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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	077350.0344
First Inventor	Chowdhury et al.
Title	Dexmedetomidine Premix Formulation
Express Mail Label No.	

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents.

1. **Fee Transmittal Form** (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. **Applicant claims small entity status.**
See 37 CFR 1.27.
3. **Specification** [Total Pages 39]
Both the claims and abstract must start on a new page
(For information on the preferred arrangement, see MPEP 608.01(a))
4. **Drawing(s)** (35 U.S.C. 113) [Total Sheets _____]
5. **Oath or Declaration** [Total Sheets _____]
 - a. Newly executed (original or copy)
 - b. A copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
name in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. **Application Data Sheet.** See 37 CFR 1.76
7. **CD-ROM or CD-R** in duplicate, large table or
Computer Program (Appendix)
 Landscape Table on CD
8. **Nucleotide and/or Amino Acid Sequence Submission**
(if applicable, items a. - c. are required)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. Paper
 - c. Statements verifying identity of above copies

ADDRESS TO: Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

ACCOMPANYING APPLICATION PARTS

9. **Assignment Papers** (cover sheet & document(s))
Name of Assignee _____
10. **37 CFR 3.73(b) Statement** **Power of Attorney**
(when there is an assignee)
11. **English Translation Document** (if applicable)
12. **Information Disclosure Statement** (PTO/SB/08 or PTO-1449)
 Copies of citations attached
13. **Preliminary Amendment**
14. **Return Receipt Postcard** (MPEP 503)
(Should be specifically itemized)
15. **Certified Copy of Priority Document(s)**
(if foreign priority is claimed)
16. **Nonpublication Request** under 35 U.S.C. 122(b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or equivalent.
17. **Other:** Accelerated Exam. Support and Search Docs.;
IDS; Petition to Make Special Under Acc. Exam.

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Art Unit: _____

19. CORRESPONDENCE ADDRESS

The address associated with Customer Number: 62965 OR Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone	Email	

Signature		Date	01/04/2012
Name (Print/Type)	Dennis M. Bissonnette	Registration No. (Attorney/Agent)	61,910

This collection of information is required by 37 CFR 1.53(b). 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 12 minutes 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.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known		
FEE TRANSMITTAL		Application Number	To Be Assigned	
		Filing Date	Herewith	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Chowdhury et al.	
		Examiner Name	To Be Assigned	
		Art Unit	To Be Assigned	
TOTAL AMOUNT OF PAYMENT	(\$)	1,380.00	Attorney Docket No.	077350.0344

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-4377 Deposit Account Name: Baker Botts L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	380	190	620	310	250	125	\$1,250.00
Design	250	125	120	60	160	80	
Plant	250	125	380	190	200	100	
Reissue	380	190	620	310	750	375	
Provisional	250	125	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	60	30
Each independent claim over 3 (including Reissues)	250	125
Multiple dependent claims	450	225

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

4 - 20 or HP = 0 x 60 = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

1 - 3 or HP = 0 x 250 = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>39</u> - 100 =	<u>0</u>	<u>0</u> / 50 = <u>0</u> (round up to a whole number) x	<u>310</u>	<u>0</u>

4. OTHER FEE(S)

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): <u>Petition under 37 CFR 1.17(h)</u>		\$ 130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	61,910	Telephone	212-408-2500
Name (Print/Type)	Dennis M. Bissonnette			Date	01/04/2012

This collection of information is required by 37 CFR 1.136. 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 1.14. This collection is estimated to take 30 minutes 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.

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Application Data Sheet 37 CFR 1.76		Attorney Docket Number	077350.0344
		Application Number	
Title of Invention	DEXMEDETOMIDINE PREMIX FORMULATION		
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.</p> <p>This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>			

Secrecy Order 37 CFR 5.2

Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)

Applicant Information:

Applicant 1				
Applicant Authority		<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117
				<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Priyanka		Roychowdhury	
Residence Information (Select One)				
		<input checked="" type="radio"/> US Residency		<input type="radio"/> Non US Residency
				<input type="radio"/> Active US Military Service
City	San Rafael	State/Province	CA	Country of Residence
				US
Citizenship under 37 CFR 1.41(b)		IN		
Mailing Address of Applicant:				
Address 1	100 Marin Center Dr., Apt. 63			
Address 2				
City	San Rafael	State/Province	CA	
Postal Code	94903	Country	US	
Applicant 2				
Applicant Authority		<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117
				<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Robert	A.	Cedergren	
Residence Information (Select One)				
		<input checked="" type="radio"/> US Residency		<input type="radio"/> Non US Residency
				<input type="radio"/> Active US Military Service
City	Libertyville	State/Province	IL	Country of Residence
				US
Citizenship under 37 CFR 1.41(b)		US		
Mailing Address of Applicant:				
Address 1	310 Cypress Lane			
Address 2				
City	Libertyville	State/Province	IL	
Postal Code	60048	Country	US	
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button.				
<input type="button" value="Add"/>				

Correspondence Information:

<p>Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).</p> <p><input type="checkbox"/> An Address is being provided for the correspondence information of this application.</p>
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Application Data Sheet 37 CFR 1.76		Attorney Docket Number	077350.0344
		Application Number	
Title of Invention	DEXMEDETOMIDINE PREMIX FORMULATION		
Customer Number	62965		
Email Address			<input type="button" value="Add Email"/> <input type="button" value="Remove Email"/>

Application Information:

Title of the Invention	DEXMEDETOMIDINE PREMIX FORMULATION		
Attorney Docket Number	077350.0344	Small Entity Status Claimed	<input type="checkbox"/>
Application Type	Nonprovisional		
Subject Matter			
Suggested Class (if any)	514	Sub Class (if any)	396
Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)		Suggested Figure for Publication (if any)	

Publication Information:

<input type="checkbox"/>	Request Early Publication (Fee required at time of Request 37 CFR 1.219)
<input type="checkbox"/>	Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

Representative Information:

<p>Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.</p>			
Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input type="radio"/> Limited Recognition (37 CFR 11.9)
Customer Number	62965		

Domestic Benefit/National Stage Information:

<p>This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.</p>			
Prior Application Status	Pending	<input type="button" value="Remove"/>	
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
	non provisional of		
<p>Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the Add button.</p>			

Foreign Priority Information:

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Application Data Sheet 37 CFR 1.76	Attorney Docket Number	077350.0344
	Application Number	
Title of Invention	DEXMEDETOMIDINE PREMIX FORMULATION	

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

Remove

Application Number	Country ¹	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
			<input checked="" type="radio"/> Yes <input type="radio"/> No

Additional Foreign Priority Data may be generated within this form by selecting the **Add** button.

Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

Assignee 1

If the Assignee is an Organization check here.

Organization Name HOSPIRA, INC.

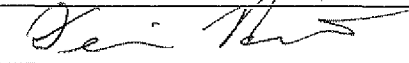
Mailing Address Information:

Address 1	H1-4S 275 North Field Drive		
Address 2			
City	Lake Forest	State/Province	IL
Country ¹	US	Postal Code	60045
Phone Number		Fax Number	
Email Address			

Additional Assignee Data may be generated within this form by selecting the **Add** button.

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature			Date (YYYY-MM-DD)	2012-01-04	
First Name	Dennis M.	Last Name	Bissonnette	Registration Number	61910

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