

PATENT ASSIGNMENT COVER SHEET

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Stylesheet Version v1.2

EPAS ID: PAT6102088

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
ANANT MADABHUSHI	04/23/2019
AHMAD ALGOHARY	05/11/2020
RAKESH SHIRADKAR	04/23/2019
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Postal Code:	44106
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16395904
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DATE SIGNED:	05/12/2020
Total Attachments: 5	
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We, Anant Madabhushi, Ahmad Algoahary, & Rakesh Shiradkar (“ASSIGNORS”), are the original inventors or are original joint inventors of subject matter (“INVENTION”) disclosed and/or claimed in a patent application entitled “PREDICTING PROSTATE CANCER RISK OF PROGRESSION WITH MULTIPARAMETRIC MAGNETIC RESONANCE IMAGING USING MACHINE LEARNING AND PERITUMORAL RADIOMICS” (“APPLICATION”), which:

will be filed. ASSIGNOR hereby authorizes, and requests, ASSIGNEE’S legal representatives, of the Law Office of Eschweiler & Potashnik, LLC (ASSIGNEE’S LEGAL REPRESENTATIVES), to insert here in parentheses (filed on _____ and given Application No. _____ by the following Office _____) this APPLICATION’s Application No., filing date, and Office, when known;

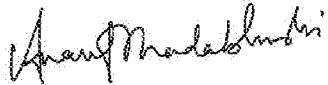
was filed on _____ and was given Application No _____ by the following Office “_____”;

Case Western Reserve University, 10900 Euclid Avenue, Cleveland, OH 44106 on behalf of itself and its successors and assigns (“ASSIGNEE”), is entitled to, and is desirous of acquiring, the entire and exclusive rights, title and interest in the INVENTION and the APPLICATION (and all other applications and patents derived therefrom, such as continuing applications, in and for the United States, its territories, and all foreign countries (“APPLICATION DERIVATIVES”)); ASSIGNOR hereby authorizes, and requests, ASSIGNEE’S LEGAL REPRESENTATIVES to insert the Application No., filing date, and Office into the following table for any APPLICATION DERIVATIVES after they are known;

Application No.	Filing Date	Office

For good and valuable consideration, the receipt of which is hereby acknowledged by the ASSIGNOR, the ASSIGNOR hereby sells, assigns and transfers to the ASSIGNEE, ASSIGNOR's entire and exclusive rights, title and interest in the INVENTION and the APPLICATION (and APPLICATION DERIVATIVES);

ASSIGNOR agrees to execute all instruments and documents required for the making and prosecution of the APPLICATION (and APPLICATION DERIVATIVES), for litigation regarding letters patent derived therefrom, and for the purpose of protecting and perfecting title to the APPLICATION (and APPLICATION DERIVATIVES).

	<p>4/23/19</p>
<hr/> <p>Inventor's Signature</p>	<hr/> <p>Date</p>
<p>Anant Madabhushi</p>	
<hr/> <p>Printed Name in English</p>	<hr/> <p>Printed Name in Native Language (if other than English)</p>

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

SUBSTITUTE STATEMENT IN LIEU OF AN OATH OR DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (35 U.S.C. 115(d) AND 37 CFR 1.64)

Title of Invention	PREDICTING PROSTATE CANCER RISK OF PROGRESSION WITH MULTIPARAMETRIC MAGNETIC RESONANCE IMAGING USING MACHINE LEARNING AND PERITUMORAL RADIOMICS		
This statement is directed to:			
<input type="checkbox"/> The attached application,			
OR			
<input checked="" type="checkbox"/> United States application or PCT international application number <u>16/395,904</u> filed on <u>April 26, 2019</u> .			
LEGAL NAME of inventor to whom this substitute statement applies:			
(E.g., Given Name (first and middle (if any)) and Family Name or Surname)			
Ahmad Alghary			
Residence (except for a deceased or legally incapacitated inventor):			
City	State	Country	
Shaker Heights	OH	US	
Mailing Address (except for a deceased or legally incapacitated inventor):			
C/O Case Western Reserve University, Technology Transfer Office, 10900 Euclid Avenue			
City	State	Zip	Country
Cleveland	OH	44106	US
I believe the above-named inventor or joint inventor to be the original inventor or an original joint inventor of a claimed invention in the application.			
The above-identified application was made or authorized to be made by me.			
I hereby acknowledge that any willful false statement made in this statement is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.			
Relationship to the inventor to whom this substitute statement applies:			
<input type="checkbox"/> Legal Representative (for deceased or legally incapacitated inventor only),			
<input checked="" type="checkbox"/> Assignee,			
<input type="checkbox"/> Person to whom the inventor is under an obligation to assign,			
<input type="checkbox"/> Person who otherwise shows a sufficient proprietary interest in the matter (petition under 37 CFR 1.46 is required), or			
<input type="checkbox"/> Joint Inventor.			

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT
REEL: 052635 FRAME: 0733

SUBSTITUTE STATEMENT

Circumstances permitting execution of this substitute statement:

- Inventor is deceased.
- Inventor is under legal incapacity.
- Inventor cannot be found or reached after diligent effort, or
- Inventor has refused to execute the oath or declaration under 37 CFR 1.63.

If there are joint inventors, please check the appropriate box below:

- An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equivalent) naming the entire inventive entity has been or is currently submitted.
- OR
- An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equivalent) has not been submitted. Thus, a Substitute Statement Supplemental Sheet (PTO/AIA/11 or equivalent) naming the entire inventive entity and providing inventor information is attached. See 37 CFR 1.64(b).


WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

PERSON EXECUTING THIS SUBSTITUTE STATEMENT:

Name: **Daniel Pendergast**

5/11/20
Date (Optional):

Signature: 

APPLICANT NAME AND TITLE OF PERSON EXECUTING THIS SUBSTITUTE STATEMENT:

If the applicant is a juristic entity, list the applicant name and the title of the signer.

Case Western Reserve University

Applicant Name

Title of Person Executing This Substitute Statement: **Senior Director of Operations, Technology Transfer Office - Case Western Reserve University**

The signer, whose title is supplied above, is authorized to act on behalf of the applicant.

Residence of the signer (unless provided in an application data sheet, PTO/AIA/14 or equivalent):

City **Cleveland**

State **OH**

Country **US**

Mailing Address of the signer (unless provided in an application data sheet, PTO/AIA/14 or equivalent)

C/O Case Western Reserve University, Technology Transfer Office, 10900 Euclid Avenue

City **Cleveland**

State **OH**

Zip **44106**

Country **US**

Note: Use an additional PTO/AIA/02 form for each inventor who is deceased, legally incapacitated, cannot be found or reached after diligent effort, or has refused to execute the oath or declaration under 37 CFR 1.63.



04/23/2019

Inventor's Signature

Date

Rakesh Shiradkar

Printed Name in English

Printed Name in Native Language
(if other than English)