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U.S. DEPARTMENT OF COMMERCE  
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To the Director of the U.S. Patent

Documents or the new address(es) below.

1. Name of conveying party(ies)

The Ottawa Hospital / L'Hopital D'Ottawa

Additional name(s) of conveying party(ies) attached?  Yes  No

3. Nature of conveyance/Execution Date(s):

Execution Date(s) 1/21/2009

- Assignment  Merger
- Security Agreement  Change of Name
- Joint Research Agreement
- Government Interest Assignment
- Executive Order 9424, Confirmatory License
- Other

2. Name and address of receiving party(ies)

Name: Best Medical Canada, Ltd.

Internal Address: \_\_\_\_\_

Street Address: 25B Northside Road,

City: Ottawa

State: Ontario

Country: Canada Zip: K2H 8S1

Additional name(s) & address(es) attached?  Yes  No

4. Application or patent number(s):

This document is being filed together with a new application.

A. Patent Application No.(s)

B. Patent No.(s)

12/073,189

Additional numbers attached?  Yes  No

5. Name and address to whom correspondence concerning document should be mailed:

Name: Neal R. Mistry

Internal Address: \_\_\_\_\_

Street Address: 7643 Fullerton Road

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Fax Number: (703) 451-8421

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6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

- Authorized to be charged to deposit account
- Enclosed
- None required (government interest not affecting title)

8. Payment Information

06/17/2010 HJAMA1 0000051 505192 12703189

01 FC:0021 40.00 DA

Deposit Account Number 50-5192

Authorized User Name Neal R. Mistry

9. Signature:

Signature

ONEAL R. MISTRY SB, 727  
Name of Person Signing

Void date: 06/17/2010 Date  
Total number of pages including cover sheet, attachments, and documents: 0000050 505192 12703189

Documents to be recorded (including cover sheet) should be faxed to (571) 273-9140, or mailed to: 0000050 505192 12703189  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22314-1450

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ASSIGNMENT

WHEREAS

have by an instrument in writing on the 16 day of January 2009 assigned to: The Ottawa Hospital/L'Hôpital d'Ottawa

whose full post office address is:

501 Smyth Road, Ottawa Ontario, Canada K1H 8L6

herein after called the ASSIGNOR, its successors, assigns and legal representatives, the entire right, title and interest, including priority rights, for all countries, in and to certain inventions relating to:

RADIATION DOSIMETRY APPARATUS AND METHOD, AND DOSIMETER FOR USE THEREIN

as fully set forth and described in an application for Letters Patent of the United States of America Serial No. 12/073,189, filed March 3, 2008 together with his/her entire right, title and interest in and to said application, any corresponding foreign, divisional, continuation or reissue applications, and any and all Letters Patent which may issue or be reissued for said invention in any country to the full end of the term for which each said Letters Patent may be granted;

AND WHEREAS BEST MEDICAL CANADA LTD. (previously known as Thomson & Nielsen Electronics Ltd.), whose post office address is 25B Northside Road, Ottawa, Ontario, Canada K2H 8S1, wishes to acquire said entire right, title and interest owned by ASSIGNOR;

NOW THEREFORE for \$1.00 and other good and valuable consideration receipt of which is hereby acknowledged, said The Ottawa Hospital/L'Hôpital d'Ottawa its successors, assigns and legal representatives, hereby sells, assigns, and transfers to the said BEST MEDICAL CANADA LTD. its successors, assigns and legal representatives, its entire right, title and interest, including priority rights, for all countries, in and to said certain inventions, together with its entire right, title and interest in and to said application, any and foreign divisional, continuation or reissue applications and all rights and privileges under any and all letters patent that may be granted for said inventions.

Declaration of Witness

Each undersigned witness hereby declares that he/she was personally present and did see the person for whom he/she is witnessing, the person being personally known to the witness, duly sign and execute the foregoing assignment

EXECUTED AT Ottawa, Ontario, Canada

THIS 21st DAY OF January 2009

THE OTTAWA HOSPITAL/L'HÔPITAL D'OTTAWA

By: [Signature] Dr. Harold Smart Paula Dennis Vice-President, Integrated Cancer Program

[Signature] Charlotte Dafee Witness' Name

RECEIPT CONFIRMED BY BEST MEDICAL CANADA LTD

THIS 21st DAY OF January 2009

By: [Signature] Abdelbusset HALLIL Director of R&D Name (print) Position

RECEIPT CONFIRMED BY

THE OTTAWA HOSPITAL / HÔPITAL D'OTTAWA

THIS 21<sup>st</sup> DAY OF January

2009

By:

*Paula Dering*  
Signature

Paula Dering  
Name (print)

Vice President Career.  
Position

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