

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT4603643

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
TATSURO YOSHIDA	04/25/2017
RAFAEL CORDERO	09/08/2017
JANCARLO SARITA	05/02/2017
MICHAEL ZOCCHI	05/03/2017
MICHAEL WOLF	04/25/2017
PHILIP MICHAEL KEEGAN	09/12/2017
JEFFREY KARL SUTTON	04/22/2016
NARENDRAN RENGANATHAN	09/12/2017
RECEIVING PARTY DATA	
Name:	NEW HEALTH SCIENCES, INC.
Street Address:	6903 ROCKLEDGE DRIVE
Internal Address:	SUITE 230
City:	BETHESDA
State/Country:	MARYLAND
Postal Code:	20817-1818
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15708925
CORRESPONDENCE DATA	
Fax Number:	(202)942-5999
<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:	2029425000
Email:	Sandra.Tartisel@APKS.com
Correspondent Name:	ARNOLD & PORTER KAYE SCHOLER LLP
Address Line 1:	601 MASSACHUSETTS AVE., NW
Address Line 2:	ATTN: IP DOCKETING
Address Line 4:	WASHINGTON, D.C. 20001
ATTORNEY DOCKET NUMBER:	P34290US03/0025577.00174
NAME OF SUBMITTER:	MIRANDA A.M. HALLETT

PATENT

SIGNATURE:	/Miranda A.M. Hallett/
DATE SIGNED:	09/20/2017
Total Attachments: 17 source=Assignment#page1.tif source=Assignment#page2.tif source=Assignment#page3.tif source=Assignment#page4.tif source=Assignment#page5.tif source=Assignment#page6.tif source=Assignment#page7.tif source=Assignment#page8.tif source=Assignment#page9.tif source=Assignment#page10.tif source=Assignment#page11.tif source=Assignment#page12.tif source=Assignment#page13.tif source=Assignment#page14.tif source=Assignment#page15.tif source=Assignment#page16.tif source=Assignment#page17.tif	

ASSIGNMENT

WHEREAS, I/we, the undersigned, have made certain invention or inventions which are disclosed in patent application(s) and/or provisional patent application(s) entitled:

Anaerobic Blood Storage Containers

filed under the Patent Cooperation Treaty as International Application No. PCT/US2016/029069. identified as U.S. Application No. 15/475,989, filed March 31, 2017 claiming priority to U.S. Application No. 62/151,839, filed April 23, 2015 and 62/151,957, filed April 23, 2015;

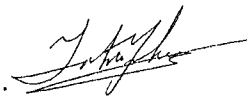
WHEREAS, **New Health Sciences, Inc.**, of 6903 Rockledge Drive, Suite 230, Bethesda, Maryland 20817-1818, a Corporation of the State of Delaware, is desirous of acquiring the entire right, title and interest in and to said invention or inventions and any and all patents to be obtained therefor;

NOW, THEREFORE, FOR GOOD AND VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, I/we do hereby sell, assign and transfer to said **New Health Sciences, Inc.**, its successors and assigns, the entire right, title and interest in and to said invention or inventions, in any form or embodiment thereof, and in and to said application(s); and in and to any and all applications filed in any country based thereon, including the right to file applications in countries other than the country of priority filing under the provisions of any international convention; also in and to any and all improvements on said invention or inventions now or hereafter made by me/us as employee(s), agent(s) or contractor(s) of said **New Health Sciences, Inc.**; also the entire right, title and interest in and to any and all patents, including reissues and extensions thereof, to be obtained in any country upon said invention, inventions or improvements; and any and all continuing applications, including divisional, continuation and continuation-in-part applications, substitute applications, and applications claiming benefit of an earlier filed provisional application, which may be filed upon said invention, inventions or improvements in any country; and

I/We hereby authorize and request the issuing authority to issue any and all patents on said application or applications to said **New Health Sciences, Inc.**, as assignee of the entire interest.

I/We further agree, without any payment by **New Health Sciences, Inc.** other than in reimbursement of reasonable expenses I/we may incur, to communicate to said **New Health Sciences, Inc.**, its representatives or agents, any facts relating to said invention, inventions or improvements, including evidence for purposes of interference, opposition or other legal proceedings, whenever requested; testify in any interference, opposition or other legal proceedings, whenever requested; and execute and deliver, on request, all lawful papers required to make any of the foregoing provisions effective.

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature:  Digitally signed by
com.apple.idms.appleid.prd.4a7
06a47416d62302f30497965796
a507950744a55413d3d
DN:
cn=com.apple.idms.appleid.prd.
4a706a47416d62302f30497965
796a507950744a55413d3d
Date: 2017.04.25 12:37:30
Date: 4/25/17

Name: Tatsuro YOSHIDA

City and state or country of residence: West Newton, Massachusetts

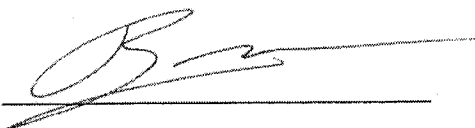
State of _____)
County of _____) ss.

On this _____ day of _____, 20____, before me personally appeared Tatsuro YOSHIDA, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal) _____
Notary Public or Consular Officer

My Commission expires _____

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature:  Date: 9/8/17
Name: Rafael CORDERO
City and state or country of residence: Bedford, Massachusetts

State of _____)
County of _____) ss.

On this _____ day of _____, 20____, before me personally appeared Rafael CORDERO, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

Notary Public or Consular Officer

My Commission expires _____

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature: [Handwritten Signature] Date: 5/2/2017

Name: Jancarlo SARITA

City and state or country of residence: Lynn, Massachusetts

State of _____)
County of _____) ss.


On this _____ day of _____, 20____, before me personally appeared Jancarlo SARITA, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

Notary Public or Consular Officer

My Commission expires _____

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature:  Date: 5/3/17
Name: Michael ZOCCHI
City and state or country of residence: Arlington, Massachusetts

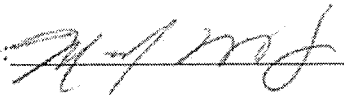
State of _____)
County of _____) ss.

On this _____ day of _____, 20____, before me personally appeared Michael ZOCCHI, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal) _____
Notary Public or Consular Officer

My Commission expires _____

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature:  Date: 4/25/17
Name: Michael WOLF
City and state or country of residence: Brookline, Massachusetts

State of _____)
County of _____) ss.

On this _____ day of _____, 20____, before me personally appeared Michael WOLF, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal) _____
Notary Public or Consular Officer

My Commission expires _____

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature: Philip Keegan Date: Sept 12, 2017
Name: Philip Michael KEEGAN

City and state or country of residence: Newton, Massachusetts

State of _____)
County of _____) ss.

On this _____ day of _____, 20____, before me personally appeared Philip Michael KEEGAN, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

Notary Public or Consular Officer

My Commission expires _____

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature:  Date: 9/12/2017

Name: Narandran RENGANATHAN

City and state or country of residence: Plano, Texas

State of _____)
County of _____) ss.

On this _____ day of _____, 20____, before me personally appeared Narandran RENGANATHAN, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal) _____
Notary Public or Consular Officer

My Commission expires _____

ASSIGNMENT

WHEREAS, I/we, the undersigned, have made certain invention or inventions which are disclosed in patent application(s) and/or provisional patent application(s) entitled:

Anaerobic Blood Storage Containers

identified as U.S. Application Nos. 62/151,839, filed April 23, 2015 and 62/151,957, filed April 23, 2015;

WHEREAS, **New Health Sciences, Inc.**, of 6903 Rockledge Drive, Suite 230, Bethesda, Maryland, 20817-1818, a Corporation of the State of Delaware, is desirous of acquiring the entire right, title and interest in and to said invention or inventions and any and all patents to be obtained therefor;

NOW, THEREFORE, FOR GOOD AND VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, I/we do hereby sell, assign and transfer to said **New Health Sciences, Inc.**, its successors and assigns, the entire right, title and interest in and to said invention or inventions, in any form or embodiment thereof, and in and to said application(s); and in and to any and all applications filed in any country based thereon, including the right to file applications in countries other than the country of priority filing under the provisions of any international convention; also in and to any and all improvements on said invention or inventions now or hereafter made by me/us as employee(s), agent(s) or contractor(s) of said **New Health Sciences, Inc.**; also the entire right, title and interest in and to any and all patents, including reissues and extensions thereof, to be obtained in any country upon said invention, inventions or improvements; and any and all continuing applications, including divisional, continuation and continuation-in-part applications, substitute applications, and applications claiming benefit of an earlier filed provisional application, which may be filed upon said invention, inventions or improvements in any country; and

I/We hereby authorize and request the issuing authority to issue any and all patents on said application or applications to said **New Health Sciences, Inc.**, as assignee of the entire interest.

I/We further agree, without any payment by **New Health Sciences, Inc.** other than in reimbursement of reasonable expenses I/we may incur, to communicate to said **New Health Sciences, Inc.**, its representatives or agents, any facts relating to said invention, inventions or improvements, including evidence for purposes of interference, opposition or other legal proceedings, whenever requested; testify in any interference, opposition or other legal proceedings, whenever requested; and execute and deliver, on request, all lawful papers required to make any of the foregoing provisions effective.

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature: _____ Date: _____

Name: Tatsuro YOSHIDA

City and state or country of residence: West Newton, Massachusetts

State of _____)
County of _____) ss.

On this _____ day of _____, 2016, before me personally appeared **Tatsuro YOSHIDA**, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

Notary Public or Consular Officer

My Commission expires _____

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature: _____ Date: _____

Name: Rafael CORDERO

City and state or country of residence: Bedford, Massachusetts

State of _____)
County of _____) ss.

On this _____ day of _____, 2016, before me personally appeared **Rafael CORDERO**, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

Notary Public or Consular Officer

My Commission expires _____

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature: _____ Date: _____

Name: Jancarlo SARITA

City and state or country of residence: Lynn, Massachusetts

State of _____)
County of _____) ss.

On this _____ day of _____, 2016, before me personally appeared **Jancarlo SARITA**, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

Notary Public or Consular Officer

My Commission expires _____

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature: _____ Date: _____

Name: Michael ZOCCHI

City and state or country of residence: Arlington, Massachusetts

State of _____)
County of _____) ss.

On this _____ day of _____, 2016, before me personally appeared **Michael ZOCCHI**, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

Notary Public or Consular Officer

My Commission expires _____

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature: _____ Date: _____

Name: Michael WOLF

City and state or country of residence: Brookline, Massachusetts

State of _____)
) ss.
County of _____)

On this _____ day of _____, 2016, before me personally appeared **Michael WOLF**, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal) _____
Notary Public or Consular Officer

My Commission expires _____

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature: _____ Date: _____

Name: Narendran RENGANATHAN

City and state or country of residence: Plano, TX

State of _____)
) ss.
County of _____)

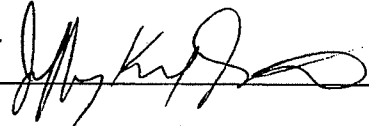
On this _____ day of _____, 2016, before me personally appeared **Narendran RENGANATHAN**, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

Notary Public or Consular Officer

My Commission expires _____

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature:  Date: 22-APR-2016
Name: Jeffrey Karl SUTTON

City and state or country of residence: Medway, Massachusetts

State of _____)
County of _____) ss.

On this _____ day of _____, 2016, before me personally appeared **Jeffrey Karl SUTTON**, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

Notary Public or Consular Officer

My Commission expires _____