PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
S. Ananth Karumanchi	03/10/2005
Vikas P. Sukhatme	03/23/2005

RECEIVING PARTY DATA

Name:	Beth Israel Deaconess Medical Center
Street Address:	330 Brookline Avenue
City:	Boston
State/Country:	MASSACHUSETTS
Postal Code:	02115

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	12220245

CORRESPONDENCE DATA

Fax Number: (617)428-7045

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 6174280200

Email: patentadministrator@clarkelbing.com

Correspondent Name: Kristina Bieker-Brady, Ph.D.

Address Line 1: Clark & Elbing LLP

Address Line 2: 101 Federal Street, 15th Floor
Address Line 4: Boston, MASSACHUSETTS 02110

ATTORNEY DOCKET NUMBER:	01948/088009
NAME OF SUBMITTER:	Kristina Bieker-Brady, Ph.D.

Total Attachments: 3

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RECORDATION FORM COVER SHEET PATENTS ONLY

Please record the attached document.	
Names of all conveying parties:	2. Names and addresses of all receiving parties:
S. Ananth Karumanchi Vikas P. Sukhatme	Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215
Additional names attached: NO	Additional names/addresses attached: NO
3. Nature of conveyance: [X] Assignment [] Merger [] Security Agreement [] Change of Name [] Other: Execution Date: 03/10/2005 03/23/2005	
4. Application numbers or patent numbers:	·
12/220,245	B. Patent Numbers:
A. Patent Application Numbers:	
5. Name and address of party to whom correspondence concerning document should be mailed: Kristina Bieker-Brady, Ph.D. Clark & Elbing LLP 101 Federal Street Boston, MA 02110 Customer No.: 21559	7. Total fee (37 C.F.R. § 3.41): \$40.00 [] Fee enclosed [X] Authorized to charge deposit account 8. Deposit account number: 03-2095. Please apply any additional charges, or any credits, to
	Deposit Account No. 03-2095.

DO NOT USE THIS SPACE

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^{9.} Statement and signature: To the best of my knowledge and belief, the foregoing information is true and correct and the attached is the original document or a true copy thereof.

ASSIGNMENT

For valuable consideration, we,

Full Name of Assignor	City	State (and Country if not USA)
S. Ananth Karumanchi	West Roxbury	Massachusetts
Vikas P. Sukhatme	Newton	Massachusetts

hereby assign to

Full Name of Assignee	State of Incorporation	Business Address
Beth Israel Deaconess Medical Center	Massachusetts	330 Brookline Avenue Boston, MA 02215

and to its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title, and interest throughout the world in the inventions and improvements which are subject of one or more applications for United States Patent signed by us, identified as:

Title of Application	Filing Date	Serial Number
METHODS OF DIAGNOSING AND TREATING PRE- ECLAMPSIA OR ECAMPSIA	December 21, 2004	11/019,559

and we authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; this assignment includes said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and we authorize the Assignee to apply in all countries in our names or in its own name for patents, utility models, design registrations, and like rights of exclusion, and for inventors' certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation, to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements, and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

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S. ANANTH KARUMACHI STATE OF MASSIGNUSSETS: COUNTY OF SUFFOLK: Ss. COUNTY OF SUFFOLK: My Commission Expires: Notary Public Notary Public Notary Public NOTAN MASSIGNMENT AND MASSIGNED AN	IN WITNESS WHEREOF, I he this withday of MAR(ereto set my hand and seal at BOS TON	, MASSAIHUSETTS
Before me this Oth day of MARIH 2005 before me, the undersigned notary public, personally appeared S. ANANTH KARUMACHI proved to me through satisfactory evidence of identification, which consisted of HOSPITAL D to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained. DESTAL WALK Notary Public Commorwealth of Massachuselts My Commission Expires: IN WITNESS WHEREOF, I hereto set my hand and seal at BOTON MASSACHUSETTS. INVIEWS P. Hollastine. VILLA P. Hollastine. STATE OF MASSACHUSETTS: COUNTY OF SUFFOLK: Before me this Odd day of MARIH 2005 before me, the undersigned notary public, personally appeared VIKAS P. SUKHATME proved to me through satisfactory evidence of identification, which consisted of HOSPITAL 1D to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained. Notary Public My Commission Expires: Notary Public Commorwealth of Massachusetts My Commorwealth of Massachusetts My Commission Expires Notary Public Commorwealth of Massachusetts My Commission Expires	. I Arealk	Keimen)	L.S.
Before me this oth day of MARIH	S. ANANTH KARUMACH		
Before me this Uth day of MRRIH 2005 before me, the undersigned notary public, personally appeared S. ANANTH KARUMACHI proved to me through satisfactory evidence of identification, which consisted of HOSPITAL 10 to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained. DESTAL WALK Notary Public DESTAL WALK NOTARY Seal Here	STATE OF MASSA (HUSE		
identification, which consisted of HOSPITAL Is to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained. DEBAL WALK Notary Public Notary Public My Commission Expires: Notary's Seal Here] Notary's Seal Here In WITNESS WHEREOF, I hereto set my hand and seal at \$\text{ROTON MASSACHUSET75}\$. In WITNESS WHEREOF, I hereto set my hand and seal at \$\text{ROTON MASSACHUSE775}\$. L.S. VIKAS P. SUKHATME STATE OF MISSACHUSET75: COUNTY OF SUFFULK: Before me this 30 day of MARCH, 2005 before me, the undersigned notary public, personally appeared VIKAS P. SUKHATME proved to me through satisfactory evidence of identification, which consisted of HOSPITAL 1.0 to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained. Notary Public My Commission Expires: Notary Public Commonwealth of Massachusetts My Commission Expires Notary Public Commonwealth of Massachusetts My Commission Expires	COUNTY OF SUFFUL	K:ss.	
Notary Public My Commission Expires: Notary Public Commonwealth of Massachuseits My Commission Expires My Commission Expires Notary Public Notary Public Commonwealth of Massachuseits My Commission Expires Notary Public Notary Public Commonwealth of Massachuseits My Commission Expires Notary Public Commonwealth of Massachuseits My Commission Expires Notary Public Commonwealth of Massachuseits My Commission Expires: Notary Public Commonwealth of Massachuseits My Commission Expires	is subscribed to the forego	ing Assignment, and acknowledged that he/sh	, to be the person whose name
[Notary's Seal Here] My Commission Expires:		Debryh Walk Notary Public	Notary Public Commonwealth of Massachusetts My Commission Expires
THIS AUGUST P. SUKHATME STATE OF MISSACHUSET S: COUNTY OF SUFFULK: Before me this did day of MARCH, 2005 before me, the undersigned notary public, personally appeared VIKAS P. SUKHATME proved to me through satisfactory evidence of identification, which consisted of HOSPITAL ID, to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained. Notary Public Notary Seal Here! My Commission Expires: Notary's Seal Here!	[Notary's Seal Here]	My Commission Expires:	February 9, 2007
STATE OF MASA(HUSET-S: COUNTY OF SUFFUL K: Before me this 3 day of MARCH, 206 before me, the undersigned notary public, personally appeared VIKAS P. SUKHATME proved to me through satisfactory evidence of identification, which consisted of HOSPITAL ID, to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained. Notary Public My Commission Expires: My Commission Expires: My Commission Expires:	this Advaday of // /- R	20 <u>05</u> .	
Before me this 3 day of	VIKAS P. SUKHATME		L.S.
Before me this 3 day of MARCH, 206 before me, the undersigned notary public, personally appeared VIKAS P. SUKHATME proved to me through satisfactory evidence of identification, which consisted of HOSPITAL ID, to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained. Notary Public My Commission Expires: My Commission Expires: My Commission Expires: My Commission Expires	STATE OF MASSA (HUSE)	<u>īr\$</u> :	
Public, personally appeared VIKAS P. SUKHAI ME proved to me through satisfactory evidence of identification, which consisted of HOSPITAL ID, to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained. Notary Public My Commission Expires: We Commonwealth of Massachusetts My Commission Expires	COUNTY OF SUFFUL 1	<u>≤</u> : :ss.	
Notary Public DERA L. WALK ivotary Public My Commission Expires: Commonwealth of Massachusetts My Commission Expires: My Commission Expires	public, personally appeared identification, which consiste is subscribed to the foregoir	ed of HOSPITAL ID ng Assignment, and acknowledged that he/she	n satistactory evidence of , to be the person whose name
My Commission Expires: My Commonwealth of Massachusetts My Commission Expires: My Commission Expires			PRODUCES LINE VEGETAL BACKET SPELL BACKET
	[i\otary's Seal Here]	·	Notary Public Commonwealth of Massachusetts My Commission Expires

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