

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	
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
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.	
<p>Total Attachments: 3</p> <p>source=01948_088009_Assignment.1#page1.tif</p> <p>source=01948_088009_Assignment.1#page2.tif</p>		

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PATENT
REEL: 022079 FRAME: 0137

**RECORDATION FORM COVER SHEET
PATENTS ONLY**

Please record the attached document.

<p>1. Names of all conveying parties:</p> <p>S. Ananth Karumanchi Vikas P. Sukhatme</p> <p>Additional names attached: NO</p>	<p>2. Names and addresses of all receiving parties:</p> <p>Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215</p> <p>Additional names/addresses attached: 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 <input type="checkbox"/> Other: _____</p> <p>Execution Date: 03/10/2005 03/23/2005</p>	
<p>4. Application numbers or patent numbers:</p> <p>12/220,245</p> <p>A. Patent Application Numbers:</p>	<p>B. Patent Numbers:</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Kristina Bieker-Brady, Ph.D. Clark & Elbing LLP 101 Federal Street Boston, MA 02110 Customer No.: 21559</p>	<p>6. Total number of applications/patents involved:</p> <p>7. Total fee (37 C.F.R. § 3.41): \$40.00 <input type="checkbox"/> Fee enclosed <input checked="" type="checkbox"/> Authorized to charge deposit account</p> <p>8. Deposit account number: 03-2095. Please apply any additional charges, or any credits, to Deposit Account No. 03-2095.</p>

DO NOT USE THIS SPACE

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.

IN WITNESS WHEREOF, I hereto set my hand and seal at BOSTON, MASSACHUSETTS,
this 10th day of MARCH, 2005

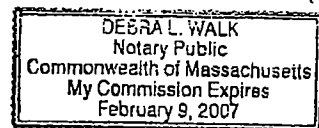
S. Ananth Karumachi
S. ANANTH KARUMACHI L.S.

STATE OF MASSACHUSETTS:

COUNTY OF SUFFOLK: :ss.

Before me this 10th day of MARCH, 2005, before me, the undersigned notary public, personally appeared S. ANANTH KARUMACHI 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.

Debra L. Walk
Notary Public



My Commission Expires:

[Notary's Seal Here]

IN WITNESS WHEREOF, I hereto set my hand and seal at BOSTON, MASSACHUSETTS,
this 23rd day of MARCH, 2005.

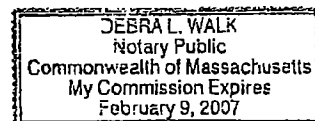
Vikas P. Sukhatme
VIKAS P. SUKHATME L.S.

STATE OF MASSACHUSETTS:

COUNTY OF SUFFOLK: :ss.

Before me this 23rd 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.

Debra L. Walk
Notary Public



My Commission Expires:

[Notary's Seal Here]