

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3986566

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
ARTHUR E. UBER III	06/28/2016
RALPH H. SCHRIVER	06/29/2016
EVELINA ZAPATKA	07/11/2016
MICHAEL A. SPOHN	07/22/2016
RECEIVING PARTY DATA	
Name:	BAYER HEALTHCARE, LLC
Street Address:	100 BAYER BOULEVARD
City:	WHIPPANY
State/Country:	NEW JERSEY
Postal Code:	07981
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15038493
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>	
Phone:	412-767-2400
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ATTORNEY DOCKET NUMBER:	CT/13-017 PCT-US
NAME OF SUBMITTER:	JAMES STEVENSON
SIGNATURE:	/James Stevenson/
DATE SIGNED:	08/01/2016
Total Attachments: 3	
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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 HealthCare, LLC** a corporation organized and existing under the laws of the State of Delaware and having a place of business at 100 Bayer Boulevard, Whippany, NJ 07981, (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 **15/038,493** filed on **May 23, 2016** (Confirmation No. **1021**).

The application is entitled: **System and Method for Medical Fluid Identification and Verification**

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

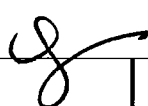
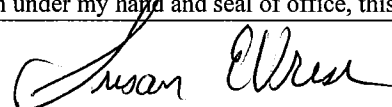
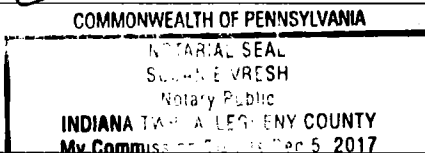
☒ If checked, the undersigned hereby grants the USPTO authority to provide the European Patent Office (EPO), the Japan Patent Office (JPO), the Korean Intellectual Property Office (KIPO), the World Intellectual Property Office (WIPO), and any other intellectual property offices in which a foreign application claiming priority to the above-identified application is filed access to the above-identified patent application. See 37 CFR 1.14(c) and (h). This box should not be checked if the applicant does not wish the EPO, JPO, KIPO, or other intellectual property office in which a foreign application claiming priority to the above-identified application is filed to have access to the application.

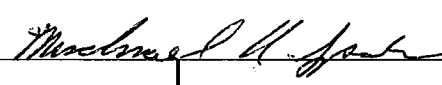
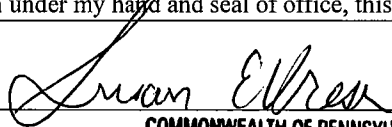
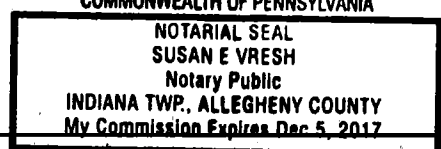
In accordance with 37 CFR 1.14(h)(3), access will be provided to a copy of the application-as-filed with respect to: 1) the above-identified patent application-as-filed, 2) any foreign application to which the above-identified application claims priority under 35 USC 119(a)-(d) if a copy of the foreign application that satisfies the certified copy requirement of 37 CFR 1.55 has been filed in the above-identified patent application, and 3) any U.S. application-as-filed from which benefit is sought in the above-identified patent application.

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]): Arthur E.		Family Name or Surname: Uber, III	
Inventor's signature <i>Arthur E. Uber, III</i>		Date <i>June 28, 2016</i>	
Residence: City: Pittsburgh	State: PA	Country: U.S.	Citizenship USA
Mailing Address: 7426 Ben Hur Street, Pittsburgh, PA 15208 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared Arthur E. Uber, III , 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>28</i> day of <i>June</i> , 20 <i>16</i>			
Notary Public Signature <i>Susan E Vresh</i>		Notary Public Printed Name: Susan E VRESH	
[seal]		[stamp] COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL SUSAN E VRESH Notary Public INDIANA TWP., ALLEGHENY COUNTY My Commission Expires Dec 5, 2017	

NAME OF SECOND INVENTOR:			
Given Name (first and middle [if any]): Ralph H.		Family Name or Surname: Schrivier	
Inventor's signature <i>Ralph H. Schriver</i>		Date <i>6/29/2016</i>	
Residence: City: Tarentum	State: PA	Country: U.S.	Citizenship USA
Mailing Address: 1832 Bakerstown Road, Tarentum, PA 15084 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared Ralph H. Schriver , 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>29</i> day of <i>June</i> , 20 <i>16</i>			
Notary Public Signature <i>Susan E Vresh</i>		Notary Public Printed Name: SUSAN E. VRESH	
[seal] COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL SUSAN E VRESH Notary Public INDIANA TWP., ALLEGHENY COUNTY My Commission Expires Dec 5, 2017		[stamp]	

NAME OF THIRD INVENTOR:			
Given Name (first and middle [if any]): Evelina		Family Name or Surname: Zapatka	
Inventor's signature 		Date 07/11/2016	
Residence: City: Upper St. Clair	State: PA	Country: U.S.	Citizenship US
Mailing Address: 2467 Old Washington Road, Upper St. Clair, PA 15241 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared Evelina Zapatka , 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 11 day of JULY , 20 16			
Notary Public Signature 		Notary Public Printed Name: Susan E. Vresh	
[seal] 		[stamp]	

NAME OF FORTH INVENTOR:			
Given Name (first and middle [if any]): Michael A.		Family Name or Surname: Spohn	
Inventor's signature 		Date 7/22/16	
Residence: City: Fenelton	State: PA	Country: U.S.	Citizenship USA
Mailing Address: 2814 Old Route 422 East, Fenelton, PA 16034 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared Michael A. Spohn , 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 22 day of JULY , 20 16			
Notary Public Signature 		Notary Public Printed Name: Susan E. Vresh	
[seal] 		[stamp]	