506417745 12/22/2020

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
SUDHEER MYGAPULA	05/18/2015
DALESH DHARAMSHI	05/18/2015

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:	17130711

CORRESPONDENCE DATA

Fax Number: (404)853-8806

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.

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Email:cindylehmuth@eversheds-sutherland.comCorrespondent Name:EVERSHEDS SUTHERLAND (US) LLP

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Address Line 2: SUITE 2300

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ATTORNEY DOCKET NUMBER: 270902-US-7 (34428-0601)	
NAME OF SUBMITTER:	WILLIAM L. WARREN
SIGNATURE:	/WILLIAM L. WARREN, REG. NO. 36,714/
DATE SIGNED:	12/22/2020

Total Attachments: 4

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PATENT 506417745 REEL: 054727 FRAME: 0548

COMBINED DECLARATION AND GLOBAL ASSIGNMENT FOR UTILITY OR DESIGN PATENT APPLICATION

As the below named inventor, We hereby declare that:

This declaration and assignment are directed to:

 MATION OF BIOPROCESS
the specification of which is attached hereto OR
United States application or 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.)

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

We believe that we are the original inventor(s) 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 employer), and/or for other good and valuable consideration of which we acknowledge receipt, we,

Inventor First Name	Inventor Middie Name	Inventor Last Name		Residence Town	Residence State	Residence Country
Sudheer		MYGAPULA	of	Bangalore		IN
Dalesh		DHARAMSHI	of	Bangalore		IN

hereby sell and assign to:

descent.	Name of Company: GE Healthcare Bic-Sciences AB	Second
-	Entity Type (optional):	*********
-	Address: Patent Department, Bjorkgatan 30, Uppsala, 751 84 Sweden	*

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

AND METHOD ER INTUITIVE WANAGEMENT OMATION OF
Contract Contract

(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/assignor potentially arising from German Law on Employee Inventions, or any other respective country law, remain unaffected by this assignment.

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INVENTOR 1 / / / /	
Signature: 1 Sudheer Mygapula	Date: 18" Hay 2015
Witnessed by: Signature	Date: 18th May 2015
ANKUR R SHAH	-
Printed Name of Witness Witnessed by Signature	Date: 18th May 2015
Surcya Koufo Beautea Printed Name of Witness	
SECTION BELOW IS FOR USE ONLY IF SIG	INING IN PRESENCE OF A NOTARY
[Date:
Inventor Name	
STATE OF	
COUNTY OF	
This day of,,,,, amed Inventor Name , to me personally known assignment, who acknowledged to me that he/shor the purposes therein set forth.	
Seal	
	(Notary Public)

270902

270902	
INVENTOR 2	
Signature: Dalesh Dharamshi	Date:18 th Hay 2015
Witnessed by: Signature	Date: 18th May 2015
Printed Name of Witness	
Witnessed by: Signature	Date: 18th ma 2015
Printed Name of Witness	
SECTION BELOW IS FOR USE ONLY IF SIGN	ING IN PRESENCE OF A NOTARY
D	ate:
Inventor Name	
STATE OF	
COUNTY OF	
This day of,, named Inventor Name, to me personally known assignment, who acknowledged to me that he/she for the purposes therein set forth.	is the individual who executed the foregoing

Page 4 of 4

(Notary Public)

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