/Entity

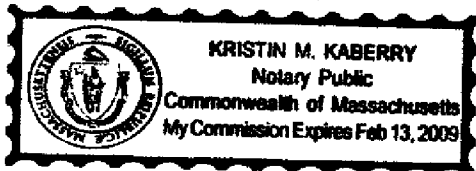
Type of Entity

Kristin M Kaberry

Signature of Notary Public

Kristin M Kaberry

Printed Name of Notary



Place Notary Seal and/or Any Stamp Above

My Commission Expires 02/13/2009**OPTIONAL**

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

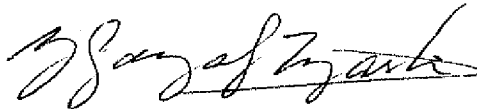
Signer(s) Other Than Named Above: _____

Right Thumbprint of Signer

Top of thumb here

IN TESTIMONY WHEREOF, I have hereunto set my hand this 7th day of MARCH, 2005.

Signed



Javier P. Gonzalez-Zugasti

Address:

15 Angie Road
N. Billerica, MA 01862

State of Massachusetts)

County of Middlesex)

On this ____ day of _____, 2005, personally appeared before me the above-named JAVIER P. GONZALEZ-ZUGASTI, to me known to be the person described in the foregoing instrument, who executed the foregoing instrument, each for himself, and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

Notary Public

My Commission Expires:

SEAL

(see attached)