

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT7311757

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
RAFAEL CORDERO	03/25/2020
JEFFREY SUTTON	08/15/2019
RECEIVING PARTY DATA	
Name:	NEW HEALTH SCIENCES, INC.
Street Address:	99 HAYDEN AVENUE
Internal Address:	BUILDING B, SUITE 620
City:	LEXINGTON
State/Country:	MASSACHUSETTS
Postal Code:	02421
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	29656307
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@arnoldporter.com, IPDocketing@arnoldporter.com
Correspondent Name:	ARNOLD & PORTER KAYE SCHOLER
Address Line 1:	601 MASSACHUSETTS AVENUE, NW
Address Line 2:	ATTN: IP DOCKETING
Address Line 4:	WASHINGTON, D.C. 20001
ATTORNEY DOCKET NUMBER:	P34653US01/0025577.00227
NAME OF SUBMITTER:	DAVID J. KOPECKY
SIGNATURE:	/David J. Kopecky/
DATE SIGNED:	05/03/2022
Total Attachments: 10	
source=Executed Combined Declaration - P34563US01#page1.tif	
source=Executed Combined Declaration - P34563US01#page2.tif	
source=Executed Combined Declaration - P34563US01#page3.tif	

source=Executed Combined Declaration - P34563US01#page4.tif
source=Executed Combined Declaration - P34563US01#page5.tif
source=Executed Combined Declaration - P34563US01#page6.tif
source=Executed Combined Declaration - P34563US01#page7.tif
source=Executed Combined Declaration - P34563US01#page8.tif
source=Executed Combined Declaration - P34563US01#page9.tif
source=Executed Combined Declaration - P34563US01#page10.tif

COMBINED ASSIGNMENT AND DECLARATION (37 CFR §1.63)

WHEREAS, we, (Jancarlo SARITA, Rafael CORDERO , Jeffrey SUTTON, Michael ZOCCHI, Ayan BHANDARI, and David COPELAND), the undersigned, have made certain invention or inventions which are disclosed in patent application(s) and/or provisional patent application(s) entitled:

Blood Storage Bag Design

identified as U.S. Design Application No. 29/656,307, filed July 11, 2018.

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

We believe that we are the original inventor or an original joint inventor of a claimed invention in the application.

WHEREAS, **New Health Sciences, Inc.**, of 99 Hayden Avenue, Building B, Suite 620, Lexington, MA 02421, 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, 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

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.

We further agree, without any payment by **New Health Sciences, Inc.** other than in reimbursement of reasonable expenses 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.

I/we hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

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

Signature: [Handwritten Signature] Date: 10/22/2019

Name: Jancarlo SARITA

City and state or country of residence: Salem - Lynn, MA

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 _____

I/we hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

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, MA

State of _____)
County of _____) ss.

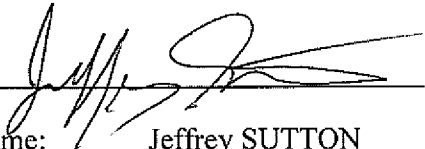
On this _____ day of _____, 20__, before me personally appeared Rafael CORDERO, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last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

(seal) _____
Notary Public or Consular Officer

My Commission expires _____

I/we hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

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

Signature:  Date: 15 Aug 2019
Name: Jeffrey SUTTON
City and state or country of residence: Medway, MA

State of _____)
County of _____) ss.

On this _____ day of _____, 20__, before me personally appeared Jeffrey 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 _____

I/we hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

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

Signature: [Handwritten Signature] Date: 10/21/19
Name: Michael ZOCCHI
City and state or country of residence: Arlington, MA

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)

My Commission expires _____

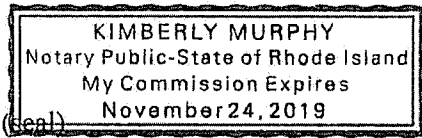
I/we hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

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

Signature: *Ayan Bhandari* Date: 11/24/2019
Name: Ayan BHANDARI
City and state or country of residence: Roanoke, VA

State of Rhode Island)
County of Providence) ss.

On this 24 day of November, 2019, before me personally appeared Ayan BHANDARI, 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.



Kimberly Murphy
Notary Public or Consular Officer

I/we hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

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

Signature: [Handwritten Signature]

Date: 8/19/2019

Name: David COPELAND

City and state or country of residence: Minnetonka, MN

State of Minnesota)
County of Hennepin)

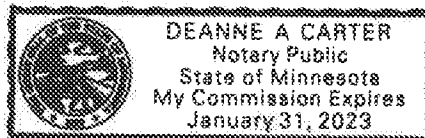
ss.

On this 19th day of August, 2019, before me personally appeared David COPELAND, 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)

[Handwritten Signature: Deanne A. Carter]
Notary Public or Consular Officer

My Commission expires 1/31/2023



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	Blood Storage Bag Design		
This statement is directed to:			
<input type="checkbox"/> The attached application,			
OR			
<input checked="" type="checkbox"/> United States application or PCT international application number 29/656,307 filed on July 11, 2018			
LEGAL NAME of inventor to whom this substitute statement applies:			
(E.g., Given Name (first and middle (if any)) and Family Name or Surname)			
Rafael Cordero			
Residence (except for a deceased or legally incapacitated inventor):			
City	State	Country	
Bedford	MA	US	
Mailing Address (except for a deceased or legally incapacitated inventor):			
5 Prescott Place			
City	State	Zip	Country
Bedford	MA	01730	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 type="checkbox"/> Assignee,			
<input checked="" 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.			

[Page 1 of 2]

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 in 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.

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: **Joseph Barrett** Date (Optional): **3-25-2020**

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.

New Health Sciences, Inc.

Applicant Name:

Title of Person Executing This Substitute Statement: **General Counsel**

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 **Palatine** State **IL** Country **US**

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

**99 Hayden Avenue
Building B, Suite 620**

City **Lexington** State **MA** Zip **02421** 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.

Privacy Act Statement

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

1. The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C. 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.
2. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
3. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.
4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).
5. A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.
6. A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).
7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (*i.e.*, GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.
8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspection or an issued patent.
9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

PATENT

RECORDED: 05/03/2022

REEL: 059801 FRAME: 0729