

*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
/D.J./	AA	6,395,746	5/2002	Cagle et al.			
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						

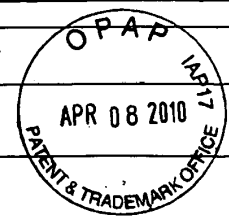
		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	BA							
	BB							
	BC							
	BD							
	BE							

		OTHER DOCUMENT(S) (Including Author, Title, Date, Pertinent Pages, Etc.)
/D.J./	CA	<a href="http://medical-dictionary.thefreedictionary.com/prophylactic">http://medical-dictionary.thefreedictionary.com/prophylactic</a> accessed 12/15/2009.
	CB	
	CC	
	CD	

EXAMINER	/Donna Jagoe/ (06/14/2010)	DATE CONSIDERED	
----------	----------------------------	-----------------	--



\*Examiner: initial if reference considered, whether or not citation is in conformance with MPEP 609; draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.