

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3691884

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
KEVIN P. COWAN	10/23/2014
BARRY L. TUCKER	10/23/2014
ARTHUR E. UBER III	10/23/2014
MICHAEL A. SPOHN	10/27/2014
EDWARD J. RHINEHART	10/28/2014
JAMES R. NEILL	09/26/2015
RECEIVING PARTY DATA	
Name:	BAYER MEDICAL CARE INC.
Street Address:	1 BAYER DRIVE
City:	INDIANOLA
State/Country:	PENNSYLVANIA
Postal Code:	15051
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14953867
CORRESPONDENCE DATA	
Fax Number:	
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
Email:	RIPATENTS@BAYER.COM
Correspondent Name:	BAYER HEALTHCARE LLC
Address Line 1:	1 BAYER DRIVE
Address Line 4:	INDIANOLA, PENNSYLVANIA 15051
ATTORNEY DOCKET NUMBER:	CT/14-040 US01 N
NAME OF SUBMITTER:	JOSEPH L. KENT REG. NO. 54,216
SIGNATURE:	/Joseph L. Kent/
DATE SIGNED:	01/12/2016
Total Attachments: 10	
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ASSIGNMENT WITH DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Whereas, I/We, the undersigned inventor(s) hereinafter called assignor(s), have invented certain improvements described in the application identified below; and

Whereas, **Bayer Medical Care, Inc.**, a corporation organized and existing under the laws of the State of Delaware and having a place of business at 1 Bayer Drive, Indianola, PA 15051, (assignee), desires to acquire the entire right, title, and interest in the application and invention, and to any United States patents to be obtained therefor;

Now therefore, for valuable consideration, receipt whereof is hereby acknowledged,

I/We, the above named assignor(s), hereby sell, assign and transfer to the above named assignee, its successors, legal representatives, and assigns, the entire right, title and interest in the invention and the application for the United States of America, including all direct and indirect divisions, continuations, and continuations-in-part thereof, and all original, extended, reissued, reviewed, and reexamined Letters Patent of the United States, and all countries foreign thereto, that may be granted thereon, including rights of priority under the International Convention of Paris (1883) as amended, including the right to claim priority under 35 U.S.C. §119, and I/we request the Director of the U.S. Patent and Trademark Office to issue any Letters Patent granted upon the invention set forth in the application to the assignee, its successors and assigns; and I/we hereby agree that the assignee may apply for foreign Letters Patent on the invention and I/we will execute without further consideration all papers deemed necessary by the assignee in connection with the United States and foreign applications when called upon to do so by the assignee, its successors, legal representatives, or assigns. I/We further represent and warrant that I/We have the full right to convey the interest assigned by this assignment, and that I/We have not granted any rights inconsistent with the rights granted herein. I/We further acknowledge an obligation of assignment of this invention to assignee at the time the invention was made and we further irrevocably designate and appoint assignee and its counsel as my/our attorney-in-fact and agent to act for and on my/our behalf to execute and file any document and to do all other lawfully permitted acts to further the purposes of this Agreement with the same legal force and effect as if executed by assignor himself/herself. I/We acknowledge that assignee is the real party in interest to any and all patent applications described in connection with this Agreement, and to any and all patent rights granted thereon.

As the below named inventor I hereby declare that:

This Assignment with Declaration is directed to:

- ☒ The attached application, or
- ☐ United States Application or PCT International Application
Number _____ filed on _____ (Confirmation No. _____).

The application is entitled: **SELF-ORIENTING SYRINGE AND SYRINGE INTERFACE**

The above identified application was made or was authorized to be made by me.

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

I have reviewed and understand the contents of the application and I am aware of the duty to disclose to the Office all information known to me to be material to patentability as defined in 37 CFR 1.56.

I hereby acknowledge that any willful false statement made in this Assignment with Declaration is punishable under 18 USC 1001 by fine or imprisonment of not more than five (5) years, or both.

Authorization To Permit Access To Application by Participating Office

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In accordance with 37 CFR 1.14(c), access may be provided to information concerning the date of filing the Authorization to Permit Access to Application by Participating Office.

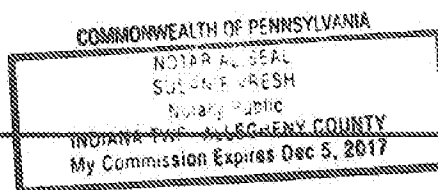
NAME OF SOLE OR FIRST INVENTOR:			
Given Name (first and middle [if any]): Kevin P.		Family Name or Surname: Cowan	
Inventor's signature <i>Kevin P. Cowan</i>		Date 23 OCT 14	
Residence: City: Allison Park	State: PA	Country: U.S.	Citizenship: USA
Mailing Address:			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this _____ day of _____, 20____.			
Notary Public Signature <i>Luciette C. Shields</i>		Notary Public Printed Name: Dawn M. Dedola <i>Luciette C. Shields</i>	
[seal]		[stamp] COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Luciette C. Shields, Notary Public Indiana Twp., Allegheny County My Commission Expires June 18, 2018 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	

NAME OF SECOND INVENTOR:			
Given Name (first and middle [if any]): Barry L.		Family Name or Surname: Tucker	
Inventor's signature <i>Barry L. Tucker</i>		Date 10-23-14	
Residence: City: Verona	State: PA	Country: U.S.	Citizenship: USA
Mailing Address: 219 McGregor Drive, Verona, PA 15147 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this 23rd day of Oct , 20 14 .			
Notary Public Signature <i>Luciette C. Shields</i>		Notary Public Printed Name: Luciette C. Shields <i>Luciette C. Shields</i>	
[seal]		[stamp] COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Luciette C. Shields, Notary Public Indiana Twp., Allegheny County My Commission Expires June 18, 2018 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	

NAME OF THIRD INVENTOR:			
Given Name (first and middle [if any]): <u>Arthur E.</u>		Family Name or Surname: <u>Uber, III</u>	
Inventor's signature <u>Arthur E. Uber, III</u>		Date <u>10/23/14</u>	
Residence: City: <u>Pittsburgh</u>	State: <u>PA</u>	Country: <u>U.S.</u>	Citizenship <u>USA</u>
Mailing Address: <u>7426 Ben Hur Street, Pittsburgh, PA 15208 U.S.</u>			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <u>23rd</u> day of <u>Oct.</u> , 20 <u>14</u>			
Notary Public Signature <u>Lucette C. Shields</u>		Notary Public Printed Name: <u>Lucette C. Shields</u>	
[seal]		[stamp]	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Lucette C. Shields, Notary Public Indiana Twp., Allegheny County My Commission Expires June 19, 2019 PENNSYLVANIA ASSOCIATION OF NOTARIES </div>			

NAME OF FOURTH INVENTOR:			
Given Name (first and middle [if any]): <u>Edward J.</u>		Family Name or Surname: <u>Rhinehart</u>	
Inventor's signature		Date	
Residence: City: <u>Monroeville</u>	State: <u>PA</u>	Country: <u>U.S.</u>	Citizenship
Mailing Address: <u>1780 McClure Road, Monroeville, PA 15146 U.S.</u>			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this _____ day of _____, 20____.			
Notary Public Signature		Notary Public Printed Name: <u>Dawn M. Dedola</u>	
[seal]		[stamp]	

NAME OF FIFTH INVENTOR:			
Given Name (first and middle [if any]): Michael A.		Family Name or Surname: Spohn	
Inventor's signature <i>Michael A. Spohn</i>		Date 10/27/14	
Residence: City: Fenelton	State: PA	Country: U.S.	Citizenship: U.S.A.
Mailing Address: 2814 Old Route 422 East, Fenelton, PA 16034 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared <i>Michael A. Spohn</i> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <i>27</i> day of <i>Oct</i> , 20 <i>14</i>			
Notary Public Signature <i>Susan E. Vresh</i>		Notary Public Printed Name: <i>Susan E. Vresh</i>	
[seal]		[stamp]	



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Whereas, **Bayer Medical Care, Inc.**, a corporation organized and existing under the laws of the State of Delaware and having a place of business at 1 Bayer Drive, Indianola, PA 15051, (assignee), desires to acquire the entire right, title, and interest in the application and invention, and to any United States patents to be obtained therefor;

Now therefore, for valuable consideration, receipt whereof is hereby acknowledged,

I/We, the above named assignor(s), hereby sell, assign and transfer to the above named assignee, its successors, legal representatives, and assigns, the entire right, title and interest in the invention and the application for the United States of America, including all direct and indirect divisions, continuations, and continuations-in-part thereof, and all original, extended, reissued, reviewed, and reexamined Letters Patent of the United States; and all countries foreign thereto, that may be granted thereon, including rights of priority under the International Convention of Paris (1883) as amended, including the right to claim priority under 35 U.S.C. §119, and I/we request the Director of the U.S. Patent and Trademark Office to issue any Letters Patent granted upon the invention set forth in the application to the assignee, its successors and assigns; and I/we hereby agree that the assignee may apply for foreign Letters Patent on the invention and I/we will execute without further consideration all papers deemed necessary by the assignee in connection with the United States and foreign applications when called upon to do so by the assignee, its successors, legal representatives, or assigns. I/We further represent and warrant that I/We have the full right to convey the interest assigned by this assignment, and that I/We have not granted any rights inconsistent with the rights granted herein. I/We further acknowledge an obligation of assignment of this invention to assignee at the time the invention was made and we further irrevocably designate and appoint assignee and its counsel as my/our attorney-in-fact and agent to act for and on my/our behalf to execute and file any document and to do all other lawfully permitted acts to further the purposes of this Agreement with the same legal force and effect as if executed by assignor himself/herself. I/We acknowledge that assignee is the real party in interest to any and all patent applications described in connection with this Agreement, and to any and all patent rights granted thereon.

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This Assignment with Declaration is directed to:

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The application is entitled: **SELF-ORIENTING SYRINGE AND SYRINGE INTERFACE**

The above identified application was made or was authorized to be made by me.

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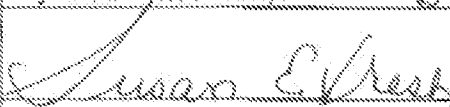
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NAME OF THIRD INVENTOR:			
Given Name (first and middle (if any)) Arthur E.		Family Name or Surname: Uber, III	
Inventor's signature		Date	
Residence: City: Pittsburgh	State: PA	Country: U.S.	Citizenship
Mailing Address: 7426 Ben Hur Street, Pittsburgh, PA 15206 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this _____ day of _____, 20____.			
Notary Public Signature		Notary Public Printed Name:	
[seal]		[stamp]	

NAME OF FOURTH INVENTOR:			
Given Name (first and middle (if any)): Edward J.		Family Name or Surname: Rhinehart	
Inventor's signature 		Date 10-28-2014	
Residence: City: Monroeville	State: PA	Country: U.S.	Citizenship USA.
Mailing Address: 1780 McClure Road, Monroeville, PA 15146 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared Edward J. Rhinehart, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this 28th day of Oct 2014.			
Notary Public Signature 		Notary Public Printed Name: Susan E. Vresh	
[seal]		[stamp]	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL SUSAN E VRESH Notary Public INDIANA TWP., ALLEGHENY COUNTY My Commission Expires Dec 5, 2017 </div>			

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As the below named inventor I hereby declare that:

This Assignment with Declaration is directed to:

☐ The attached application, or

☒ United States Application or PCT International Application
Number 14/526,395 filed on 10/28/2014.

The application is entitled: **SELF-ORIENTING SYRINGE AND SYRINGE INTERFACE**

The above identified application was made or was authorized to be made by me.

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

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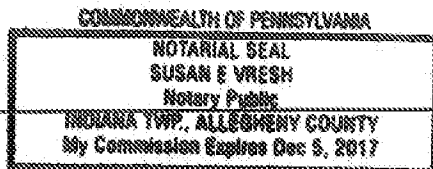
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NAME OF INVENTOR:			
Given Name (first and middle [if any]) James R.		Family Name or Surname Neill	
Inventor's signature <i>James R. Neill</i>		Date 26 Sept 2015	
Residence: City OAKDALE	State PA	Country US	Citizenship US
Mailing Address: 213 Merriwood Drive, Oakdale, PA 15071			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.			
Given under my hand and seal of office, this 26 day of September, 2015			
Notary Public Signature <i>Susan E. Vresh</i>		Notary Public Printed Name: Susan E. Vresh	
[seal]		[stamp]	



J.P.W. Sept. 30, 2015

Docket No.: CT/14-040

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NAME OF INVENTOR:			
Given Name (first and middle (if any)) <u>Glen F.</u>		Family Name or Surname <u>Williams</u>	
Inventor's signature <u>Glen F. Williams</u>		Date <u>Sept. 30, 2015</u>	
Residence: City <u>SPRINGDALE</u>	State <u>PA</u>	Country <u>US</u>	Citizenship <u>US</u>
Mailing Address: <u>213 Sycamore Ridge Drive, Springdale PA 15144</u>			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared <u>Glen F. Williams</u> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.			
Given under my hand and seal of office, this <u>30</u> day of <u>Sept</u> , 20 <u>15</u>			
Notary Public Signature <u>Jennifer M. Rae</u>		Notary Public Printed Name: <u>Jennifer M. Rae</u>	
{seal}		{stamp}	
		COMMONWEALTH OF PENNSYLVANIA Notarial Seal Jennifer M. Rae, Notary Public Indiana Twp., Allegheny County My Commission Expires Feb. 26, 2016 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	