IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
TYLER DIVISION

UNILOC USA, INC. and UNILOC LUXEMBOURG S.A.,	§	
Plaintiffs,	§	CIVIL ACTION NO. 6:16-cv-467
	§	**JURY TRIAL DEMANDED**
v.	§	
N. HARRIS COMPUTER CORP.,	§	
Defendant.	§	

PLAINTIFFS' FIRST AMENDED COMPLAINT
FOR PATENT INFRINGEMENT

Plaintiffs Uniloc USA, Inc. ("Uniloc USA") and Uniloc Luxembourg S.A. ("Uniloc Luxembourg") (collectively, "Uniloc") file this Original Complaint against N. Harris Computer Corporation ("Defendant") for infringement of U.S. Patent Nos. 5,682,526 ("the '526 patent") and 5,715,451 ("the '451 patent").

THE PARTIES

1. Uniloc USA, Inc. ("Uniloc USA") is a Texas corporation with its principal place of business at Legacy Town Center I, Suite 380, 7160 Dallas Parkway, Plano, Texas 75024. Uniloc USA also maintains a place of business at 102 N. College, Ste. 806, Tyler, Texas 75702.

2. Uniloc Luxembourg S.A. ("Uniloc Luxembourg") is a Luxembourg public limited liability company, with its principal place of business at 15, Rue Edward Steichen, 4th Floor, L-2540, Luxembourg (R.C.S. Luxembourg B159161).

3. Uniloc Luxembourg and Uniloc USA are collectively referred to as "Uniloc." Uniloc has researched, developed, manufactured, and licensed information security technology

solutions, platforms and frameworks, including solutions for securing software applications and digital content. Uniloc owns and has been awarded a number of patents. Uniloc's technologies enable, for example, software and content publishers to securely distribute and sell their high-value technology assets with maximum profit to its customers and/or minimum burden to legitimate end-users. Uniloc's technologies are used in several markets including, for example, electronic health record software, software and game security, identity management, intellectual property rights management, and critical infrastructure security.

4. Defendant is a Canadian corporation with its principal place of business at 1 Antares Drive Suite 400 Ottawa, Ontario, K2E 8C4 Canada. Defendant may be served with process through its registered agent, the Corporation Trust Company, at Corporation Trust Center 1209 Orange Street, Wilmington, Delaware, 19801.

JURISDICTION AND VENUE

5. Uniloc brings this action for patent infringement under the patent laws of the United States, namely 35 U.S.C. §§ 271, 281, and 284-285, among others. This Court has subject matter jurisdiction pursuant to 28 U.S.C. §§ 1331, 1338(a), and 1367.

6. Venue is proper in this judicial district pursuant to 28 U.S.C. §§ 1391(c) and 1400(b). On information and belief, Defendant is deemed to reside in this judicial district, has committed acts of infringement in this judicial district, has purposely transacted business involving its accused products in this judicial district and/or, has regular and established places of business in this judicial district.

7. Defendant is subject to this Court's personal jurisdiction pursuant to due process and/or the Texas Long Arm Statute, due at least to its substantial business in this State and judicial district, including: (A) at least part of its infringing activities alleged herein; and (B) regularly

doing or soliciting business, engaging in other persistent conduct, and/or deriving substantial revenue from goods sold and services provided to Texas residents.

PATENTS-IN-SUIT

8. Uniloc Luxembourg is the owner, by assignment, of the '526 patent, entitled "METHOD AND SYSTEM FOR FLEXIBLY ORGANIZING, RECORDING, AND DISPLAYING MEDICAL PATIENT CARE INFORMATION USING FIELDS IN FLOWSHEET." A true and correct copy of the '526 patent is attached as Exhibit A.

9. Uniloc USA is the exclusive licensee of the '526 patent with ownership of all substantial rights in the '526 patent, including the right to grant sublicenses, exclude others and to enforce, sue and recover damages for past and future infringements.

10. Uniloc Luxembourg is the owner, by assignment, of the '451 patent, entitled "METHOD AND SYSTEM FOR CONSTRUCTING FORUMLAE FOR PROCESSING MEDICAL DATA." A true and correct copy of the '451 patent is attached as Exhibit B.

11. Uniloc USA is the exclusive licensee of the '451 patent with ownership of all substantial rights in the '451 patent, including the right to grant sublicenses, exclude others and to enforce, sue and recover damages for past and future infringements.

12. The '526 Patent spent over two years being examined at the United States Patent and Trademark Office. During examination of the '526 Patent, trained United States Patent Examiners considered at least twenty-four (24) references before determining that the inventions claimed in the '526 Patent deserved patent protection. Such references include, for example, various references from Emtek Health Care Systems, Inc., Motorola, Inc., Spacelabs Medical, Inc., and Hewlett-Packard Company.

13. Each claim of the ‘526 Patent is directed to a “process” as defined in 35 U.S.C. § 100.

14. The ‘451 Patent spent nearly three years being examined at the United States Patent and Trademark Office. During examination of the ‘451 Patent, trained United States Patent Examiners considered at least twenty-three (23) references before determining that the inventions claimed in the ‘451 Patent deserved patent protection. Such references include, for example, various references from Emtek Health Care Systems, Inc., Motorola, Inc., Spacelabs Medical, Inc., and Hewlett-Packard Company.

15. Over 20 years ago (when the applications that issued as the ‘526 and ‘451 Patents was filed), the general-purpose databases and rigid patient information databases then available took a one-size-fits-all approach, one that failed to address the technical and often dynamic needs of particular medical practices. (*See, e.g.*, ‘526 Patent, col. 1, lines 39-58). Certain systems were encumbered with features and data structures that particular practices never used. Other systems omitted features and data structures necessary for other medical practices. None of the electronic medical/health record systems available at that time (including those cited during prosecution) enabled users—regardless of their programming experience—to flexibly design a *patient information hierarchy* according to the present needs of a particular medical practice, let alone in the particular manner set forth in claims of the ‘526 and ‘451 Patents.

16. The ‘526 and ‘451 Patents claim technical solutions to problems unique to electronic medical/health records and computer networks involving the same, including the non-limiting example problems described above.

17. Further, the ‘526 and ‘451 Patent claims improve upon the functioning of computer systems. For example, certain (if not all) claims teach a much improved user-interface that, among

other features, enables virtually any user, regardless of his or her programming experience, to flexible design a patient information hierarchy according to the specific and often dynamically changing needs of a particular practice.

18. At least certain (if not all) claims of the '526 and '451 Patents require special-purpose software.

19. The '526 and '451 Patents are directed to computer-implemented technologies that have no pen-and-paper analog. As a non-limiting example, there is no pen-and-paper analog to the automatic and conditional display of a linked-to parameter in conjunction with the display of a new parameter having the linked-from possible result value. That is, if someone writes a particular dosage on a piece of paper, there is no way for the paper to automatically display an alert indicating that the dosage is too high, or that the medication interacts with other medication, or that the patient may have an allergic reaction to a particular medication.

20. The '526 and '451 Patent claims are not directed to a "method of organizing human activity," "fundamental economic practice long prevalent in our system of commerce," or "a building block of the modern economy." Further, the claims are not directed to a longstanding or fundamental economic practice at the time of patented inventions. Nor do they involve a method of doing business that happens to be implemented on a computer. Nor were they fundamental principles in ubiquitous use on the Internet or computers in general.

21. Instead, as explained above, the '526 and '451 Patent claims are directed toward solutions rooted in computer technology and use technology unique to computers and computer networking to overcome a problem specifically arising in the realm of electronic medical records.

22. The '526 and '451 Patents both issued after *Bilski v. Kappos*, 561 U.S. 593 (2010), and *Mayo Collaborative Servs'. v. Prometheus Labs., Inc.*, 132 S. Ct. 1289 (2012). And although

the examinations predated *Alice Corp. v. CLS Bank Int'l*, 134 S. Ct. 2347 (2014), that case applied the *Mayo* framework and stated that its holding "follows from our prior cases, and *Bilski* in particular …."

23. Because the claims of the '526 and '451 Patents are directed to improving the functioning of such computers and computer networks, they cannot be considered abstract ideas. *Enfish, LLC v. Microsoft Corp.*, 2015-1244, 2016 WL 2756255, at *8 (Fed. Cir. May 12, 2016).

24. Indeed, the Federal Circuit in *Enfish* reaffirmed that software is a "large field of technological progress" which patents can protect:

> Much of the advancement made in computer technology consists of improvements to software that, by their very nature, may not be defined by particular physical features but rather by logical structures and processes. We do not see in *Bilski* or *Alice*, or our cases, an exclusion to patenting this large field of technological progress.

Id.

25. The patents-in-suit do not claim, or attempt to preempt, the performance of an abstract business practice on the Internet or using a conventional computer.

26. The patents-in-suit do not claim a pre-existing but undiscovered algorithm.

27. Although the systems and methods taught in the '526 and '451 Patents have been adopted by leading businesses today, at the time of invention, the claimed inventions were innovative and novel, as evidenced, for example, by the breadth and volume of the references considered during prosecution.

28. The '526 Patent has been referenced by more than one hundred (100) other patent applications. The '451 Patent has been referenced by more than two hundred forty (240) other patent applications. Such patent applications citing the patents-in-suit include patents applications by General Electric Company; Siemens Medical Solutions USA, Inc.; Baxter International, Inc.;

OptumInsight, Inc.; NASA; The United States Army; International Business Machines (IBM); Microsoft Corporation; Koninkl Philips Electronics Nv; GE Medical Systems Global Technology Company; St. Louis University; Washington University; and The University Of Texas System

COUNT I
(INFRINGEMENT OF '526 PATENT)

29. Uniloc incorporates the preceding paragraphs herein by reference.

30. The '526 patent is valid, enforceable and was duly issued in full compliance with Title 35 of the United States Code.

31. On information and belief, to the extent any marking was required by 35 U.S.C. § 287, Uniloc and all predecessors in interest to the '526 patent complied with any such requirements.

32. Defendant directly or through intermediaries has infringed (literally and/or under the doctrine of equivalents) one or more claims of the '526 patent in this judicial district and elsewhere in Texas, including at least Claims 2-7, 10-19, and 25 without Uniloc's consent or authorization. Defendant's infringing products include, as a non-limiting examples, the products listed in Exhibit C, which have received federal certification by the Office of the National Coordinator (ONC) as being either modular or complete Electronic Health Record ("EHR") products (hereinafter "Infringing Products").

33. Defendant's Infringing Products enabled users, including Defendant itself, to flexibly modify the operation of the Infringing Products.

34. Defendant's Infringing Products enabled users, including Defendant itself, to create and modify clinical decision support rules.

35. Defendant's Infringing Products enabled users, including Defendant itself, to create and modify linkages amongst parameters within the Infringing Products corresponding to patients, procedures, tests, medications, and diagnoses.

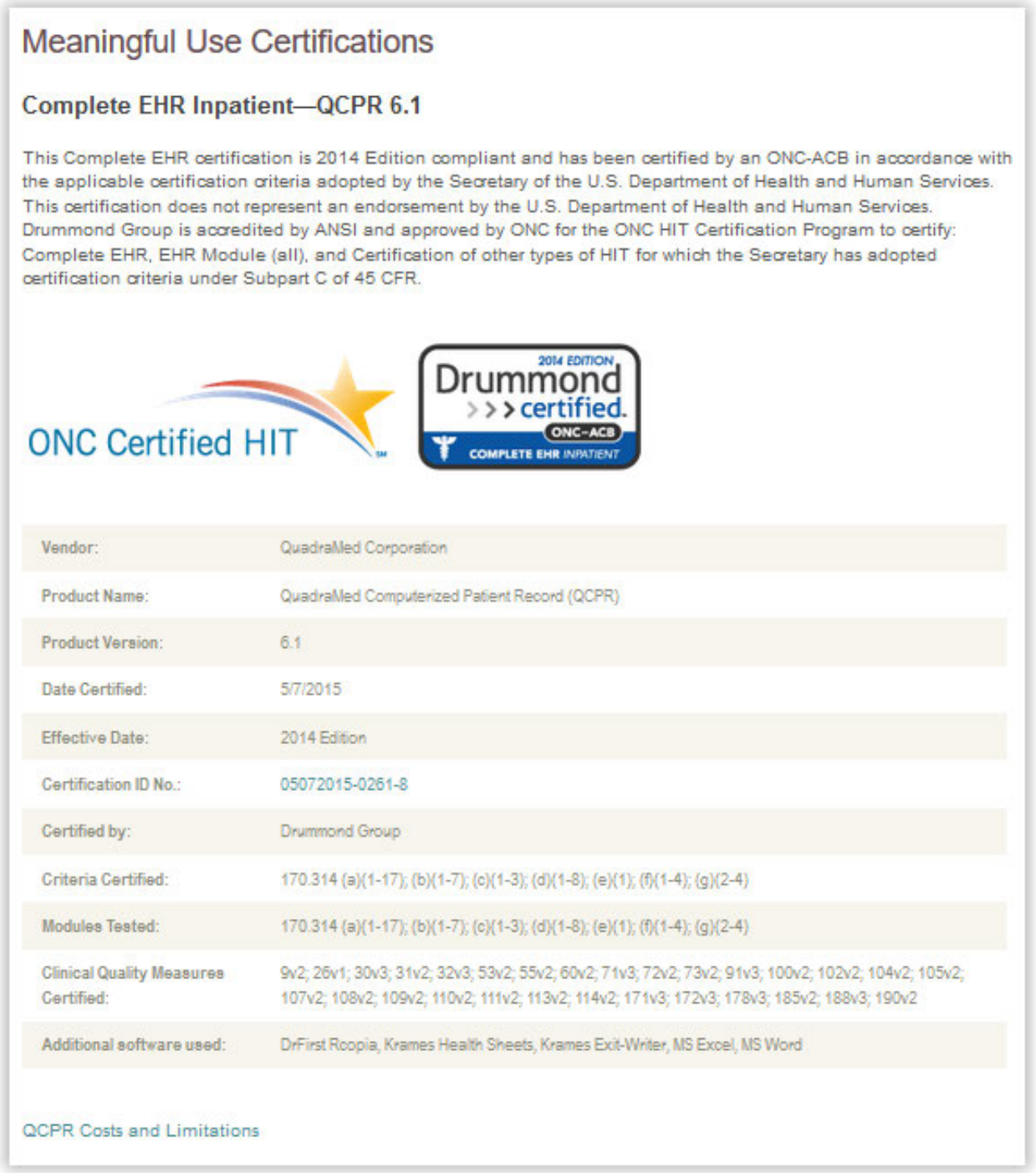
36. Defendant's Infringing Products implemented automated, electronic clinical decision support rules based on the data elements included in: problem list; medication list; demographics; and laboratory test results.

37. Defendant's Infringing Products automatically and electronically generated and indicated in real-time, notifications and care suggestions based upon clinical decision support rules.

38. Defendant's Infringing Products enabled a limited set of identified users to select or activate one or more electronic clinical decision support interventions based on each one and at least one combination of the following data: problem list, medication list, medication allergy list, demographics, laboratory test and values/results, and vital signs.

39. Defendant's Infringing Products enabled electronic clinical decision support interventions to be configured by a limited set of identified users (e.g., system administrator) based on a user's role.

40. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:



Meaningful Use Certifications

Complete EHR Inpatient—QCPR 6.1

This Complete EHR certification is 2014 Edition compliant and has been certified by an ONC-ACB in accordance with the applicable certification criteria adopted by the Secretary of the U.S. Department of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services. Drummond Group is accredited by ANSI and approved by ONC for the ONC HIT Certification Program to certify: Complete EHR, EHR Module (all), and Certification of other types of HIT for which the Secretary has adopted certification criteria under Subpart C of 45 CFR.

ONC Certified HIT

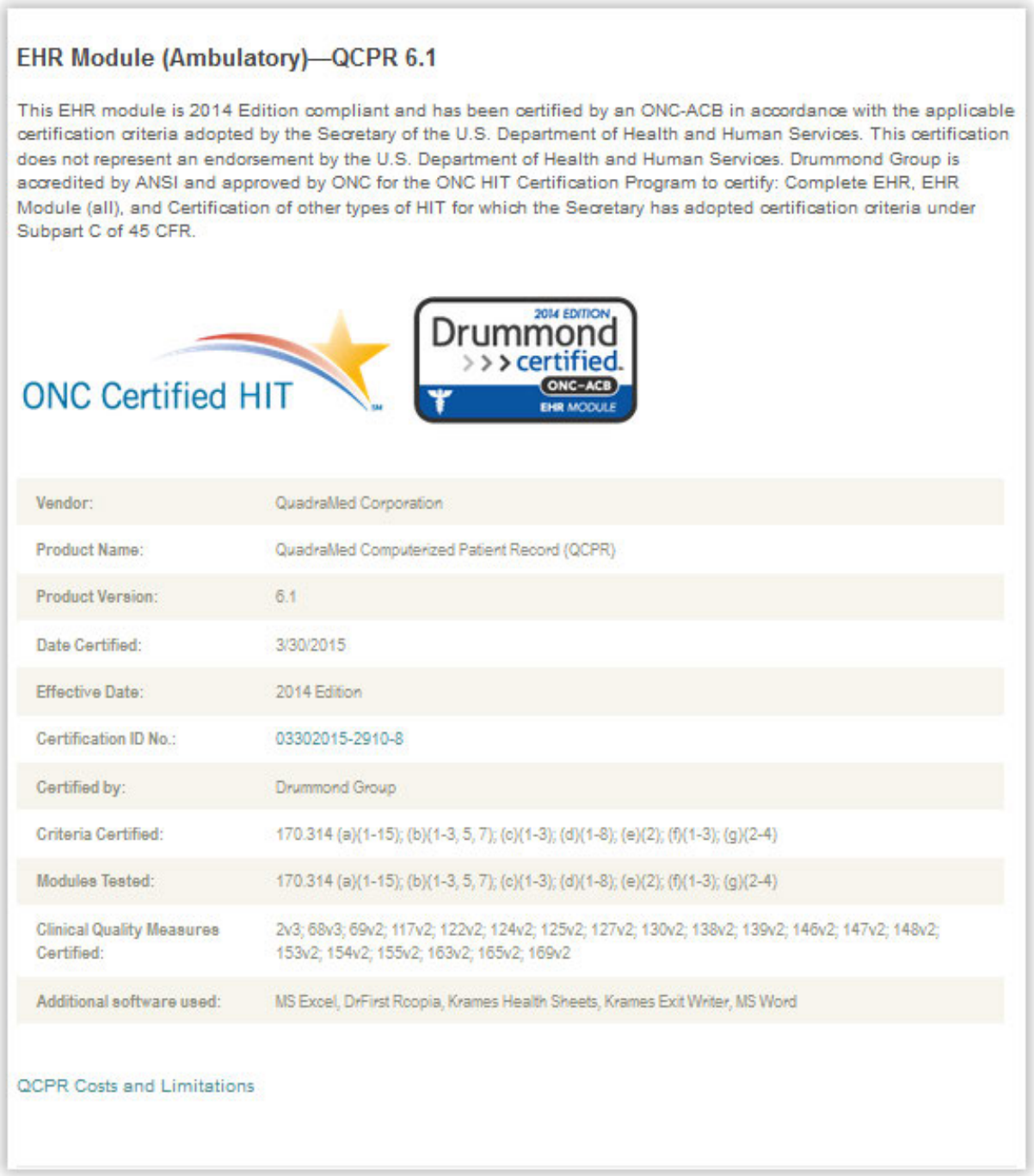
2014 EDITION Drummond certified. ONC-ACB COMPLETE EHR INPATIENT

Vendor:	QuadraMed Corporation
Product Name:	QuadraMed Computerized Patient Record (QCPR)
Product Version:	6.1
Date Certified:	5/7/2015
Effective Date:	2014 Edition
Certification ID No.:	05072015-0261-8
Certified by:	Drummond Group
Criteria Certified:	170.314 (a)(1-17); (b)(1-7); (c)(1-3); (d)(1-8); (e)(1); (f)(1-4); (g)(2-4)
Modules Tested:	170.314 (a)(1-17); (b)(1-7); (c)(1-3); (d)(1-8); (e)(1); (f)(1-4); (g)(2-4)
Clinical Quality Measures Certified:	9v2; 26v1; 30v3; 31v2; 32v3; 53v2; 55v2; 60v2; 71v3; 72v2; 73v2; 91v3; 100v2; 102v2; 104v2; 105v2; 107v2; 108v2; 109v2; 110v2; 111v2; 113v2; 114v2; 171v3; 172v3; 178v3; 185v2; 188v3; 190v2
Additional software used:	DrFirst Rcopia, Krames Health Sheets, Krames Exit-Writer, MS Excel, MS Word

QCPR Costs and Limitations

Available at: http://www.quadramed.com/en/solutions_services/clinical_solutions/certifications/united_states/.

41. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:



EHR Module (Ambulatory)—QCPR 6.1

This EHR module is 2014 Edition compliant and has been certified by an ONC-ACB in accordance with the applicable certification criteria adopted by the Secretary of the U.S. Department of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services. Drummond Group is accredited by ANSI and approved by ONC for the ONC HIT Certification Program to certify: Complete EHR, EHR Module (all), and Certification of other types of HIT for which the Secretary has adopted certification criteria under Subpart C of 45 CFR.

ONC Certified HIT

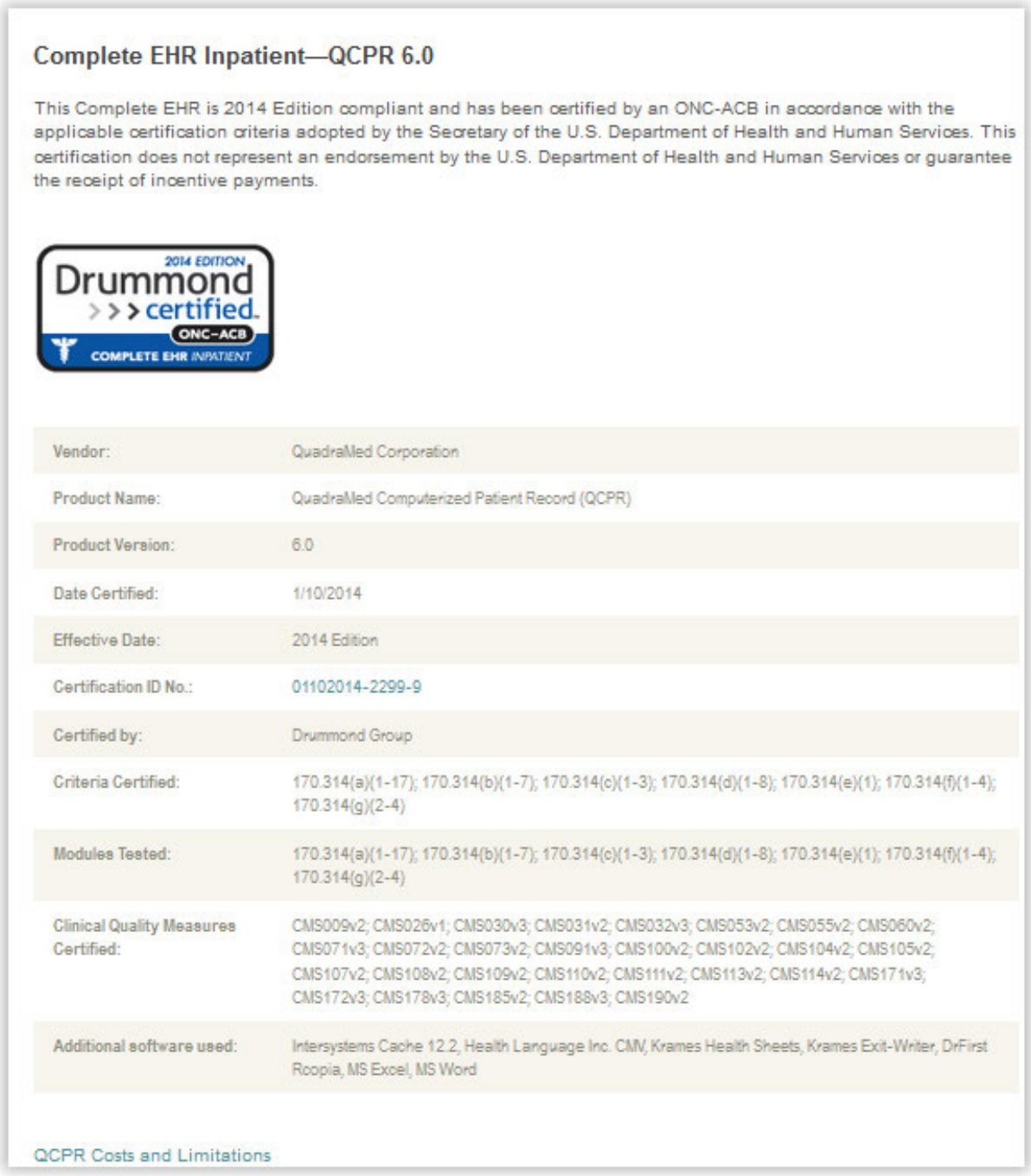
2014 EDITION Drummond certified. ONC-ACB EHR MODULE

Vendor:	QuadraMed Corporation
Product Name:	QuadraMed Computerized Patient Record (QCPR)
Product Version:	6.1
Date Certified:	3/30/2015
Effective Date:	2014 Edition
Certification ID No.:	03302015-2910-8
Certified by:	Drummond Group
Criteria Certified:	170.314 (a)(1-15); (b)(1-3, 5, 7); (c)(1-3); (d)(1-8); (e)(2); (f)(1-3); (g)(2-4)
Modules Tested:	170.314 (a)(1-15); (b)(1-3, 5, 7); (c)(1-3); (d)(1-8); (e)(2); (f)(1-3); (g)(2-4)
Clinical Quality Measures Certified:	2v3; 68v3; 69v2; 117v2; 122v2; 124v2; 125v2; 127v2; 130v2; 138v2; 139v2; 146v2; 147v2; 148v2; 153v2; 154v2; 155v2; 163v2; 165v2; 169v2
Additional software used:	MS Excel, DrFirst Rcopia, Krames Health Sheets, Krames Exit Writer, MS Word

QCPR Costs and Limitations

Available at: http://www.quadramed.com/en/solutions_services/clinical_solutions/certifications/united_states/.

42. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:



Complete EHR Inpatient—QCPR 6.0

This Complete EHR is 2014 Edition compliant and has been certified by an ONC-ACB in accordance with the applicable certification criteria adopted by the Secretary of the U.S. Department of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments.

2014 EDITION Drummond certified ONC-ACB COMPLETE EHR INPATIENT

Vendor:	QuadraMed Corporation
Product Name:	QuadraMed Computerized Patient Record (QCPR)
Product Version:	6.0
Date Certified:	1/10/2014
Effective Date:	2014 Edition
Certification ID No.:	01102014-2299-9
Certified by:	Drummond Group
Criteria Certified:	170.314(a)(1-17); 170.314(b)(1-7); 170.314(c)(1-3); 170.314(d)(1-8); 170.314(e)(1); 170.314(f)(1-4); 170.314(g)(2-4)
Modules Tested:	170.314(a)(1-17); 170.314(b)(1-7); 170.314(c)(1-3); 170.314(d)(1-8); 170.314(e)(1); 170.314(f)(1-4); 170.314(g)(2-4)
Clinical Quality Measures Certified:	CMS009v2; CMS026v1; CMS030v3; CMS031v2; CMS032v3; CMS053v2; CMS055v2; CMS060v2; CMS071v3; CMS072v2; CMS073v2; CMS091v3; CMS100v2; CMS102v2; CMS104v2; CMS105v2; CMS107v2; CMS108v2; CMS109v2; CMS110v2; CMS111v2; CMS113v2; CMS114v2; CMS171v3; CMS172v3; CMS178v3; CMS185v2; CMS188v3; CMS190v2
Additional software used:	Intersystems Cache 12.2, Health Language Inc. CMV, Krames Health Sheets, Krames Exit-Writer, DrFirst Rcopia, MS Excel, MS Word

QCPR Costs and Limitations

Available at: http://www.quadramed.com/en/solutions_services/clinical_solutions/certifications/united_states/.

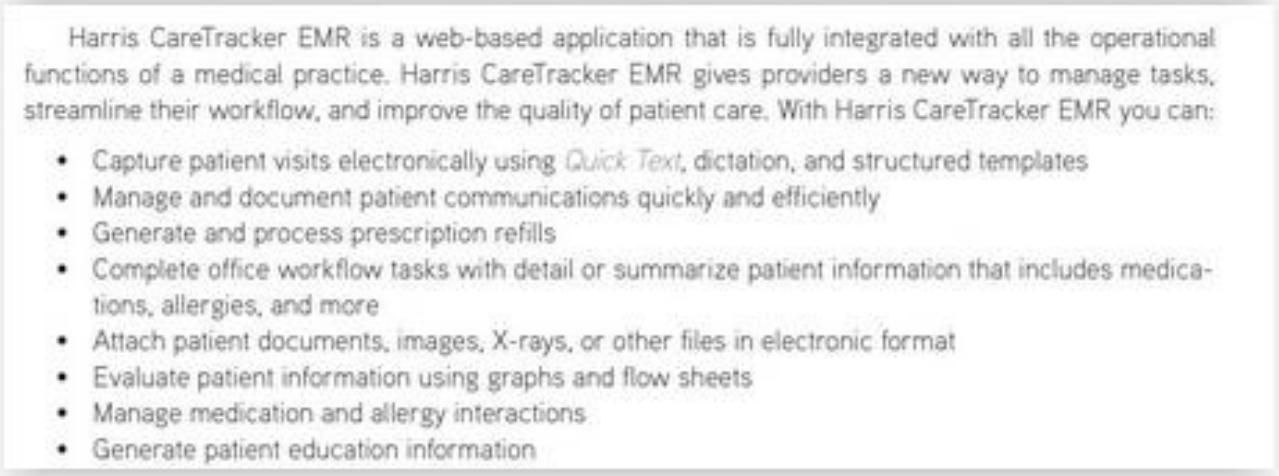
43. A book entitled The Paperless Medical Office: Using Harris Care Tracker by Virginia Ferrari and Michelle Heller (ISBN-10: 1133278957)(hereinafter "The Paperless Medical Office") ware released on April 29, 2014.

44. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:

Figure 1-1 Harris CareTracker is CCHIT and ONC-ATCNB Certified.

The Paperless Medical Office: Using Harris Care Tracker, p. 3.

45. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:

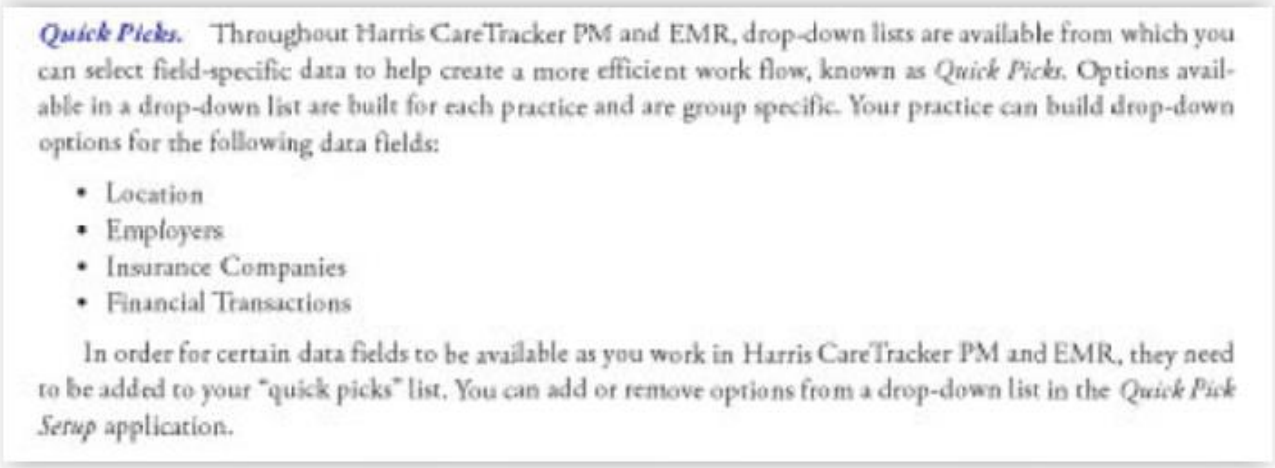


Harris CareTracker EMR is a web-based application that is fully integrated with all the operational functions of a medical practice. Harris CareTracker EMR gives providers a new way to manage tasks, streamline their workflow, and improve the quality of patient care. With Harris CareTracker EMR you can:

- Capture patient visits electronically using *Quick Text*, dictation, and structured templates
- Manage and document patient communications quickly and efficiently
- Generate and process prescription refills
- Complete office workflow tasks with detail or summarize patient information that includes medications, allergies, and more
- Attach patient documents, images, X-rays, or other files in electronic format
- Evaluate patient information using graphs and flow sheets
- Manage medication and allergy interactions
- Generate patient education information

The Paperless Medical Office: Using Harris Care Tracker, p. 3.

46. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:



Quick Picks. Throughout Harris CareTracker PM and EMR, drop-down lists are available from which you can select field-specific data to help create a more efficient work flow, known as *Quick Picks*. Options available in a drop-down list are built for each practice and are group specific. Your practice can build drop-down options for the following data fields:

- Location
- Employers
- Insurance Companies
- Financial Transactions

In order for certain data fields to be available as you work in Harris CareTracker PM and EMR, they need to be added to your "quick picks" list. You can add or remove options from a drop-down list in the *Quick Pick Setup* application.

The Paperless Medical Office: Using Harris Care Tracker, p. 90.

47. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:

Viewing Flow Sheets

Learning Objective 8: View and create FlowSheets within Harris CareTracker EMR.

The *Flowsheet* application provides electronic management of clinical data entry and review of patient progress over time using different flowsheet templates. A **flowsheet template** is a profile with selected items. Data in a patient medical record can be pulled into a flow sheet, eliminating the need for double entry. It accommodates multidisciplinary documentation requirements and is linked to *Progress Notes*, *Vital Signs*, and the *Results* applications. The application displays patient information that includes lab results, medications, vitals, and other medical data in a table or graph view.

The table view includes two formats: vertical grid (Figure 6-39) and horizontal grid. In a vertical grid, the columns represent vitals taken, and rows represent an interval of time. The horizontal grid represents the data in the reverse layout. The different formats enable you to analyze data over time from a variety of viewpoints on a single display screen.

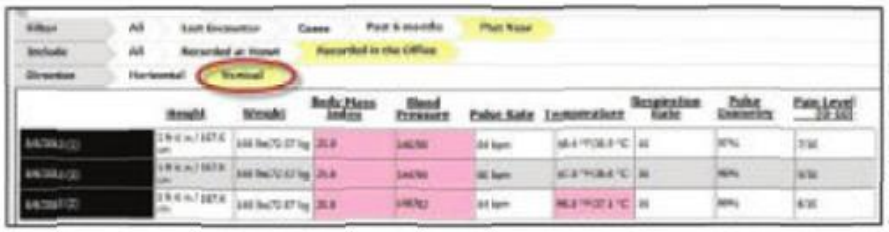
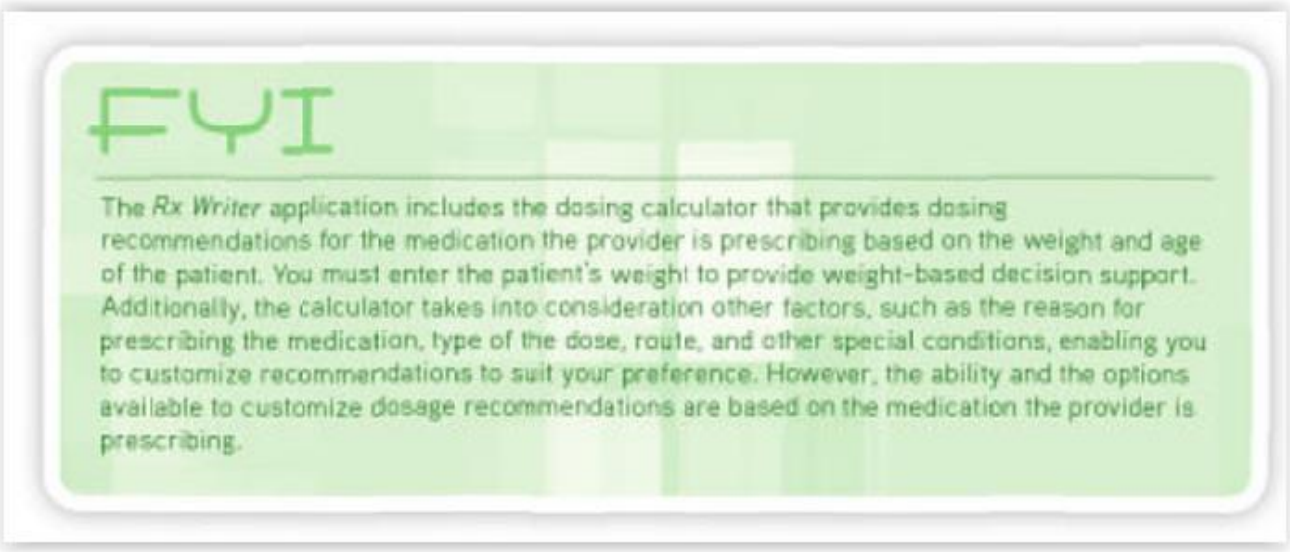


Figure 6-39 Vital Signs Vertical Grid

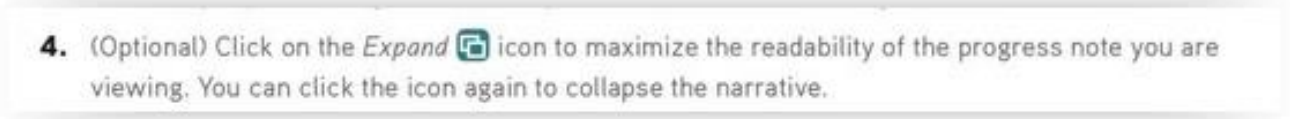
The Paperless Medical Office: Using Harris Care Tracker, p. 300

48. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:



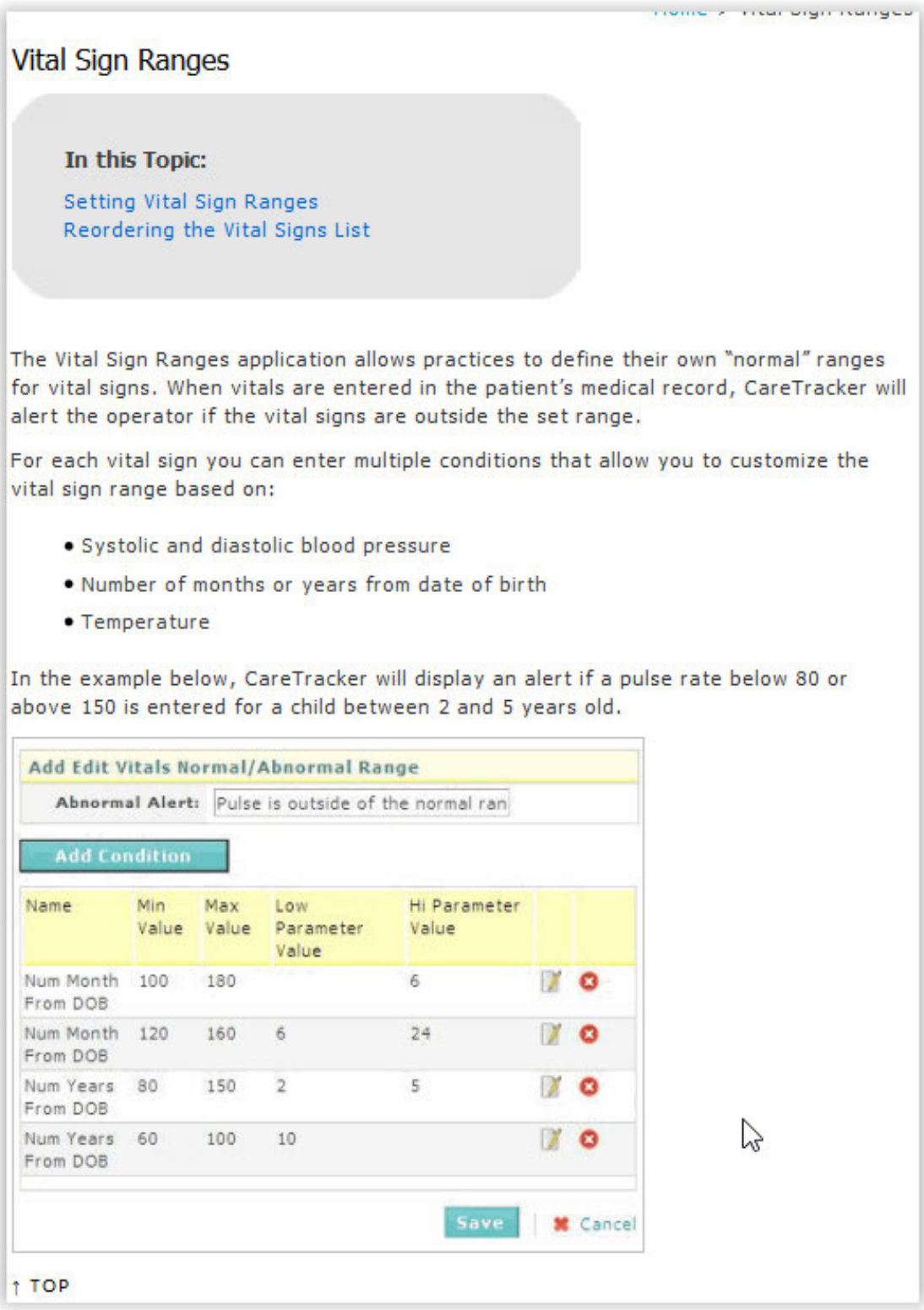
The Paperless Medical Office: Using Harris Care Tracker, p. 340.

49. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:



The Paperless Medical Office: Using Harris Care Tracker, p. 415.

50. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:



Vital Sign Ranges

In this Topic:

Setting Vital Sign Ranges
Reordering the Vital Signs List

The Vital Sign Ranges application allows practices to define their own "normal" ranges for vital signs. When vitals are entered in the patient's medical record, CareTracker will alert the operator if the vital signs are outside the set range.

For each vital sign you can enter multiple conditions that allow you to customize the vital sign range based on:

- Systolic and diastolic blood pressure
- Number of months or years from date of birth
- Temperature

In the example below, CareTracker will display an alert if a pulse rate below 80 or above 150 is entered for a child between 2 and 5 years old.

Add Edit Vitals Normal/Abnormal Range

Abnormal Alert: Pulse is outside of the normal ran

Add Condition

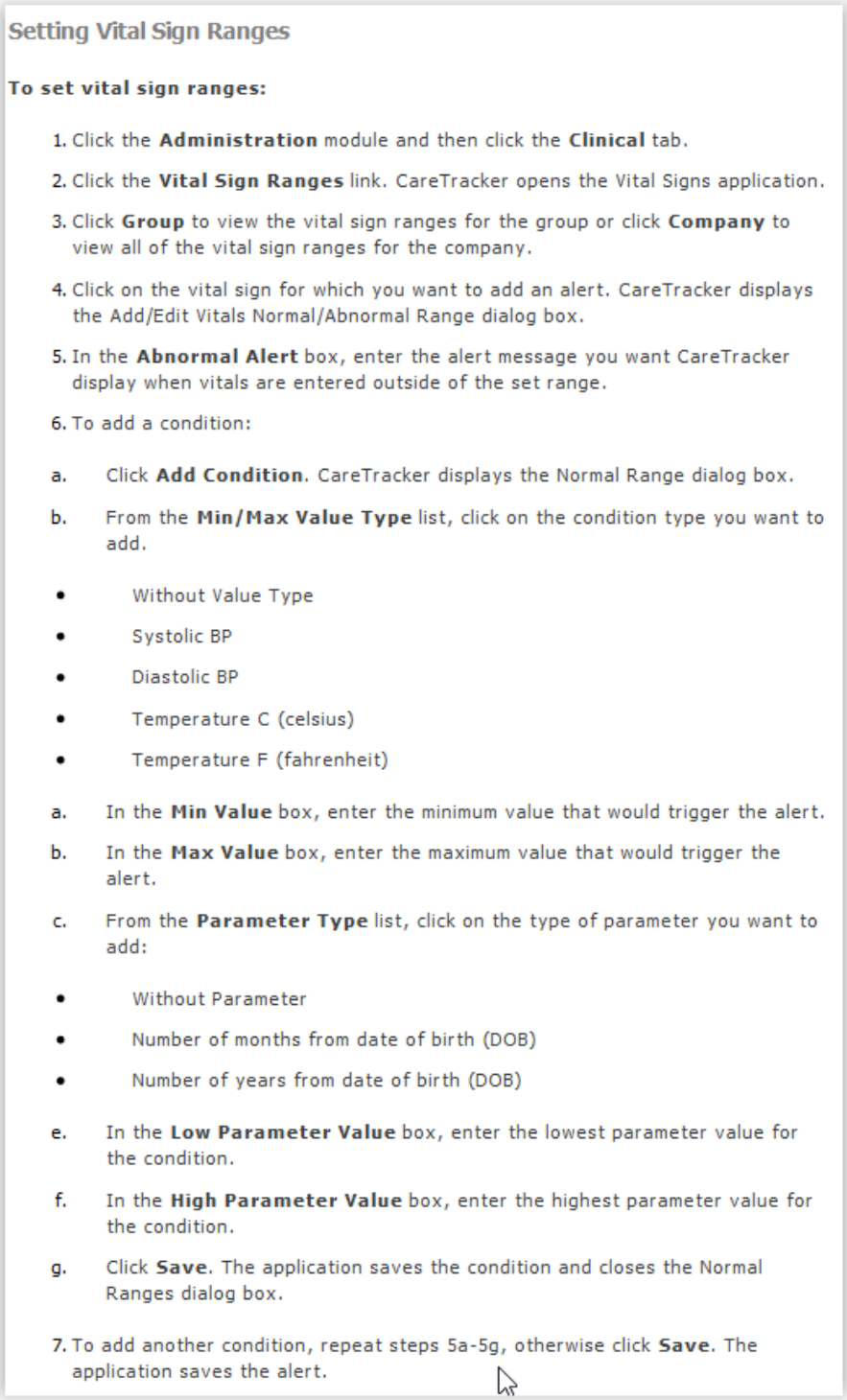
Name	Min Value	Max Value	Low Parameter Value	Hi Parameter Value		
Num Month From DOB	100	180		6		
Num Month From DOB	120	160	6	24		
Num Years From DOB	80	150	2	5		
Num Years From DOB	60	100	10			

Save | Cancel

↑ TOP

Available at: https://www.caretracker.com/help/whnjs.htm.

51. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:



Setting Vital Sign Ranges

To set vital sign ranges:

1. Click the **Administration** module and then click the **Clinical** tab.
2. Click the **Vital Sign Ranges** link. CareTracker opens the Vital Signs application.
3. Click **Group** to view the vital sign ranges for the group or click **Company** to view all of the vital sign ranges for the company.
4. Click on the vital sign for which you want to add an alert. CareTracker displays the Add/Edit Vitals Normal/Abnormal Range dialog box.
5. In the **Abnormal Alert** box, enter the alert message you want CareTracker display when vitals are entered outside of the set range.
6. To add a condition:

a. Click **Add Condition**. CareTracker displays the Normal Range dialog box.

b. From the **Min/Max Value Type** list, click on the condition type you want to add.

- Without Value Type
- Systolic BP
- Diastolic BP
- Temperature C (celsius)
- Temperature F (fahrenheit)

a. In the **Min Value** box, enter the minimum value that would trigger the alert.

b. In the **Max Value** box, enter the maximum value that would trigger the alert.

c. From the **Parameter Type** list, click on the type of parameter you want to add:

- Without Parameter
- Number of months from date of birth (DOB)
- Number of years from date of birth (DOB)

e. In the **Low Parameter Value** box, enter the lowest parameter value for the condition.

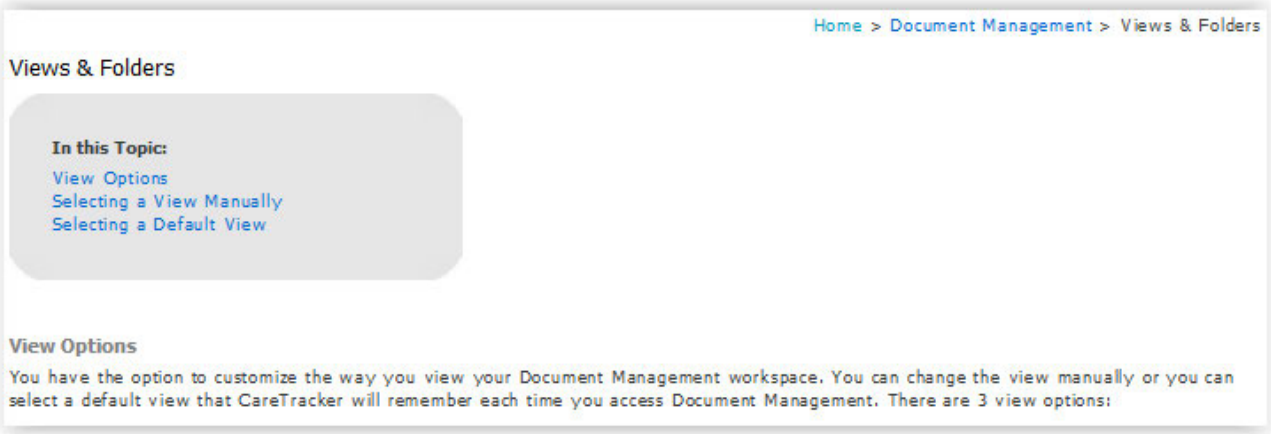
f. In the **High Parameter Value** box, enter the highest parameter value for the condition.

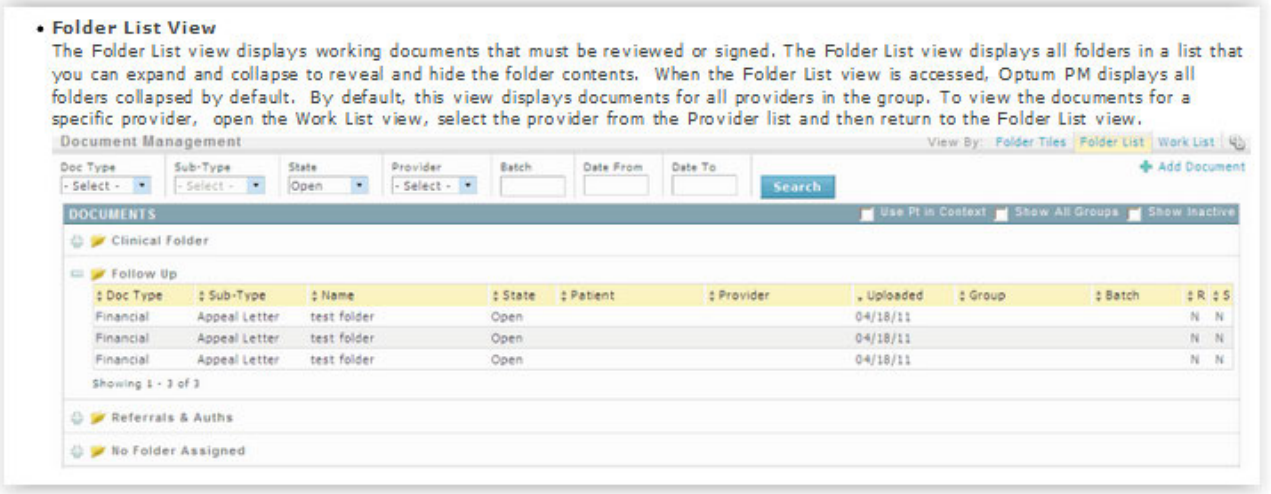
g. Click **Save**. The application saves the condition and closes the Normal Ranges dialog box.

7. To add another condition, repeat steps 5a-5g, otherwise click **Save**. The application saves the alert.

Available at: https://www.caretracker.com/help/whnjs.htm.

52. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:



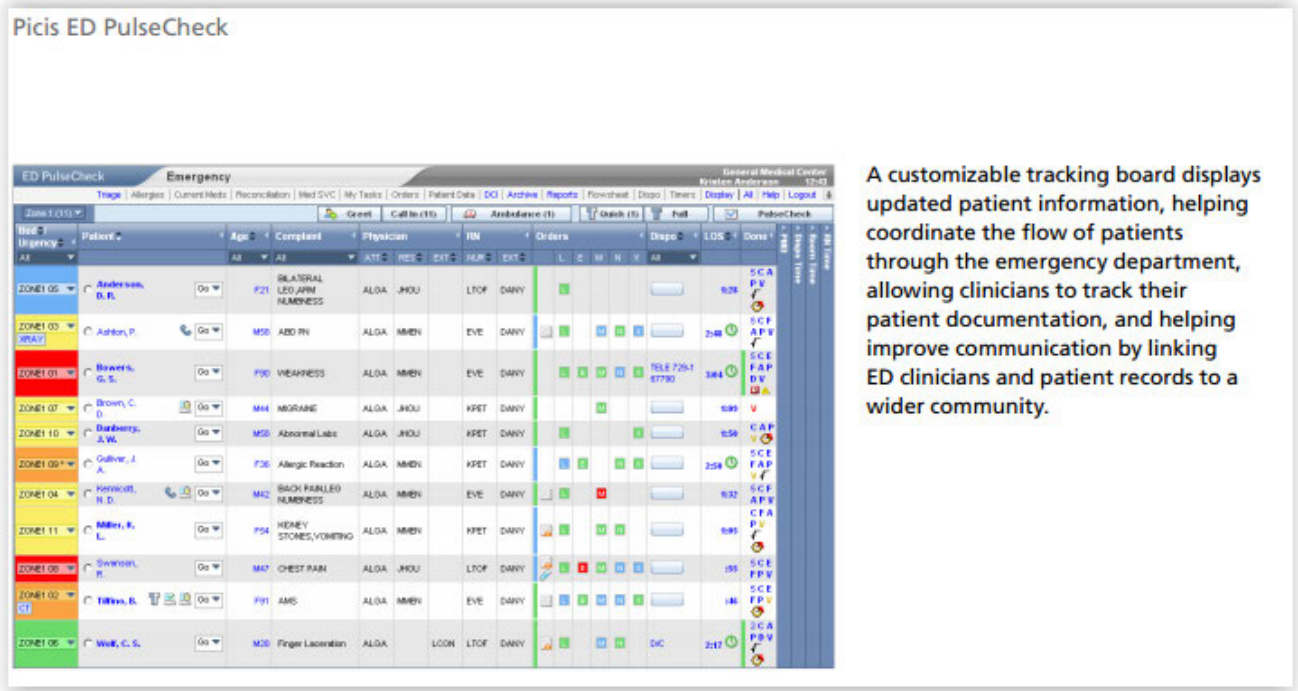


CareTracker Help Files, available at https://www.caretracker.com/help/whnjs.htm (Home > Document Management > Views & Folders; Home > Medical Records > Documents > Viewing Documents).

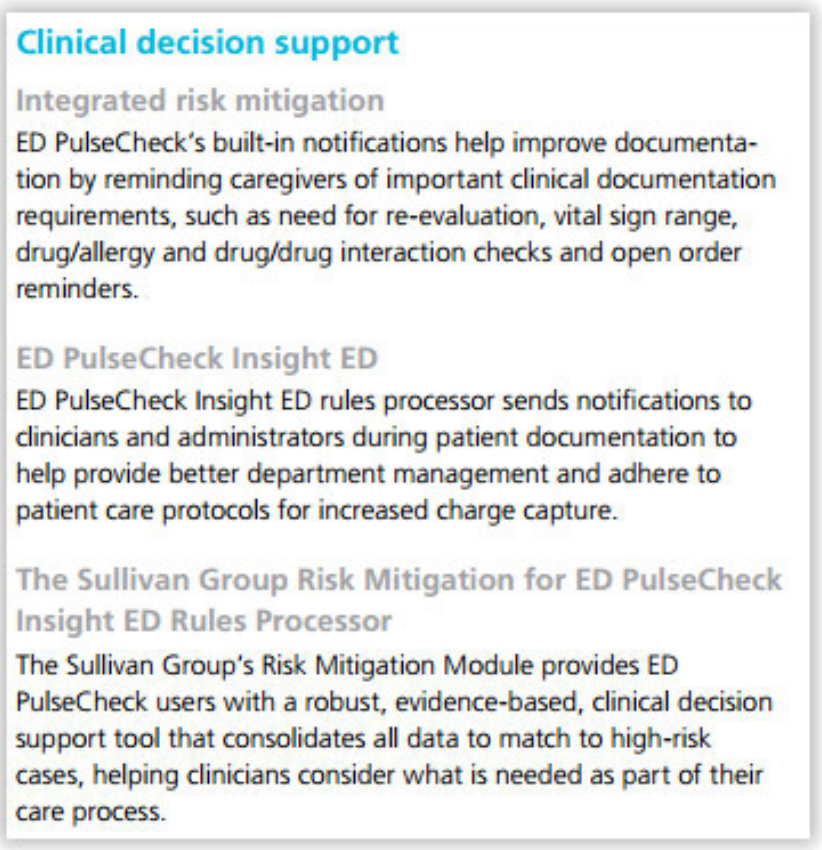
53. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:

Available at: http://www.picis.com/about.html.

54. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:



55. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:



Clinical decision support

Integrated risk mitigation

ED PulseCheck's built-in notifications help improve documentation by reminding caregivers of important clinical documentation requirements, such as need for re-evaluation, vital sign range, drug/allergy and drug/drug interaction checks and open order reminders.

ED PulseCheck Insight ED

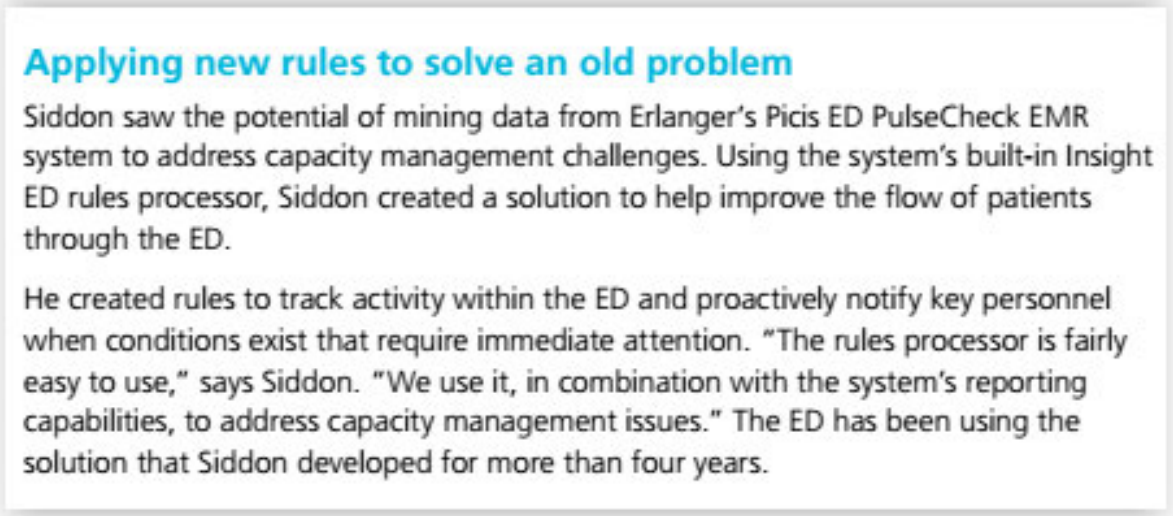
ED PulseCheck Insight ED rules processor sends notifications to clinicians and administrators during patient documentation to help provide better department management and adhere to patient care protocols for increased charge capture.

The Sullivan Group Risk Mitigation for ED PulseCheck Insight ED Rules Processor

The Sullivan Group's Risk Mitigation Module provides ED PulseCheck users with a robust, evidence-based, clinical decision support tool that consolidates all data to match to high-risk cases, helping clinicians consider what is needed as part of their care process.

Available at: http://www.picis.com/uploads/6/1/5/6/61562319/product_sheet_ed_pulsecheck.pdf.

56. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:



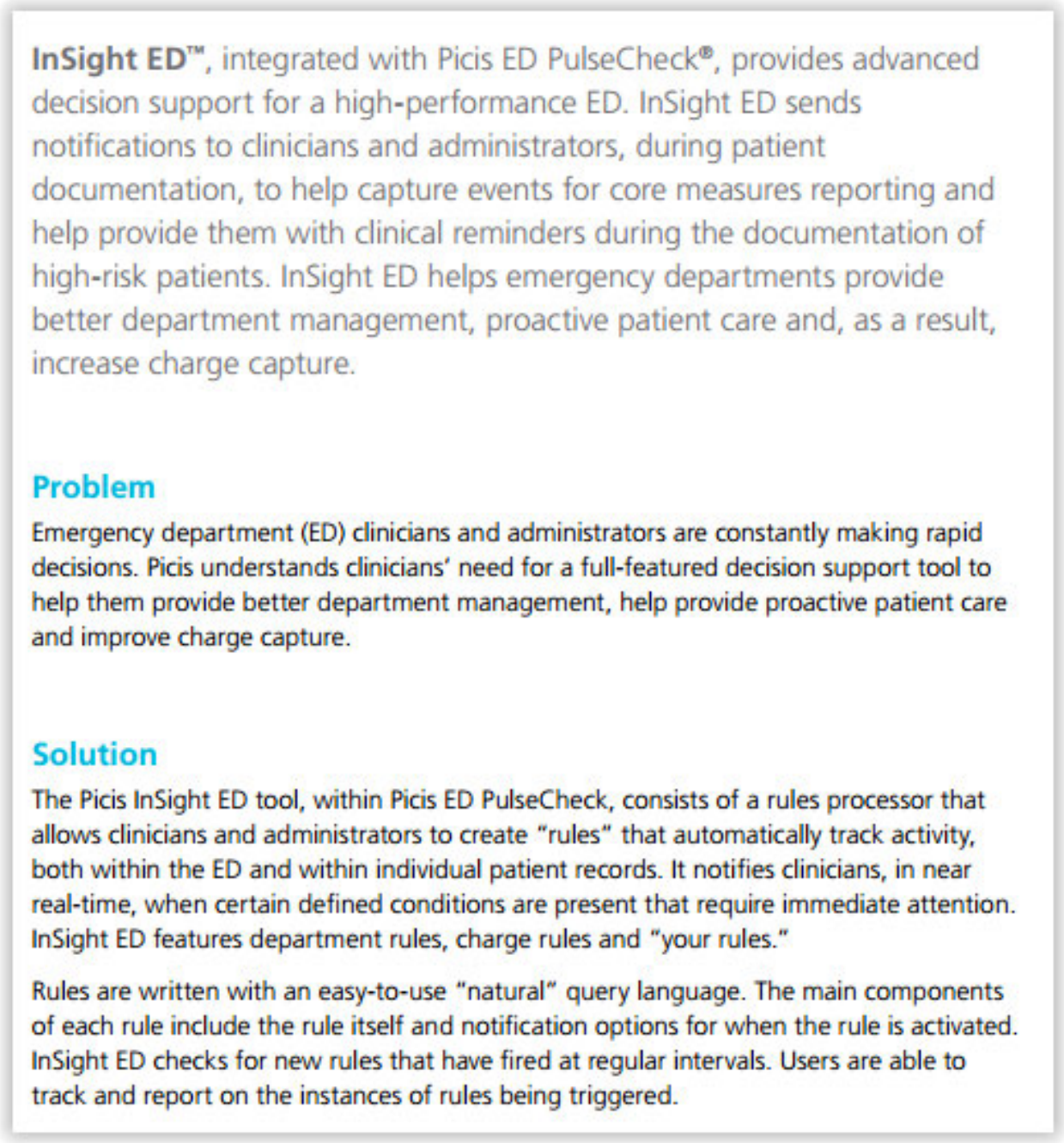
Applying new rules to solve an old problem

Siddon saw the potential of mining data from Erlanger's Picis ED PulseCheck EMR system to address capacity management challenges. Using the system's built-in Insight ED rules processor, Siddon created a solution to help improve the flow of patients through the ED.

He created rules to track activity within the ED and proactively notify key personnel when conditions exist that require immediate attention. "The rules processor is fairly easy to use," says Siddon. "We use it, in combination with the system's reporting capabilities, to address capacity management issues." The ED has been using the solution that Siddon developed for more than four years.

Available at: http://www.picis.com/uploads/6/1/5/6/61562319/optimizing_clinical_performance_in_the_ed_white_paper.pdf.

57. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:



InSight ED™, integrated with Picis ED PulseCheck®, provides advanced decision support for a high-performance ED. InSight ED sends notifications to clinicians and administrators, during patient documentation, to help capture events for core measures reporting and help provide them with clinical reminders during the documentation of high-risk patients. InSight ED helps emergency departments provide better department management, proactive patient care and, as a result, increase charge capture.

Problem

Emergency department (ED) clinicians and administrators are constantly making rapid decisions. Picis understands clinicians' need for a full-featured decision support tool to help them provide better department management, help provide proactive patient care and improve charge capture.

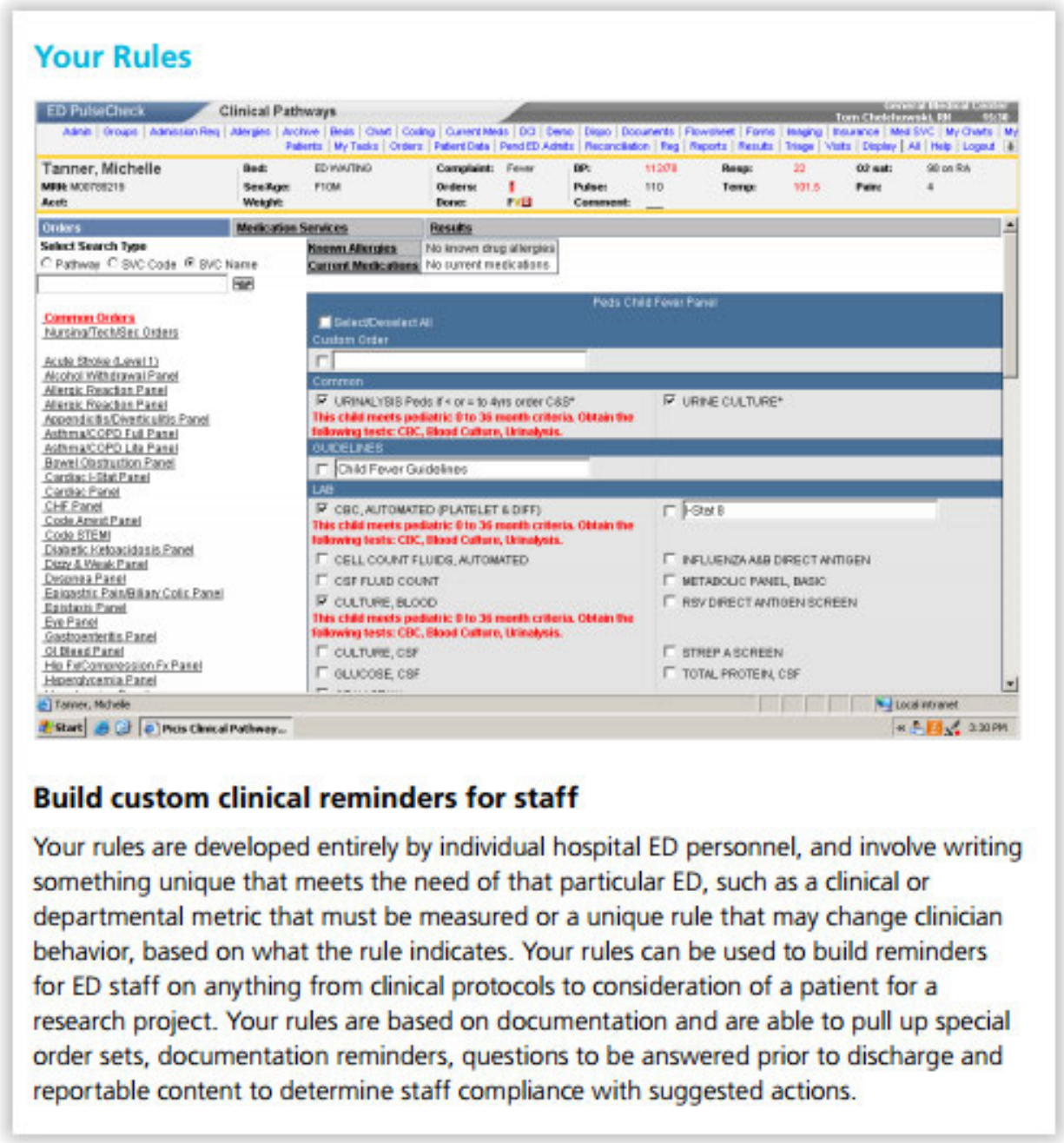
Solution

The Picis InSight ED tool, within Picis ED PulseCheck, consists of a rules processor that allows clinicians and administrators to create "rules" that automatically track activity, both within the ED and within individual patient records. It notifies clinicians, in near real-time, when certain defined conditions are present that require immediate attention. InSight ED features department rules, charge rules and "your rules."

Rules are written with an easy-to-use "natural" query language. The main components of each rule include the rule itself and notification options for when the rule is activated. InSight ED checks for new rules that have fired at regular intervals. Users are able to track and report on the instances of rules being triggered.

Available at: http://www.picis.com/uploads/6/1/5/6/61562319/picis_ed_pulsecheck_insight_ed_product_sheet.pdf.

58. Upon information and belief, the following describes, at least in part, certain aspects of a representative sample of Defendant's Infringing Products:



Available at: http://www.picis.com/uploads/6/1/5/6/61562319/picis_ed_pulsecheck_insight_ed_product_sheet.pdf.

59. Upon information and belief, the following describes, at least in part, certain aspects of Defendant's Infringing Products:

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ONC HIT Certification Program
Test Results Summary for 2014 Edition EHR Certification

Part 1: Product and Developer Information

1.1 Certified Product Information

Product Name:	Harris CareTracker
Product Version:	8.1
Domain:	Ambulatory
Test Type:	Complete EHR

1.2 Developer/Vendor Information

Developer/Vendor Name:	Harris CareTracker Inc.
Address:	235 Promenade Street, Suite 600 Providence, RI 02908
Website:	www.harriscaretracker.com
Email:	kdibble@caretracker.com
Phone:	(855) 528-4357
Developer/Vendor Contact:	Kristen L Dibble

Part 2: ONC-Authorized Certification Body Information

2.1 ONC-Authorized Certification Body Information

ONC-ACB Name:	InfoGard Laboratories, Inc.
Address:	709 Fiero Lane Suite 25 San Luis Obispo, CA 93401
Website:	www.infogard.com
Email:	ehr@infogard.com
Phone:	(805) 783-0810
ONC-ACB Contact:	Adam Hardcastle

This test results summary is approved for public release by the following ONC-Authorized Certification Body Representative:

Adam Hardcastle	EHR Certification Body Manager
ONC-ACB Authorized Representative	**Function/Title**
1/5/16	
Signature and Date	

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2.2 Gap Certification

The following identifies criterion or criteria certified via gap certification

§170.314			
☐ (a)(1)	☐ (a)(19)	☐ (d)(6)	☐ (h)(1)
☐ (a)(6)	☐ (a)(20)	☐ (d)(8)	☐ (h)(2)
☐ (a)(7)	☐ (b)(5)*	☐ (d)(9)	☐ (h)(3)
☐ (a)(17)	☐ (d)(1)	☐ (f)(1)	
☐ (a)(18)	☐ (d)(5)	☐ (f)(7)**	

*Gap certification allowed for Inpatient setting only

**Gap certification allowed for Ambulatory setting only

☑ No gap certification

2.3 Inherited Certification

The following identifies criterion or criteria certified via inherited certification

§170.314			
☑ (a)(1)	☐ (a)(16) *Inpt. only*	☑ (c)(2)	☑ (f)(2)
☑ (a)(2)	☐ (a)(17) *Inpt. only*	☑ (c)(3)	☑ (f)(3)
☑ (a)(3)	☐ (a)(18)	☑ (d)(1)	☐ (f)(4) *Inpt. only*
☑ (a)(4)	☐ (a)(19)	☑ (d)(2)	☐ (f)(5) *Amb. only*
☑ (a)(5)	☐ (a)(20)	☑ (d)(3)	
☑ (a)(6)	☐ (b)(1)	☑ (d)(4)	☐ (f)(6) *Amb. only*
☑ (a)(7)	☐ (b)(2)	☑ (d)(5)	
☑ (a)(8)	☑ (b)(3)	☑ (d)(6)	☐ (f)(7) *Amb. Only*
☑ (a)(9)	☑ (b)(4)	☑ (d)(7)	☐ (g)(1)
☑ (a)(10)	☑ (b)(5)	☑ (d)(8)	☑ (g)(2)
☑ (a)(11)	☐ (b)(6) *Inpt. only*	☐ (d)(9) *Optional*	☑ (g)(3)
☑ (a)(12)	☑ (b)(7)	☐ (e)(1)	☑ (g)(4)
☑ (a)(13)	☐ (b)(8)	☑ (e)(2) *Amb. only*	☐ (h)(1)
☑ (a)(14)	☐ (b)(9)	☑ (e)(3) *Amb. only*	☐ (h)(2)
☑ (a)(15)	☑ (c)(1)	☑ (f)(1)	☐ (h)(3)

☐ No inherited certification

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Part 3: NVLAP-Accredited Testing Laboratory Information

Report Number: 15-3281-R-0045 V1.2
Test Date(s): December 1-28, 2015

3.1 NVLAP-Accredited Testing Laboratory Information

ATL Name:	InfoGard Laboratories, Inc.
Accreditation Number:	NVLAP Lab Code 100432-0
Address:	709 Fiero Lane Suite 25 San Luis Obispo, CA 93401
Website:	www.infogard.com
Email:	ehr@infogard.com
Phone:	(805) 783-0810
ATL Contact:	Milton Padilla

For more information on scope of accreditation, please reference http://ts.nist.gov/Standards/scopes/1004320.htm

Part 3 of this test results summary is approved for public release by the following Accredited Testing Laboratory Representative:

Mark Shin	EHR Test Body Signatory
ONC-ACB Authorized Representative	**Function/Title**
1/4/16	
Signature and Date	

3.2 Test Information

3.2.1 Additional Software Relied Upon for Certification

Additional Software	Applicable Criteria	Functionality provided by Additional Software
EHR Direct	b(1), b(2), b(4), e(1), e(2)	Direct messaging
Optum Direct	b(1), b(2), b(4), e(1), e(2)	Direct messaging
Krames	a(15)	Patient Education
Medispan	a(2), a(10)	Drug Database
IMO Intelligent Medical Projects	b(1), b(2), e(1), e(2)	SNOMED mapping
Cystal Reports	g(2)	Meaningful Use Reports

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☐ No additional software required

3.2.2 Test Tools

Test Tool	Version
☐ Cypress	
☐ ePrescribing Validation Tool	
☐ HL7 CDA Cancer Registry Reporting Validation Tool	
☐ HL7 v2 Electronic Laboratory Reporting (ELR) Validation Tool	
☐ HL7 v2 Immunization Information System (IIS) Reporting Valdiation Tool	
☐ HL7 v2 Laboratory Restults Intervace (LRI) Validation Tool	
☐ HL7 v2 Syndromic Surveillance Reporting Validation Tool	
☑ Transport Testing Tool	
☑ Direct Certificate Discovery Tool	
☐ Edge Testing Tool	

☐ No test tools required

3.2.3 Test Data

☐ Alteration (customization) to the test data was necessary and is described in Appendix [*insert appendix letter*]

☑ No alteration (customization) to the test data was necessary

3.2.4 Standards

3.2.4.1 Multiple Standards Permitted

The following identifies the standard(s) that has been successfully tested where more than one standard is permitted

Criterion #	Standard Successfully Tested	
(a)(8)(ii)(A)(2)	☐ §170.204(b)(1) HL7 Version 3 Implementation Guide: URL-Based Implementations of the Context-Aware Information Retrieval (Infobutton) Domain	☐ §170.204(b)(2) HL7 Version 3 Implementation Guide: Context-Aware Knowledge Retrieval (Infobutton) Service-Oriented Architecture Implementation Guide
(a)(13)	☐ §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release	☐ §170.207(j) HL7 Version 3 Standard: Clinical Genomics; Pedigree

(a)(15)(i)	☐ §170.204(b)(1) HL7 Version 3 Implementation Guide: URL-Based Implementations of the Context-Aware Information Retrieval (Infobutton) Domain	☐ §170.204(b)(2) HL7 Version 3 Implementation Guide: Context-Aware Knowledge Retrieval (Infobutton) Service-Oriented Architecture Implementation Guide
(a)(16)(ii)	☐ §170.210(g) Network Time Protocol Version 3 (RFC 1305)	☐ §170. 210(g) Network Time Protocol Version 4 (RFC 5905)
(b)(2)(i)(A)	☐ §170.207(i) The code set specified at 45 CFR 162.1002(c)(2) (ICD-10-CM) for the indicated conditions	☐ §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release
(b)(7)(i)	☐ §170.207(i) The code set specified at 45 CFR 162.1002(c)(2) (ICD-10-CM) for the indicated conditions	☐ §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release
(b)(8)(i)	☐ §170.207(i) The code set specified at 45 CFR 162.1002(c)(2) (ICD-10-CM) for the indicated conditions	☐ §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release
(e)(1)(i)	☐ Annex A of the FIPS Publication 140-2	
(e)(1)(ii)(A)(2)	☐ §170.210(g) Network Time Protocol Version 3 (RFC 1305)	☐ §170. 210(g) Network Time Protocol Version 4 (RFC 5905)
(e)(3)(ii)	☐ Annex A of the FIPS Publication 140-2	
Common MU Data Set (15)	☐ §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release	☐ §170.207(b)(2) The code set specified at 45 CFR 162.1002(a)(5) (HCPCS and CPT-4)

☑ None of the criteria and corresponding standards listed above are applicable

3.2.4.2 Newer Versions of Standards

The following identifies the newer version of a minimum standard(s) that has been successfully tested

Newer Version	Applicable Criteria

☑ No newer version of a minimum standard was tested

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3.2.5 Optional Functionality

Criterion #	Optional Functionality Successfully Tested
(a)(4)(iii)	☐ Plot and display growth charts
(b)(1)(i)(B)	☐ Receive summary care record using the standards specified at §170.202(a) and (b) (Direct and XDM Validation)
(b)(1)(i)(C)	☐ Receive summary care record using the standards specified at §170.202(b) and (c) (SOAP Protocols)
(b)(2)(ii)(B)	☐ Transmit health information to a Third Party using the standards specified at §170.202(a) and (b) (Direct and XDM Validation)
(b)(2)(ii)(C)	☐ Transmit health information to a Third Party using the standards specified at §170.202(b) and (c) (SOAP Protocols)
(e)(1)	☐ View, download and transmit data to a third party using the standard specified at §170.202(d) (Edge Protocol IG version 1.1)
(f)(3)	☐ Ambulatory setting only – Create syndrome-based public health surveillance information for transmission using the standard specified at §170.205(d)(3) (urgent care visit scenario)
(f)(7)	☐ Ambulatory setting only – transmission to public health agencies – syndromic surveillance - Create Data Elements
Common MU Data Set (15)	☐ Express Procedures according to the standard specified at §170.207(b)(3) (45 CFR162.1002(a)(4): Code on Dental Procedures and Nomenclature)
Common MU Data Set (15)	☐ Express Procedures according to the standard specified at §170.207(b)(4) (45 CFR162.1002(c)(3): ICD-10-PCS)

☑ No optional functionality tested

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3.2.6 2014 Edition Certification Criteria* Successfully Tested

Criteria #	Version		Criteria #	Version	
	TP**	TD***		TP**	TD***
☐ (a)(1)			☐ (c)(3)		
☐ (a)(2)			☐ (d)(1)		
☐ (a)(3)			☐ (d)(2)		
☐ (a)(4)			☐ (d)(3)		
☐ (a)(5)			☐ (d)(4)		
☐ (a)(6)			☐ (d)(5)		
☐ (a)(7)			☐ (d)(6)		
☐ (a)(8)			☐ (d)(7)		
☐ (a)(9)			☐ (d)(8)		
☐ (a)(10)			☐ (d)(9) *Optional*		
☐ (a)(11)			☑ (e)(1)	1.11	1.5
☐ (a)(12)			☐ (e)(2) *Amb. only*		
☐ (a)(13)			☐ (e)(3) *Amb. only*		
☐ (a)(14)			☐ (f)(1)		
☐ (a)(15)			☐ (f)(2)		
☐ (a)(16) *Inpt. only*			☐ (f)(3)		
☐ (a)(17) *Inpt. only*			☐ (f)(4) *Inpt. only*		
☐ (a)(18)			☐ (f)(5) *Optional & Amb. only*		
☐ (a)(19)					
☐ (a)(20)			☐ (f)(6) *Optional & Amb. only*		
☑ (b)(1)	1.7	1.4			
☑ (b)(2)	1.4	1.6	☐ (f)(7) *Amb. only*		
☐ (b)(3)			☐ (g)(1)		
☐ (b)(4)			☐ (g)(2)		
☐ (b)(5)			☐ (g)(3)		
☐ (b)(6) *Inpt. only*			☐ (g)(4)		
☐ (b)(7)			☐ (h)(1)		
☐ (b)(8)			☐ (h)(2)		
☐ (b)(9)			☐ (h)(3)		
☐ (c)(1)					
☐ (c)(2)					

*For a list of the 2014 Edition Certification Criteria, please reference http://www.healthit.gov/certification (navigation: 2014 Edition Test Method)
**Indicates the version number for the Test Procedure (TP)
***Indicates the version number for the Test Data (TD)

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3.2.7 2014 Clinical Quality Measures*

Type of Clinical Quality Measures Successfully Tested:

- ☐ Ambulatory
- ☐ Inpatient
- ☑ No CQMs tested

*For a list of the 2014 Clinical Quality Measures, please reference http://www.cms.gov (navigation: 2014 Clinical Quality Measures)

Ambulatory CQMs							
CMS ID	Version	CMS ID	Version	CMS ID	Version	CMS ID	Version
☐ 2		☐ 90		☐ 136		☐ 155	
☐ 22		☐ 117		☐ 137		☐ 156	
☐ 50		☐ 122		☐ 138		☐ 157	
☐ 52		☐ 123		☐ 139		☐ 158	
☐ 56		☐ 124		☐ 140		☐ 159	
☐ 61		☐ 125		☐ 141		☐ 160	
☐ 62		☐ 126		☐ 142		☐ 161	
☐ 64		☐ 127		☐ 143		☐ 163	
☐ 65		☐ 128		☐ 144		☐ 164	
☐ 66		☐ 129		☐ 145		☐ 165	
☐ 68		☐ 130		☐ 146		☐ 166	
☐ 69		☐ 131		☐ 147		☐ 167	
☐ 74		☐ 132		☐ 148		☐ 169	
☐ 75		☐ 133		☐ 149		☐ 177	
☐ 77		☐ 134		☐ 153		☐ 179	
☐ 82		☐ 135		☐ 154		☐ 182	

Inpatient CQMs							
CMS ID	Version	CMS ID	Version	CMS ID	Version	CMS ID	Version
☐ 9		☐ 71		☐ 107		☐ 172	
☐ 26		☐ 72		☐ 108		☐ 178	
☐ 30		☐ 73		☐ 109		☐ 185	
☐ 31		☐ 91		☐ 110		☐ 188	
☐ 32		☐ 100		☐ 111		☐ 190	
☐ 53		☐ 102		☐ 113			
☐ 55		☐ 104		☐ 114			
☐ 60		☐ 105		☐ 171			

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3.2.8 Automated Numerator Recording and Measure Calculation

3.2.8.1 Automated Numerator Recording

Automated Numerator Recording Successfully Tested			
☐ (a)(1)	☐ (a)(11)	☐ (a)(18)	☐ (b)(6)
☐ (a)(3)	☐ (a)(12)	☐ (a)(19)	☐ (b)(8)
☐ (a)(4)	☐ (a)(13)	☐ (a)(20)	☐ (b)(9)
☐ (a)(5)	☐ (a)(14)	☐ (b)(2)	☐ (e)(1)
☐ (a)(6)	☐ (a)(15)	☐ (b)(3)	☐ (e)(2)
☐ (a)(7)	☐ (a)(16)	☐ (b)(4)	☐ (e)(3)
☐ (a)(9)	☐ (a)(17)	☐ (b)(5)	

☑ Automated Numerator Recording was not tested

3.2.8.2 Automated Measure Calculation

Automated Numerator Recording Successfully Tested			
☐ (a)(1)	☐ (a)(11)	☐ (a)(18)	☐ (b)(6)
☐ (a)(3)	☐ (a)(12)	☐ (a)(19)	☐ (b)(8)
☐ (a)(4)	☐ (a)(13)	☐ (a)(20)	☐ (b)(9)
☐ (a)(5)	☐ (a)(14)	☐ (b)(2)	☐ (e)(1)
☐ (a)(6)	☐ (a)(15)	☐ (b)(3)	☐ (e)(2)
☐ (a)(7)	☐ (a)(16)	☐ (b)(4)	☐ (e)(3)
☐ (a)(9)	☐ (a)(17)	☐ (b)(5)	

☑ Automated Measure Calculation was not tested

3.2.9 Attestation

Attestation Forms (as applicable)	Appendix
☑ Safety-Enhanced Design*	A
☑ Quality Management System**	B
☑ Privacy and Security	C

*Required if any of the following were tested: (a)(1), (a)(2), (a)(6), (a)(7), (a)(8), (a)(16), (a)(18), (a)(19), (a)(20), (b)(3), (b)(4), (b)(9)

**Required for every EHR product

60. Defendant's infringement has occurred through operation of the Infringing Products, which each practice the method of one or more claims of the '526 patent. Such operation includes Defendant's own operation (directly or through intermediaries) including, but not limited to, testing of the Infringing Products prior to federal certification; testing of the Infringing Products during federal certification; testing of the Infringement Products after federal certification; operation of the Infringing Products during classes and demonstrations; hosting of the operation of the Infringing Products on behalf of third parties such as medical groups or medical providers; installing, setting up, or maintaining the Infringing Products on behalf of third parties such as medical groups or medical providers; and operation of the Infringing Products on behalf of third parties such as medical groups or medical providers.

61. In addition, should Defendant's Infringing Products be found to not literally infringe the asserted claims of the '526 Patent, Defendant's Infringing Products would nevertheless infringe the asserted claims of the '526 Patent. More specifically, the Infringing Products performed substantially the same function (contains instructions for enabling a user to flexibly establish linkages amongst elements in electronic health records software), in substantially the same way (comprising computer readable instructions contained in or loaded into non-transitory memory) to yield substantially the same result (effecting such a flexible linkage). Defendant would thus be liable for direct infringement under the doctrine of equivalents.

62. Defendant may have infringed the '526 Patent through other software, currently unknown to Uniloc, utilizing the same or reasonably similar functionality, including other versions of its EHR software. Uniloc reserves the right to discover and pursue all such additional infringing software.

63. Uniloc has been damaged as a result of Defendant's infringing conduct described in this Count. Defendant is thus liable to Uniloc in an amount that adequately compensates it for Defendant's infringements, which, by law, cannot be less than a reasonable royalty, together with interest and costs as fixed by this Court under 35 U.S.C. § 284.

COUNT II
(INFRINGEMENT OF THE '451 PATENT)

64. Uniloc incorporates the preceding paragraphs herein by reference.

65. The '451 patent is valid, enforceable and was duly issued in full compliance with Title 35 of the United States Code.

66. On information and belief, to the extent any marking was required by 35 U.S.C. § 287, Uniloc and all predecessors in interest to the '451 patent complied with any such requirements.

67. Defendant directly or through intermediaries has infringed (literally and/or under the doctrine of equivalents) one or more claims of the '451 patent in this judicial district and elsewhere in Texas, including at least Claims 1, 2, and 7-8 without Uniloc's consent or authorization. Defendant's infringement has occurred through making, selling, offering to sell, using, and/or importing the Infringing Products, and, also, by operation of the Infringing Products, which each practice the method of one or more claims of the '451 patent. Such operation includes Defendant's own operation (directly or through intermediaries) including, but not limited to, testing of the Infringing Products prior to federal certification; testing of the Infringing Products during federal certification; testing of the Infringement Products after federal certification; operation of the Infringing Products during classes and demonstrations; hosting of the operation of the Infringing Products on behalf of third parties such as medical groups or medical providers; installing, setting up, or maintaining the Infringing Products on behalf of third parties such as

medical groups or medical providers; and operation of the Infringing Products on behalf of third parties such as medical groups or medical providers.

68. In addition, should Defendant's Infringing Products be found to not literally infringe the asserted claims of the '451 Patent, Defendant's Infringing Products would nevertheless infringe the asserted claims of the '451 Patent. More specifically, the Infringing Products performed substantially the same function (contains instructions for configure clinical decision support rules and alerts), in substantially the same way (comprising computer readable instructions contained in or loaded into non-transitory memory) to yield substantially the same result (effecting a clinical decision support rule). Defendant would thus be liable for direct infringement under the doctrine of equivalents.

69. Defendant may have infringed the '451 Patent through other software, currently unknown to Uniloc, utilizing the same or reasonably similar functionality, including other versions of its EHR software. Uniloc reserves the right to discover and pursue all such additional infringing software.

70. Uniloc has been damaged as a result of Defendant's infringing conduct described in this Count. Defendant is thus liable to Uniloc in an amount that adequately compensates it for Defendant's infringements, which, by law, cannot be less than a reasonable royalty, together with interest and costs as fixed by this Court under 35 U.S.C. § 284.

JURY DEMAND

71. Uniloc hereby requests a trial by jury pursuant to Rule 38 of the Federal Rules of Civil Procedure.

PRAYER FOR RELIEF

Uniloc requests that the Court find in its favor and against Defendant, and that the Court grant Uniloc the following relief:

a. Judgment that one or more claims of the '526 and '451 Patents have been infringed, either literally and/or under the doctrine of equivalents, by Defendant;

b. Judgment that Defendant account for and pay to Uniloc all damages to and costs incurred by Uniloc because of Defendant's infringing activities and other conduct complained of herein;

c. Judgment that Uniloc be granted pre-judgment and post-judgment interest on the damages caused by Defendant's infringing activities and other conduct complained of herein; and

d. That Uniloc be granted such other and further relief as the Court may deem just and proper under the circumstances.

Dated: June 15, 2016

Respectfully submitted,

/s/ James L. Etheridge

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