## 503939911 08/01/2016 PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:		NEW ASSIGNMENT					
NATURE OF CONVEYAN	CE:	ASSIGNMENT	ASSIGNMENT				
CONVEYING PARTY DA	TA						
		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 DAT	<b>A</b>						
Name:							
Street Address:	100 BAYER BOULEVARD						
City:	WHIPPANY						
State/Country:	NEW J	JERSEY					
Postal Code:	07981						
Property Type Application Number:		Number 15038493	_				
CORRESPONDENCE DA	<b>\TA</b>						
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Correspondent Name:		BAYER HEALTHCARE LLC					
Correspondent Name: Address Line 1:		BAYER HEALTHCARE LLC 1 BAYER DRIVE					
Correspondent Name: Address Line 1: Address Line 4:		BAYER HEALTHCARE LLC 1 BAYER DRIVE INDIANOLA, PENNSYLVANIA 15051					
Correspondent Name: Address Line 1: Address Line 4: ATTORNEY DOCKET NU	MBER:	BAYER HEALTHCARE LLC 1 BAYER DRIVE INDIANOLA, PENNSYLVANIA 15051 CT/13-017 PCT-US					
Correspondent Name: Address Line 1: Address Line 4: ATTORNEY DOCKET NU NAME OF SUBMITTER:	MBER:	BAYER HEALTHCARE LLC 1 BAYER DRIVE INDIANOLA, PENNSYLVANIA 15051					
Correspondent Name: Address Line 1: Address Line 4: ATTORNEY DOCKET NU	MBER:	BAYER HEALTHCARE LLC 1 BAYER DRIVE INDIANOLA, PENNSYLVANIA 15051 CT/13-017 PCT-US					
Correspondent Name: Address Line 1: Address Line 4: ATTORNEY DOCKET NU NAME OF SUBMITTER:	MBER:	BAYER HEALTHCARE LLC 1 BAYER DRIVE INDIANOLA, PENNSYLVANIA 15051 CT/13-017 PCT-US JAMES STEVENSON					
Correspondent Name: Address Line 1: Address Line 4: ATTORNEY DOCKET NU NAME OF SUBMITTER: SIGNATURE:	MBER:	BAYER HEALTHCARE LLC 1 BAYER DRIVE INDIANOLA, PENNSYLVANIA 15051 CT/13-017 PCT-US JAMES STEVENSON /James Stevenson/					
Correspondent Name: Address Line 1: Address Line 4: ATTORNEY DOCKET NU NAME OF SUBMITTER: SIGNATURE: DATE SIGNED: Total Attachments: 3 source=ASSIGNMENT#pa	ge1.tif	BAYER HEALTHCARE LLC 1 BAYER DRIVE INDIANOLA, PENNSYLVANIA 15051 CT/13-017 PCT-US JAMES STEVENSON /James Stevenson/					
Correspondent Name: Address Line 1: Address Line 4: ATTORNEY DOCKET NU NAME OF SUBMITTER: SIGNATURE: DATE SIGNED: Total Attachments: 3	ge1.tif ge2.tif	BAYER HEALTHCARE LLC 1 BAYER DRIVE INDIANOLA, PENNSYLVANIA 15051 CT/13-017 PCT-US JAMES STEVENSON /James Stevenson/					

Docket No.: CT/13-017 PCT-US

## 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 assigne 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 ri

As the below named inventor I hereby declare that:

This Assignment with Declaration is directed to:

 $\Box$  The attached application, or

**I** 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.

## PATENT REEL: 039303 FRAME: 0159

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NAME OF SOLE	OR FIRST I	NVENTOR:	· · · · · · · · · · · · · · · · · · ·	1			
Given Name							
(first and middle [i	if any]): Arthu			Family Nam	e or Surname: Uber, III		
Inventor's signatur	e dra	the E Uher, T	Ū.		Dato USA		
_Residence: City: P	littsburgh	State: <b>PA</b>	Co	ountry: U.S.	Citizenship		
Mailing Address: '	7426 Ben Hur	Street, Pittsburgh, PA 15	208 U.S.				
NOTARIZATIO	N						
					III, known to me to be the person		
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Notary Public Signature		EVresh		Notary Public Printed Name	° Cra ENDESH		
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[seal]					COMMONWEALTH OF PENNSYLVANIA		
					NOTARIAL SEAL SUSAN E VRESH		
					Notary Public INDIANA TWP., ALLEGHENY COUNTY		
	· · · · · ·				My Commission Expires Dec 5, 2017		
NAME OF SECO	NÐ INVENTO	DR:					
Given Name							
(first and middle [i	f any]): Ralph	H.		Family Name	e or Surname: Schriver		
Inventor's signatur	° Rff	Shann			Date 6/29/20/6		
Residence: City: T	arentum	State: PA	Co	untry: U.S.	Citizenship USA		
					<b>.</b>		
Mailing Address: 1832 Bakerstown Road, Tarentum, PA 15084 U.S.							
NOTARIZATION		havity on this day non	ly opposed D	Joh II Gabet	an known to mo to be the person whose		
					er, known to me to be the person whose urposes and consideration therein		
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Notary Public Signature	Juar	Ellres		Notary Public Printed Name			
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1	N	OTARIAL SEAL					
		USAN E VRESH Notary Public					
		VP., ALLEGHENY COUNTY ston Expires Dec 5, 2017					
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PATENT REEL: 039303 FRAME: 0160

NAME OF THIRD INVENTOR:     Given Name   Family Name or Surname: Zapatka     Inventor's signature   Date 07-/11/201     Inventor's signature   Date 07-/11/201     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 hard and seal of office, this   1   day of   JU ////////////////////////////////////			
(first and middle [if any]): Evelina   Family Name or Surname: Zapatka     Inventor's signature   Date   07-/11/201     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   EPORE 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 hard and seal of office, this   1   day of   JUN   , 20 1L     Notary Public			
Inventor's signature   Date   07-/11/201     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   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 hard and seal of office, this   I day of July , 20 /L     Notary Public   Mail   Notary Public   Notary Public     Signature   Modify Public   Notary Public   Susan E, U/e.Sh     [seal]   COMMONWEALTH OF PENNSYLVANA   [stamp]   [stamp]     Notary Public   Susan E, U/e.Sh   [stamp]     NDIAN ITAL A LEG: ENV COUNTY   My Commission County: U.S.   [stamp]     NAME OF FORTH INVENTOR:   Given Name   Family Name or Surname: Spohn     Inventor's signature   Michael A.   Family Name or Surname: Spohn     Inventor's signature   State: PA   Country: U.S.   Citizenship   USA			
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 had and seal of office, this 1 day of JUL , 2011     Notary Public	Family Name or Surname: Zapatka		
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 had and seal of office, this day of JULY , 20_1.     Notary Public	6		
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 hard and seal of office, this 1 day of July .20 /b     Notary Public   .20 /b     Notary Public   .20 /b     Notary Public   .20 /b     Signature   .20 /b     Notary Public   .20 /b     Iseal]   COMMONMENTH OF PENNSYLVANIA     [seal]			
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 hard and seal of office, this 11 day of JUN, .20_1     Notary Public   .20_1     Notary Public   .20_1     Signature   .20_1     Iseal]   COMMONWEALTH OF PENNSYLVANA     [seal]			
name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hard and seal of office, this 1 day of JULY , 20_1     Notary Public   Notary Public     Signature   Notary Public     Iseal]   COMMONWEALTH OF PENNSYLVANIA     [seal]   Notary Public     Notary Public   Susan E: Uses H     Notary Public   Istamp]     NAME OF FORTH INVENTOR:   [stamp]     Given Name   (first and middle [if any]): Michael A.     Inventor's signature   Planchael Machael     Inventor's signature   State: PA     Country: U.S.   Citizenship			
Notary Public Signature Magenti Wattern   [seal] COMMONWEALTH OF PENNSYLVANIA [seal]   Image: Superior of Version State: PA   Image: Superior State: PA   NAME OF FORTH INVENTOR:   Given Name   (first and middle [if any]): Michael A.   Inventor's signature   Theology of the State: PA   Country: U.S.   Citizenship			
NAME OF FORTH INVENTOR:     Given Name     (first and middle [if any]): Michael A.     Inventor's signature     Therefore     State: PA     Country: U.S.     Citizenship     OS/2			
Summary Public     NDIANA TAME A LEGY ENY COUNTY     My Commission Tames Tames 2017     NAME OF FORTH INVENTOR:     Given Name     (first and middle [if any]): Michael A.     Inventor's signature     Muschmael M. Jack     Residence: City: Fenelton     State: PA     Country: U.S.     Citizenship     USK	·		
Notary Public     INDIANA IN-A LEG: ENY COUNTY     My Commission			
INDIANA TWA A LEG: ENY COUNTY My Commission of a construct of a construction			
NAME OF FORTH INVENTOR:     Given Name     (first and middle [if any]): Michael A.     Inventor's signature     Therefore     Date     7/22//6     Residence: City: Fenelton     State: PA     Country: U.S.     Citizenship     USK			
Given Name   [first and middle [if any]): Michael A.   Family Name or Surname: Spohn     Inventor's signature <i>Muschne el U. Joch</i> Date   7/22//6     Residence: City: Fenelton   State: PA   Country: U.S.   Citizenship   USK			
Given Name   [first and middle [if any]): Michael A.   Family Name or Surname: Spohn     Inventor's signature <i>Muschne el U. Joch</i> Date   7/22//6     Residence: City: Fenelton   State: PA   Country: U.S.   Citizenship   USK			
Given Name   [first and middle [if any]): Michael A.   Family Name or Surname: Spohn     Inventor's signature <i>Munchael M. John</i> Date   7/22//6     Residence: City: Fenelton   State: PA   Country: U.S.   Citizenship   USK			
(first and middle [if any]): Michael A.   Family Name or Surname: Spohn     Inventor's signature   Inventor's signature     Residence: City: Fenelton   State: PA     Country: U.S.   Citizenship			
Inventor's signature Muscline of Apach Date 7/22/16 Residence: City: Fenelton State: PA Country: U.S. Citizenship USK	Family Name or Surname: Snohn		
Residence: City: Fenelton State: PA Country: U.S. Citizenship USK			
Residence: City: Fenelton State: PA Country: U.S. Citizenship USK			
	L		
Mailing Address: 2814 Old Route 422 East, Fenelton, PA 16034 U.S.	<u> </u>		
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 hapd and seal of office, this $22$ day of $10$ y , $20/2$			
Notary Public Signature Notary Public Printed Name: Susan E. Vresh			
[seal] COMMONWEALTH OF PENNSYLVANIA [stamp]			
NOTARIAL SEAL			
SUSAN E VRESH Notary Public			
INDIANA TWP, ALLEGHENY COUNTY			
My Commission Expires Dec 5, 2017			

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