

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Tihamer Orban	10/12/1994
RECEIVING PARTY DATA	
Name:	Joslin Diabetes Center, Inc.
Street Address:	One Joslin Place
City:	Boston
State/Country:	MASSACHUSETTS
Postal Code:	02215
PROPERTY NUMBERS Total: 2	
Property Type	Number
Application Number:	60794802
Application Number:	12290049
CORRESPONDENCE DATA	
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<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
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Address Line 2:	Pierce Atwood LLP
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ATTORNEY DOCKET NUMBER:	29060-3093 (JDP-108US&PR)
NAME OF SUBMITTER:	Christopher E. Everett
Total Attachments: 1 source=JDP-0108US01 - Participation AAgreement for Tihamer Orban (W2577637)#page1.tif	

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**JOSLIN DIABETES CENTER, INC.
PARTICIPATION AGREEMENT**

In consideration of my appointment as a member of the staff of the Joslin Diabetes Center (the "Center"), which may include the opportunity to participate in research conducted at Center-Related Entities, I hereby agree with the Center that:

1. I have read, and I understand and agree to be bound by the terms of the Center's Patent Policy and Consulting Policy.
2. I shall comply with every obligation of the Center which shall apply to me under any grant or agreement providing support for research.
3. As required by the terms of the patent policy, I shall, by completing the Center's Invention Disclosure Form, promptly disclose all inventions to the Research Director on behalf of the Committee on Industrial Relationships and Intellectual Property, and shall execute and deliver assignments with respect to any such invention owned by the Center pursuant to the Patent Policy and other documents deemed appropriate by the Center, and shall take all such other action pertaining to the invention, as the Center may request of me.
4. I shall file to the Research Administration Office a complete and true copy of every agreement to which I am or become a party, (a) pursuant to work which I have done, am doing, or expect to do within the scope of my employment at the Center or (b) for which I have made, am making, or expect to make use of facilities, materials, or other resources furnished by or through the Center or (c) for which I have an appointment at another entity or (d) for which I have entered a consulting agreement with a third party.


Signature

DR TILMAN R ORBAN M.D.
Name (type or print)

Immunology
Department

10/12/94.
Date

Acknowledged and Agreed to:
Joslin Diabetes Center, Inc.
by: K Banack

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