

Date  
May 9, 2000

Patent Number  
6,059,801

*Darius Samimi, M.D., F.A.C.O.G.*

INVENTOR

**BLADDER SAVER RETROPUBIC LIGATURE CARRIER DEVICE**

The Commissioner of Patents and Trademarks has received an application for a patent for a new and useful invention. The requirements of law have been complied with, and it has been determined that a patent on the invention shall be granted under the law.

Therefore, this

***United States Patent***

Grants to the person or persons having title to this patent the right to exclude others from making, using or selling the invention throughout the United States of America for the term of this patent, subject to the payment of maintenance fees as provided by law.

U.S. WOMEN INSTITUTE



*A. Scott Johnson*  
Commissioner of Patents and Trademarks

PUBLIC HEALTH SERVICE  
FOOD AND DRUG ADMINISTRATION

Form Approved: OMB No. 0910-0387.  
Expiration Date: March 31, 2005.

**DEVICE LISTING**

Complete and Return to:  
Food and Drug Administration  
Center for Devices and Radiological Health  
Information Processing and Office Automation Branch (HFZ-308)  
9200 Corporate Blvd.  
Rockville, MD 20850-4015

Print

**NOTE:** This form is authorized by Section 510 of the Federal Food, Drug, and Cosmetic Act, (21 U.S.C. 360). Failure to report this information is a violation of Section 301(p) of the Act (21 U.S.C. 331(p)). Persons who violate this provision may, if convicted be subject to a fine or imprisonment or both. The submission of any report that is false or misleading in any material respect is a violation of Section 301(q)(2), (21 U.S.C. 331(q)(2)) and may be a violation of 18 U.S.C. 1001.

1. DOCUMENT NUMBER  <b>E 113958</b>	2. REASON FOR SUBMISSION <input checked="" type="checkbox"/> New Listing <input type="checkbox"/> Update to Device Already Listed <input type="checkbox"/> Delete Listing	3. REPORT DATE			4. OWNER / OPERATOR ID NUMBER
		MO.	DAY	YR.	
		8	5	2002	

5. OWNER / OPERATOR NAME  
**U.S. Women Institute**

6. ADDRESS (Check  if same as submitted on FDA Form 2891)  
a. NUMBER and STREET **11160 Warner Avenue, Suite 117**

b. CITY, STATE, ZIP CODE **Fountain Valley, CA 92708**

c. FOREIGN COUNTRY

7. CLASSIFICATION NAME **Manual surgical instrument** Internet Link

8. CLASSIFICATION NUMBER **78 KOA** Internet Link

9. PROPRIETARY NAME (Brand Name)  
**BSD**

10. COMMON OR USUAL NAME  
**Burch-sling device**

11. FOR U.S. DESIGNATED AGENTS OF FOREIGN ESTABLISHMENTS

a. NAME


b. REGISTRATION NUMBER

12. ESTABLISHMENT NAME AND ADDRESS  
(Identification of Sites Where Listed Device is Produced)  
(Name, Street Number, City, State or Country, ZIP or Postal Code)

REGISTRATION NO.	ESTABLISHMENT TYPE	M	R	S	B	X	F
A U.S. Women Institute 11160 Warner Avenue, Suite 117 Fountain Valley, CA 92708		X		X			
B							
C							
D							

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:  
Food and Drug Administration  
Center for Devices and Radiological Health  
Information Processing and Office Automation Branch (HFZ-308)  
9200 Corporate Blvd.  
Rockville, MD 20850-4015

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

13. SIGNATURE 

14. TYPED OR PRINTED NAME  
**Dr. Dari Samimi**