

5-19-04

A/ S81-40

10/496108

05-13-2005

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

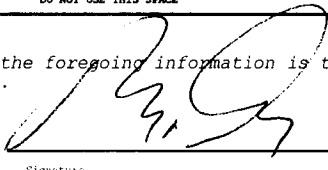
ET DT15 Rec'd PCT/PTO 19 MAY 2004



103002118

ur Docket No.: 14711NP

To th Please ft ... ademarks: ... attached original documents or copy thereof.

<p>1. Name of conveying party(ies): Lothar Lilge; Brian C. Wilson, Michelle K. Simick Nielsen (now by marriage) and Norman F. Boyd</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies) Individual Name: and/or Company Name: UNIVERSITY HEALTH NETWORK</p> <p>Street Address: 610 University Avenue City: Toronto, Ontario State: Canada Zip: M5G 2M9</p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Other _____</p> <p>Execution Date: <u>12/2/2002</u></p>	
<p>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: _____</p> <p>Title: OPTICAL TRANSILLUMINATION AND REFLECTANCE SPECTROSCOPY TO QUANTIFY DISEASE RISK</p> <p>A. Patent Application No.(s) _____ B. Patent No.(s) _____</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>5. Name and address of party to whom correspondence concerning document should be mailed: Name: Ralph A. Dowell Internal Address: _____</p> <p>Street Address: Suite 309, 1215 Jefferson Davis Highway Arlington, VA 22202-3124 (703) 415-2555</p>	<p>6. Total number of applications and patents involved: <u>1</u></p> <p>7. Total fee (37CFR 3.41).....\$ <u>40.00</u></p> <p><input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: _____ <small>(Attach duplicate copy of this page if paying by deposit account.)</small></p>
<p style="text-align: center;">DO NOT USE THIS SPACE</p> <p>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></p> <p><u>Ralph A. Dowell 26,868</u>  <u>5/19/2004</u></p> <p><small>Name of Person signing Signature Date</small></p> <p>Total number of pages including cover sheet, attachments and document: <u>2</u></p>	

Mail documents to be recorded with required cover sheet information to:
Commission of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

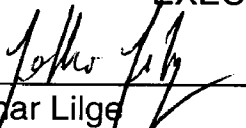
ASSIGNMENT

WHEREAS, Lothar Lilge, Brian C. Wilson, Michelle K. Simick, and Norman F. Boyd, whose full post office addresses are respectively, 913D Adelaide Street West, Toronto, Ontario, Canada, M6G 3T2; 85 Indian Grove, Toronto, Ontario, Canada, M6R 2Y6; 1550 Eagleview Drive, Pickering, Ontario, Canada, L1V 5H6; 162 Rosedale Heights Drive, Toronto, Ontario, Canada, 4MT 1C8; have made an invention relating to OPTICAL TRANSILLUMINATION AND REFLECTANCE SPECTROSCOPY TO QUANTIFY DISEASE RISK, which is the subject of United States provisional patent application Serial Number 60/331,633 filed on November 20, 2001.

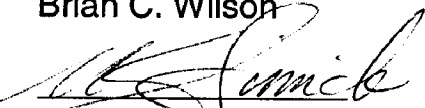
AND WHEREAS, the UNIVERSITY HEALTH NETWORK, whose full office address is, 610 University Avenue, Toronto, Ontario, M5G 2M9, Canada, has acquired from Lothar Lilge, Briand C. Wilson, Michelle K. Simick, and Norman F. Boyd the whole of their respective right, title and interest in and to the invention for all countries, and in and to their interest in any Letters Patent of any country, that may be obtained therefor;

NOW THEREFORE, for the sum of One Dollar and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, each of Lothar Lilge, Briand C. Wilson, Michelle K. Simick, and Norman F. Boyd confirms that he has sold, assigned and transferred and by these presents does hereby sell, assign and transfer to UNIVERSITY HEALTH NETWORK, its successors and assigns, his whole right title and interest for all countries, in and to the invention as fully set forth and described in said patents, and in and to any other Letters of Patent of any country that may be obtained therefor;

EXECUTED at Toronto, Ontario, Canada, this day of December 2, 2002.

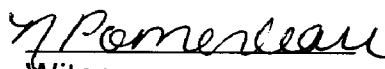

Lothar Lilge

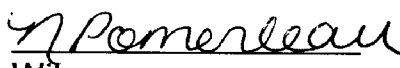

Brian C. Wilson

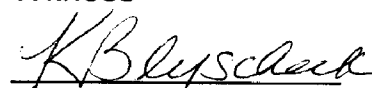

Michelle K. Simick

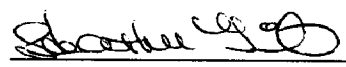

Norman F. Boyd


University Health Network
Name: Bob McArthur
Title: Director, Research Business Development


Witness


Witness


Witness


Witness


Witness