

PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
College of American Pathologists	04/20/2010
RECEIVING PARTY DATA	
Name:	International Health Terminology Standards Development Organisation
Street Address:	Rued Langgaards Vej 7, 5te, DK-2300
City:	Copenhagen S
State/Country:	DENMARK
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	6438533
CORRESPONDENCE DATA	
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ATTORNEY DOCKET NUMBER:	39541.00000
NAME OF SUBMITTER:	John M. Griem, Jr., Attorney of Record
Total Attachments: 3 source=U.S. Patent Assignment#page1.tif source=U.S. Patent Assignment#page2.tif source=U.S. Patent POA#page1.tif	

CH \$40.00 6438533

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PATENT
REEL: 024337 FRAME: 0701

ASSIGNMENT of PATENT

WHEREAS, THE COLLEGE OF AMERICAN PATHOLOGISTS, a not-for-profit Illinois Corporation, with its principal place of business at 325 Waukegan Road, Northfield, IL 60093-2750 (hereinafter "Assignor"), is the record owner of patent no. 6,438,533 for "System for Retrieval of Information From Data Structure of Medical Records" ("the patent").

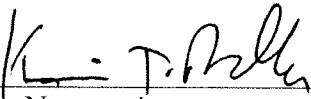
WHEREAS, INTERNATIONAL HEALTH TERMINOLOGY STANDARDS DEVELOPMENT ORGANISATION, an association organized under the laws of Denmark, with its principal place of business at Rued Langgaards Vej 7, 5te A22, DK-2300 Copenhagen S, Denmark ("Assignee"), desires to acquire the patent.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Assignor hereby sells, assigns and transfers to Assignee all right, title and interest in and to the patent, together with the goodwill of the business symbolized by the patent, and the right to bring action for past infringement of the patent.

This assignment is effective April 5, 2007.

**THE COLLEGE OF AMERICAN
PATHOLOGISTS**

Dated: 4/20/2010

By: 
Name: Kevin T. Donnelly
Title: Vice President

ALL - PURPOSE ACKNOWLEDGEMENT

State of Illinois
County of LaSalle

On April 20, 2010 before me, Robert B Bromberg,
(DATE) (NOTARY)

personally appeared, Heum T. Ronnelly,
(SIGNERS)

☐ personally known to me - OR - ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are 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]
NOTARY SIGNATURE

OPTIONAL INFORMATION

The information below is not required by law. However, it could prevent fraudulent attachment of this acknowledgement to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

DESCRIPTION OF ATTACHED DOCUMENT

- ☐ INDIVIDUAL
☒ CORPORATE OFFICER

Vice President
TITLE(S)

Assignment of Patent
TITLE OR TYPE OF DOCUMENT

- ☐ PARTNER(S)
☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

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NUMBER OF PAGES

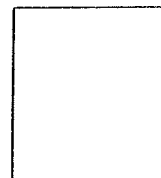
April 20, 2010
DATE OF DOCUMENT

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

College of
Medical Pathologists

RIGHT THUMBPRINT
OF
SIGNER

OTHER



PATENT

REEL: 024337 FRAME: 0703

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	09/431,291
Filing Date	10/29/1999
First Named Inventor	Spackman; Kent A.
Title	System for Retrieval of information
Art Unit	2122
Examiner Name	George B. Davis
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:



Practitioners associated with the Customer Number:

27171

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



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OR



Firm or
Individual Name

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Address

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10005

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I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Jennifer Zelmer
JENNIFER ZELMER

Date

25 MARCH 2010

Name

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Title and Company

International Health Terminology Standards Development Organisation

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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RECORDED: 05/05/2010

REEL: 024337 FRAME: 0704