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UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE PATENT TRIAL AND APPEAL BOARD

Ex parte FREDERIC DECLERCK

Appeal 2018-009091
Application 13/834,490
Technology Center 2100

Before CAROLYN D. THOMAS, MICHAEL J. STRAUSS, and ADAM J. PYONIN, *Administrative Patent Judges.*

PYONIN, *Administrative Patent Judge.*

DECISION ON APPEAL

Pursuant to 35 U.S.C. § 134(a), Appellant[1] appeals from the Examiner's rejection. We have jurisdiction under 35 U.S.C. § 6(b).

We REVERSE.

[1] We use the word "Appellant" to refer to "applicant" as defined in 37 C.F.R. § 1.42(a). Appellant identifies the real party in interest as Fenwal, Inc. Appeal Brief 1, filed October 3, 2017 ("Appeal. Br.").

STATEMENT OF THE CASE

Introduction

The Application is directed to "remote visualization and configuration of medical devices," particularly "multi-screen visualization and medical instrument configuration." Spec. ¶ 1. Claims 23–28 and 30–42 are pending; claims 23, 31, and 36 are independent. App. Br. 19–22. Claim 23 is reproduced below for reference (emphasis added):

> 23. A medical device interface system comprising a processing circuit configured to implement:
>
> a communication channel configured to communicate with a plurality of medical devices, the medical devices selected from a group consisting of a blood processing instrument, an infusion pump, and a drug delivery system, to receive interface screen data for each of the plurality of medical devices;
>
> a processing component configured to generate *a first screen comprising representations of the interface screen data from the plurality of medical devices, each representation to convey information shown on a respective interface screen of a corresponding medical device*, to receive an indication of user selection of one of the representations displayed on the first screen, and to generate a larger screen representation of the interface screen data of the selected representation,
>
> the processing component further configured to receive through the communication channel an indication of an alert or alarm associated with one of the medical devices and to generate a corresponding indication of the alert or alarm on one of the first screen and the larger screen,
>
> wherein the representations of the interface screen data from the plurality of medical devices are miniature screen representations of screens displayed on the medical devices.

References and Rejection

Claims 23–28 and 30–42 are rejected under 35 U.S.C. § 103(a) as unpatentable over Lyle (US 2002/0056672 A1; May 16, 2002) and Curl (US 2012/0278759 A1; Nov. 1, 2012). Final Act. 4.

ANALYSIS

Appellant argues the Examiner's rejection is in error, because "the Examiner maintains an overbroad interpretation of the claim language." Appeal Br. 8. Particularly, Appellant contends "[c]laim 23 requires displaying miniaturized screens of actual screens displayed on the medical devices, not merely 'an icon' or 'other data' as suggested by the Examiner[]." *Id.* Appellant contends the combination of cited references fails to teach the claim requirements: "Curl does not teach displaying 'actual screen data' from medical devices, but instead teaches generating its own images which are 'derived from data produced by a plurality of medical instruments'" (*Id.* at 9), "[n]or does Lyle teach 'receive interface screen data for each of the plurality of medical devices'" (*Id*. at 13).

Claim 23 recites "a first screen comprising representations of the interface screen data from the plurality of medical devices, each representation to convey *information shown on a respective interface screen of a corresponding medical device*" (emphasis added). The Examiner presents two alternative rationales for this limitation. *See* Final Act. 5–7. We are persuaded the Examiner's rejection—under either rationale—is in error.

The Examiner first finds "Lyle comprehensively shows how each medical device comprises its own 'interface'" and "it would have been obvious for one of ordinary skill in the art to arrive at a conclusion that said

fields provided representations of actual interface screen data being shown on a respective interest screen." Final Act. 6 (citing Lyle ¶ 3). Paragraph 3 of Lyle refers to the Background of the Invention, and states that current medical systems usually include an interface. *See* Lyle ¶¶ 3, 4. Merely having an interface, however, is not the same as the claim requirement for information being *both* shown on a respective screen of a corresponding medical device and conveyed as a representation on the screen of a system. *See* Appeal Br. 13, 14; Ans. 9; Lyle ¶¶ 55–61 (describing an abstract, virtual interface between the applications resident in the application control manager and the hardware elements.). The Examiner fails to identify a teaching in Lyle of an interface screen of a *corresponding* medical device as claimed; thus the Examiner has not shown Lyle teaches or suggests "each representation to convey information shown on a respective interface screen of a corresponding medical device," as claimed. *See* Final Act. 5, 6; *In re Warner*, 379 F.2d 1011, 1017 (CCPA 1967) ("A rejection based on section 103 clearly must rest on a factual basis."). Accordingly, we are persuaded the Examiner's first provided rationale is in error.

Second, the Examiner finds "the [recited] 'representations of the interface screen data from the plurality of medical devices' were of considerably wide breadth in scope," such that "the claims as currently recited merely require a representation of *what would be* shown on a medical device, and not an exact mirroring or duplication as Applicant appears to imply in their arguments." Ans. 4 (emphasis added). The Examiner finds one of skill in the art would modify Lyle with Curl's teaching of the disputed limitation, because "Curl shows a medical device interface system that 'is useful for coordinating control of and managing information

provided by a plurality of medical instruments," and "allows for the recording of plural types of data, e.g., digital data, analog data, video data, instrument status, audio data, from a plurality of instruments.'" Final Act. 7 (quoting Curl ¶ 57) (emphasis omitted).

We disagree. Rather than conveying what "would be shown" (Ans. 4), claim 23 recites the system will convey "information shown" (Appeal Br. 19); in other words, claim 23 requires the system conveys information that is displayed on the medical device interface. *See*, *e.g*., Fig. 1; Spec. ¶¶ 5, 32. Curl, as cited by the Examiner, teaches an integration system for "coordinating control" of medical devices and using information "derived from data produced by a plurality of medical instruments." Curl ¶¶ 57, 136; Final Act. 7; Ans. 6. Such coordination of derived information, however, is not the same as conveying displayed information. *See* Reply Br. 2. The Examiner fails to identify a teaching in Curl of information shown on the interfaces of medical devices, let alone a teaching of also conveying such information. *See* Appeal Br. 9; *see also* Ans. 6. Accordingly we are persuaded the Examiner errs in finding Curl teaches or suggests "each representation to convey information shown on a respective interface screen of a corresponding medical device," as claimed. *See* Appeal Br. 7–9.

We do not sustain the Examiner's rejection: independent claim 23; independent claims 31 and 36 which similarly recite "each representation to convey information shown on a respective interface screen of a corresponding medical device"; or the Examiner's rejection of the claims dependent thereon.

DECISION SUMMARY

In summary:

Claims Rejected	35 U.S.C. §	Basis/Reference(s)	Affirmed	Reversed
23–28, 30–42	103(a)	Lyle, Curl		23–28, 30–42

REVERSED