

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT6017712

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
NILS STAFSTROM	10/06/2017
LARS OLOF NILS ROSENGREN	10/05/2017
KERSTIN ERICKSON	10/05/2017
TOMAS YNGVE AGREN	10/05/2017
YNGVE L. HARELAND	10/05/2017
TIM FRANCOIS	10/06/2017
ANITA JONSSON	10/09/2017
JEANNE CHENG	10/06/2017
ANNA ANDERSSON	10/09/2017
RECEIVING PARTY DATA	
Name:	GE HEALTHCARE BIO-SCIENCES AB
Street Address:	BJORKGATAN 30
City:	UPPSALA
State/Country:	SWEDEN
Postal Code:	751 84
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16647983
CORRESPONDENCE DATA	
Fax Number:	(404)853-8806
<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:	4048538000
Email:	cindylehmuth@eversheds-sutherland.com
Correspondent Name:	EVERSHEDS SUTHERLAND (US) LLP
Address Line 1:	999 PEACHTREE STREET, N.E.
Address Line 2:	SUITE 2300
Address Line 4:	ATLANTA, GEORGIA 30309
ATTORNEY DOCKET NUMBER:	320120-US-6 (34428-0513)
NAME OF SUBMITTER:	WILLIAM L. WARREN, REG. NO. 36,714

PATENT

SIGNATURE:	/WILLIAM L. WARREN/
DATE SIGNED:	03/17/2020
Total Attachments: 11 source=34428_0513_Declaration_Assignment#page1.tif source=34428_0513_Declaration_Assignment#page2.tif source=34428_0513_Declaration_Assignment#page3.tif source=34428_0513_Declaration_Assignment#page4.tif source=34428_0513_Declaration_Assignment#page5.tif source=34428_0513_Declaration_Assignment#page6.tif source=34428_0513_Declaration_Assignment#page7.tif source=34428_0513_Declaration_Assignment#page8.tif source=34428_0513_Declaration_Assignment#page9.tif source=34428_0513_Declaration_Assignment#page10.tif source=34428_0513_Declaration_Assignment#page11.tif	

**COMBINED DECLARATION AND GLOBAL ASSIGNMENT
FOR UTILITY OR DESIGN PATENT APPLICATION**

As the below named inventor(s), we hereby declare that:

This declaration and assignment are directed to:

CHROMATOGRAPHY APPARATUS

- the specification of which is attached hereto OR
- United States application of PCT international application number _____ filed on _____, as amended on [date] (if applicable).
(We hereby authorize and request the Company or its delegated attorneys or agents to insert above the application number and filing date of the application when known.)

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

We believe that we are original joint inventors of a claimed invention in the application.

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

We have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the patentability of this application as defined in 37 CFR § 1.56, including, for continuation-in-part applications, material information which became available between the filing date of the prior application and the filing date of the continuation-in-part application.

In accordance with our obligation(s) under an Employee Innovation and Proprietary Information Agreement or (as applicable) arising out of other agreements (such as, but not limited to, the Services Agreement between General Electric Company or any of its affiliates, and our employers), and/or for other good and valuable consideration of which we acknowledge receipt, I/we,

Inventor First Name	Inventor Middle Name	Inventor Last Name		Residence Town	Residence State	Residence Country
Nils		STAFSTROM	of	Uppsala		SE
Lars	Olof Nils	ROSENGREN	of	Uppsala		SE
Kerstin	Elisabet	ERICKSON	of	Uppsala		SE
Tomas	Yngve	AGREN	of	Uppsala		SE
Yngve	L	HARELAND	of	Uppsala		SE
Tim		FRANCOIS	of	Uppsala		SE
Anita		JONSSON	of	Uppsala		SE
Jeanne		CHENG	of	Uppsala		SE
Anna		ANDERSSON	of	Uppsala		SE

hereby sell and assign to:

Name of Company: GE Healthcare Bio-Sciences AB
Entity Type (optional):
Address: Bjorkgatan 30, 751 84 Uppsala, Sweden

herein referred to as "Company", its successors and assigns our entire respective rights, titles and interests in and to the invention and improvements made or conceived by us described in the application(s) listed above and in the following table:

Country of Filing	Type of Filing	Application Number	Filing Date	Title
GB	PRIO	1715403.0	22SEP2017	CHROMATOGRAPHY APPARATUS

(We hereby authorize and request the Company or its delegated attorneys or agents to insert above the application number and filing date of the application(s) when known.)

and any and all applications for patent and patents therefrom in any and all countries, including all divisions, continuations, continuations-in-part, reexaminations, renewals, and reissues thereof, and all rights of priority resulting from the filing of the application(s), and authorize and request any official whose duty it is to issue patents, to issue any patent on the inventions and improvements resulting therefrom to the Company, or its successors or assigns, and agree that on request and without further consideration, we will communicate to the Company or its representatives or nominees any facts known to us respecting the inventions and improvements and testify in any legal proceeding, make all rightful oaths, sign all lawful papers and execute all instruments or documents required or requested for the making and prosecution of any applications of any type for patent, utility model, or other similar rights in all countries including, but not limited to, any provisional, non-provisional, continuation, continuation-in-part, divisional, renewal or substitute thereof, for any derivation proceedings relating thereto, and, as to any patents that issue from such applications, for any supplemental examination, derivation proceeding, opposition, post grant review, reissue, re-examination, inter partes review, or extension thereof, and generally do everything possible to aid the Company, its successors, assigns, and nominees to obtain and enforce proper patent protection for the invention and its improvements in all countries.

Remuneration claims of the inventor(s)/assignor(s) potentially arising from German Law on Employee Inventions, or any other respective country law, remain unaffected by this assignment.

INVENTOR 1

Signature: [Handwritten Signature]
Nils STAFSTROM

Date: 2017 6 Oct

Witnessed by: [Handwritten Signature]
Signature

Date: 2017-10-06

Andreas Ahlén
Printed Name of Witness

Witnessed by: [Handwritten Signature]
Signature

Date: 2017 6 Oct

Markus Galin
Printed Name of Witness

SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY

_____ Date: _____

Nils STAFSTROM

STATE OF _____
COUNTY OF _____ ss.

This _____ day of _____, _____ before me personally came the above-named Nils STAFSTROM to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal _____
(Notary Public)

INVENTOR 2

Signature: Lars Rosengren
Lars Olof Nils ROSENGREN

Date: 2017-10-05

Witnessed by: Mats Nordstrand
Signature

Date: 2017-10-05

Mats Nordstrand
Printed Name of Witness

Witnessed by: Marta Ekblom
Signature

Date: 2017-10-05

Marta Ekblom
Printed Name of Witness

SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY

Lars Olof Nils ROSENGREN Date: _____

STATE OF

ss.

COUNTY OF

This _____ day of _____, _____ before me personally came the above-named **Lars Olof Nils ROSENGREN**, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal

(Notary Public)

INVENTOR 3

Signature: Kerstin Erickson
Kerstin ERICKSON

Date: 2017-10-05

Witnessed by: Mats Nordstrand
Signature

Date: 2017-10-05

Mats Nordstrand
Printed Name of Witness

Witnessed by: Maria Eubom
Signature

Date: 2017-10-05

Maria Eubom
Printed Name of Witness

SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY

Kerstin ERICKSON Date: _____

STATE OF

ss.

COUNTY OF

This _____ day of _____, _____ before me personally came the above-named **Kerstin ERICKSON**, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal

(Notary Public)

INVENTOR 4

Signature: Tomas Yngve Agren
Tomas Yngve AGREN

Date: 2017-10-05

Witnessed by: Maria Ekblom
Signature

Date: 2017-10-05

Maria Ekblom
Printed Name of Witness

Witnessed by: Bjorn Johansson
Signature

Date: 2017-10-05

Bjorn Johansson
Printed Name of Witness

SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY

Tomas Yngve AGREN

Date: _____

STATE OF

ss.

COUNTY OF

This _____ day of _____, _____ before me personally came the above-named **Tomas Yngve AGREN** to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal

(Notary Public)

INVENTOR 5

Signature: [Handwritten Signature] Date: 2017-10-05
Yngve L HARELAND

Witnessed by: [Handwritten Signature] Date: 2017-10-05
Signature
Linus Holmestrand
Printed Name of Witness

Witnessed by: [Handwritten Signature] Date: 2017-10-05
Signature
Samone Liti
Printed Name of Witness

SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY

Yngve L HARELAND Date: _____

STATE OF _____
COUNTY OF _____ ss.

This _____ day of _____, _____ before me personally came the above-named Yngve L HARELAND, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal

(Notary Public)

INVENTOR 6

Signature: *Tim Francois*
Tim FRANCOIS

Date: 2017-10-06

Witnessed by: *Johan Jonsson*
Signature

Date: 2017-10-06

Johan Jonsson
Printed Name of Witness

Witnessed by: *Christoffer Hultquist*
Signature

Date: 2017-10-06

Christoffer Hultquist
Printed Name of Witness

SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY

Tim FRANCOIS Date: _____

STATE OF _____
COUNTY OF _____ ss.

This _____ day of _____, _____ before me personally came the above-named **Tim FRANCOIS**, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal

(Notary Public)

INVENTOR 7

Signature: Anita Jonsson
Anita Jonsson

Date: 2017 oct 9

Witnessed by: Susan Sandahl
Signature

Date: 2017 oct 9

Susan Sandahl
Printed Name of Witness

Witnessed by: P. LeGrevés
Signature

Date: 2017 oct 9

Pierre LeGrevés
Printed Name of Witness

SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY

_____ Date: _____
Anita Jonsson

STATE OF

ss.

COUNTY OF

This _____ day of _____, _____ before me personally came the above-named Anita Jonsson, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal

(Notary Public)

INVENTOR 8

Signature: Jeanne Cheng
Jeanne CHENG

Date: 6 Oct 2017

Witnessed by: Mikael Höngqvist
Signature

Date: 6 Oct 2017

Mikael Höngqvist
Printed Name of Witness

Witnessed by: Tomas Haukkala
Signature

Date: 6 OCT 2017

TOMAS HAUKKALA
Printed Name of Witness

SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY

Jeanne CHENG

Date: _____

STATE OF

ss.

COUNTY OF

This _____ day of _____, _____ before me personally came the above-named **Jeanne CHENG**, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal

(Notary Public)

INVENTOR 9

Signature: [Handwritten Signature]
Anna ANDERSSON

Date: 2017 Oct 9

Witnessed by: [Handwritten Signature]
Signature

Date: 2017 Oct 9

SUSANN SANDAHL
Printed Name of Witness

Witnessed by: [Handwritten Signature]
Signature

Date: 2017-10-09

Andreas Almlén
Printed Name of Witness

SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY

_____ Date: _____
Anna ANDERSSON

STATE OF

ss.

COUNTY OF

This _____ day of _____, _____ before me personally came the above-named Anna ANDERSSON, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal

(Notary Public)