

## PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

| SUBMISSION TYPE:   | NEW ASSIGNMENT                     |               |                                    |                     |                    |                    |            |                |      |              |       |
|--|------------------------------------|---------------|------------------------------------|---------------------|--------------------|--------------------|------------|----------------|------|--------------|-------|
| NATURE OF CONVEYANCE:  | ASSIGNMENT                         |               |                                    |                     |                    |                    |            |                |      |              |       |
| CONVEYING PARTY DATA   |                                    |               |                                    |                     |                    |                    |            |                |      |              |       |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Execution Date</th> </tr> </thead> <tbody> <tr> <td>Russel Hirsch</td> <td>07/22/2013</td> </tr> <tr> <td>John Miras Racadio</td> <td>07/15/2013</td> </tr> </tbody> </table>  |                                    | Name          | Execution Date                     | Russel Hirsch       | 07/22/2013         | John Miras Racadio | 07/15/2013 |                |      |              |       |
| Name   | Execution Date                     |               |                                    |                     |                    |                    |            |                |      |              |       |
| Russel Hirsch  | 07/22/2013                         |               |                                    |                     |                    |                    |            |                |      |              |       |
| John Miras Racadio   | 07/15/2013                         |               |                                    |                     |                    |                    |            |                |      |              |       |
| RECEIVING PARTY DATA   |                                    |               |                                    |                     |                    |                    |            |                |      |              |       |
| <table border="1"> <tr> <td>Name:</td> <td>Children's Hospital Medical Center</td> </tr> <tr> <td>Street Address:</td> <td>3333 Burnet Avenue</td> </tr> <tr> <td>City:</td> <td>Cincinnati</td> </tr> <tr> <td>State/Country:</td> <td>OHIO</td> </tr> <tr> <td>Postal Code:</td> <td>45229</td> </tr> </table>   |                                    | Name:         | Children's Hospital Medical Center | Street Address:     | 3333 Burnet Avenue | City:              | Cincinnati | State/Country: | OHIO | Postal Code: | 45229 |
| Name:  | Children's Hospital Medical Center |               |                                    |                     |                    |                    |            |                |      |              |       |
| Street Address:  | 3333 Burnet Avenue                 |               |                                    |                     |                    |                    |            |                |      |              |       |
| City:  | Cincinnati                         |               |                                    |                     |                    |                    |            |                |      |              |       |
| State/Country:   | OHIO                               |               |                                    |                     |                    |                    |            |                |      |              |       |
| Postal Code:   | 45229                              |               |                                    |                     |                    |                    |            |                |      |              |       |
| PROPERTY NUMBERS Total: 1  |                                    |               |                                    |                     |                    |                    |            |                |      |              |       |
| <table border="1"> <thead> <tr> <th>Property Type</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Application Number:</td> <td>13854571</td> </tr> </tbody> </table>  |                                    | Property Type | Number                             | Application Number: | 13854571           |                    |            |                |      |              |       |
| Property Type  | Number                             |               |                                    |                     |                    |                    |            |                |      |              |       |
| Application Number:  | 13854571                           |               |                                    |                     |                    |                    |            |                |      |              |       |
| CORRESPONDENCE DATA  |                                    |               |                                    |                     |                    |                    |            |                |      |              |       |
| <p>Fax Number:</p> <p><i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i></p> <p>Phone: 317-237-0300</p> <p>Email: <a href="mailto:inteas@faegrebd.com">inteas@faegrebd.com</a></p> <p>Correspondent Name: Faegre Baker Daniels LLP</p> <p>Address Line 1: 300 North Meridian Street</p> <p>Address Line 2: Suite 2700</p> <p>Address Line 4: Indianapolis, INDIANA 46204</p> |                                    |               |                                    |                     |                    |                    |            |                |      |              |       |
| ATTORNEY DOCKET NUMBER:  | CMC-P005-02-US-E                   |               |                                    |                     |                    |                    |            |                |      |              |       |
| NAME OF SUBMITTER:   | Douglas A. Yerkeson                |               |                                    |                     |                    |                    |            |                |      |              |       |
| Signature:   | /Douglas A. Yerkeson/              |               |                                    |                     |                    |                    |            |                |      |              |       |
| Date:  | 07/23/2013                         |               |                                    |                     |                    |                    |            |                |      |              |       |
| <p>Total Attachments: 3</p> <p>source=20130723_CMC-P005-02-US-e_13854571_Assignment#page1.tif</p> <p>source=20130723_CMC-P005-02-US-e_13854571_Assignment#page2.tif</p> <p>source=20130723_CMC-P005-02-US-e_13854571_Assignment#page3.tif</p>  |                                    |               |                                    |                     |                    |                    |            |                |      |              |       |

CH \$40.00 13854571

In consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration paid to each of the undersigned,

Name(s) Russel Hirsch  
of Inventor(s) John Miras Racadio

maker(s) of an invention which is the subject of an application for Letters Patent of the United States ("Application") entitled:

Title of Application METHOD TO IDENTIFY TISSUE OXYGENATION STATE BY SPECTROGRAPHIC ANALYSIS

Application Information for which an application for a United States Patent was filed April 1, 2013  
Application Serial No.: 13/854,571

the undersigned hereby sell(s), assign(s), and set(s) over to

Name of Assignee Children's Hospital Medical Center

Address of principal place of business 3333 Burnet Avenue  
Cincinnati, Ohio 45229

Insert State of Incorporation (if applicable) or "Not Applicable" a corporation of Ohio

(hereinafter designated as the Assignee) their entire right, title and interest in, to and under the Application(s), including all priority rights for the United States and other countries arising therefrom including Canada and Mexico, all inventions therein disclosed, and any and all Letters Patent of the United States and of all other countries, which may be granted for such inventions, or any of them, any divisional, continuation, continuation-in-part, or reissue applications corresponding to the Application(s) or such Letters Patent, and any reexamination of the Application(s) of such Letters Patent, and any foreign patents or patent applications corresponding thereto, all such inventions and all rights in such Application(s) and Letters Patent to be held and enjoyed by Assignee for its own use and enjoyment to the full end of the term or terms for which such Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by them had this assignment and sale not been made.

The undersigned agree(s) to execute all papers necessary in connection with the application(s) in the United States and foreign countries and any continuing, divisional, or reissue applications thereof, and any reexamination of any of such applications, and also to execute separate assignments in connection with such applications as the Assignee may deem necessary or expedient.

The undersigned agree(s) to execute all papers necessary in connection with any interference which may be declared or litigation concerning the application(s) or continuation, division, reissue or reexamination thereof, and to cooperate with the Assignee in every way possible in obtaining evidence and going forward with such Interference or litigation.

The undersigned agree(s) to execute all papers and documents and perform any act which may be necessary in connection with claims or provisions of the International Convention for Protection of Industrial Property or similar agreements.

The undersigned agree(s) to do all other acts which, in the opinion of Assignee, may be necessary or desirable to secure the grant of Letters Patent to Assignee or its nominees, in the United States and in all other countries where Assignee may desire to have such inventions, or any of them, patented, with specifications and claims in such form as shall be approved by Assignee and to vest and confirm in Assignee or its nominees the full and complete legal and equitable title to all such Letters Patent.

The undersigned hereby authorize(s) and request(s) the Commissioner of Patents to issue any and all Letters Patent of the United States resulting from said application(s) or any division or continuing or reissue applications thereof, and any reexamination of any of such applications, to the said Assignee, as Assignee of the entire interest, and hereby covenants that the undersigned has full right to convey the interest herein assigned, and that the undersigned has not executed, and will not execute, any agreement in conflict herewith.

The undersigned hereby grant(s) the attorney of record the power to insert on this Assignment any further identification which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office for recordation of this document.

IN WITNESS WHEREOF, I have executed this assignment at Cincinnati Children's Hospital this 22nd day of July, 2013.

Outside the USA: \_\_\_\_\_  
Witnesses are \_\_\_\_\_  
required when \_\_\_\_\_  
acknowledgment \_\_\_\_\_  
before a Notary \_\_\_\_\_  
Public is not \_\_\_\_\_  
feasible. \_\_\_\_\_

R Hirsch  
\_\_\_\_\_  
Inventor (Signature)  
Russel Hirsch  
\_\_\_\_\_  
Inventor (Printed Name)

STATE OF OHIO \_\_\_\_\_ )  
  )SS:  
COUNTY OF Hamilton \_\_\_\_\_ )

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal this 22nd day of July, 2013.

Cynthia H Bourgeois  
\_\_\_\_\_  
Notary Public

CYNTHIA H. BOURGEOIS  
Notary Public, State of Ohio  
My Commission Expires 10-15-2017

My Commission Expires: \_\_\_\_\_  
Resident of Hamilton County.

IN WITNESS WHEREOF, I have executed this assignment at Cincinnati Childrens Hospital  
this 15th day of July, 2013.

Outside the USA: \_\_\_\_\_  
Witnesses are required when acknowledgment before a Notary Public is not feasible.  
Witness  
Witness

[Signature]  
Inventor (Signature)  
John Miras Racadio  
Inventor (Printed Name)

STATE OF OHIO )  
                                  )SS:  
COUNTY OF Hamilton )

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal this 15th day of July, 2013.

[Signature]  
Notary Public  
Lori Holt haus  
Printed Name

My Commission Expires: 11-16-2013  
Resident of Hamilton County.



Lori R. Holt haus  
Notary Public, State of Ohio  
My Commission Expires 11-16-2013