



US009235683B2

(12) **United States Patent**
Robertson et al.

(10) **Patent No.:** **US 9,235,683 B2**
(45) **Date of Patent:** **Jan. 12, 2016**

(54) **APPARATUS, SYSTEM, AND METHOD FOR MANAGING ADHERENCE TO A REGIMEN**

(75) Inventors: **Timothy Robertson**, Belmont, CA (US); **Gregory Moon**, Palo Alto, CA (US); **Arna Ionescu**, San Francisco, CA (US); **Yashar Behzadi**, San Francisco, CA (US); **David O'Reilly**, Palo Alto, CA (US); **Aaron Filner**, San Francisco, CA (US); **Erika Karplus**, Silverthorne, CO (US); **Danielle Cojuangco**, San Francisco, CA (US); **Sara Burgess**, Mill Valley, CA (US)

(73) Assignee: **Proteus Digital Health, Inc.**, Redwood, CA (US)

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

(21) Appl. No.: **13/292,440**

(22) Filed: **Nov. 9, 2011**

(65) **Prior Publication Data**
US 2013/0117696 A1 May 9, 2013

(51) **Int. Cl.**
G06F 3/048 (2013.01)
G06F 19/00 (2011.01)

(52) **U.S. Cl.**
CPC **G06F 19/3418** (2013.01); **G06F 19/3456** (2013.01); **G06F 19/3487** (2013.01)

(58) **Field of Classification Search**
CPC G06F 3/048
USPC 715/763
See application file for complete search history.

(56) **References Cited**
U.S. PATENT DOCUMENTS

3,589,943 A 6/1971 Grubb et al.
3,607,788 A 9/1971 Adolph
3,628,669 A 12/1971 McKinnis et al.
(Continued)

FOREIGN PATENT DOCUMENTS

CN 1991868 7/2007
CN 101005470 7/2007
(Continued)

OTHER PUBLICATIONS

Kit Yee Au-Yeung et al. "A Networked System for Self-Management of Drug Therapy and Wellness" (Proceeding WH '10 Wireless Health 2010, Oct. 2010, pp. 1-9, ACM, ISBN: 978-1-60558-989-3).*

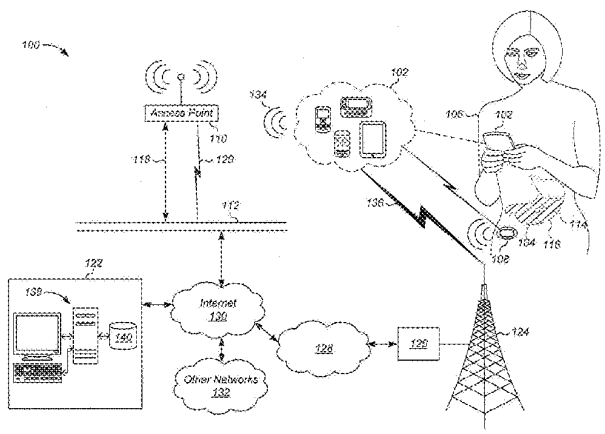
(Continued)

Primary Examiner — Jennifer To
Assistant Examiner — Xuyang Xia

(57) **ABSTRACT**

A method of managing adherence to a regimen in a subscription based computer implemented healthcare information environment. The method includes receiving at a mobile device information from a receiver that a dose was ingested by a living subject. The mobile device comprises a processor, a memory and a display coupled to the processor. The method provides wirelessly communicating the information over a wireless network to a backend computer processing system and receiving from the computer at the backend processing system a personal information stream characterizing behavior of the living subject based on the received information over a predetermined period. An apparatus includes an adherence package including a foldable sheet, at least one of blister pack coupled to the foldable sheet, at least one ingestible device associated with a dose, and a perforation provided on the foldable sheet to enable removal of the at the least one blister pack.

28 Claims, 52 Drawing Sheets
(48 of 52 Drawing Sheet(s) Filed in Color)



(56)

References Cited

U.S. PATENT DOCUMENTS

3,642,008 A	2/1972	Bolduc	5,634,466 A	6/1997	Gruner
3,679,480 A	7/1972	Brown et al.	5,634,468 A	6/1997	Platt
3,682,160 A	8/1972	Murata	5,645,063 A	7/1997	Straka et al.
3,719,183 A	3/1973	Schwartz	5,705,189 A	1/1998	Lehmann et al.
3,799,802 A	3/1974	Schneble, Jr. et al.	5,720,771 A	2/1998	Snell
3,828,766 A	8/1974	Krasnow	5,738,708 A	4/1998	Peachey et al.
3,837,339 A	9/1974	Aisenberg et al.	5,740,811 A	4/1998	Hedberg
3,893,111 A	7/1975	Cotter	5,757,326 A	5/1998	Koyama et al.
3,944,064 A	3/1976	Bashaw et al.	5,792,048 A	8/1998	Schaefer
3,967,202 A	6/1976	Batz	5,802,467 A	9/1998	Salazar
3,989,050 A	11/1976	Buchalter	5,833,716 A	11/1998	Bar-Or
4,017,856 A	4/1977	Wiegand	5,845,265 A	12/1998	Woolston
4,055,178 A	10/1977	Harrigan	5,862,803 A	1/1999	Besson
4,062,750 A	12/1977	Butler	5,862,808 A	1/1999	Albarello
4,077,397 A	3/1978	Ellis	5,868,136 A	2/1999	Fox
4,077,398 A	3/1978	Ellis	5,921,925 A	7/1999	Cartmell et al.
4,082,087 A	4/1978	Howson	5,925,030 A	7/1999	Gross et al.
4,090,752 A	5/1978	Long	5,925,066 A	7/1999	Kroll et al.
4,106,348 A	8/1978	Auphan	5,957,854 A	9/1999	Besson et al.
4,129,125 A	12/1978	Lester	5,963,132 A	10/1999	Yoakum
4,166,453 A	9/1979	McClelland	5,974,124 A	10/1999	Schlueter, Jr. et al.
4,239,046 A	12/1980	Ong	5,981,166 A	11/1999	Mandecki
4,251,795 A	2/1981	Shibasaki et al.	5,999,846 A	12/1999	Pardey et al.
4,269,189 A	5/1981	Abraham	6,023,631 A	2/2000	Cartmell et al.
4,331,654 A	5/1982	Morris	6,038,464 A	3/2000	Axelgaard et al.
4,345,588 A	8/1982	Widder et al.	6,042,710 A	3/2000	Dubrow
4,418,697 A	12/1983	Tama	6,047,203 A	4/2000	Sackner
4,425,117 A	1/1984	Hugemann	6,076,016 A	6/2000	Feierbach et al.
4,439,196 A	3/1984	Higuchi	6,081,734 A	6/2000	Batz
4,494,950 A	1/1985	Fischell	6,083,248 A	7/2000	Thompson
4,559,950 A	12/1985	Vaughan	6,090,489 A	7/2000	Hayakawa et al.
4,564,363 A	1/1986	Bagnall et al.	6,091,975 A	7/2000	Daddona et al.
4,578,061 A	3/1986	Lemelson	6,095,985 A	8/2000	Raymond et al.
4,635,641 A	1/1987	Hoffman	6,115,636 A	9/2000	Ryan
4,654,165 A	3/1987	Eisenber	6,117,077 A	9/2000	Del Mar et al.
4,663,250 A	5/1987	Ong et al.	6,122,351 A	9/2000	Schlueter, Jr. et al.
4,669,479 A	6/1987	Dunseath	6,141,592 A	10/2000	Pauly
4,681,111 A	7/1987	Silvian	6,149,940 A	11/2000	Maggi et al.
4,687,660 A	8/1987	Baker et al.	6,200,265 B1	3/2001	Walsh et al.
4,725,997 A	2/1988	Urquhart et al.	6,204,764 B1	3/2001	Maloney
4,763,659 A	8/1988	Dunseath	6,206,702 B1	3/2001	Hayden et al.
4,767,627 A	8/1988	Caldwell et al.	6,217,744 B1	4/2001	Crosby
4,784,162 A	11/1988	Ricks	6,231,593 B1	5/2001	Meserol
4,793,825 A	12/1988	Benjamin et al.	6,245,057 B1	6/2001	Sieben et al.
4,809,705 A	3/1989	Ascher	6,269,058 B1	7/2001	Yamanoi et al.
4,844,076 A	7/1989	Lesho	6,275,476 B1	8/2001	Wood
4,876,093 A	10/1989	Theeuwes et al.	6,285,897 B1	9/2001	Kilcoyne et al.
4,896,261 A	1/1990	Nolan	6,287,252 B1	9/2001	Lugo
4,975,230 A	12/1990	Pinkhasov	6,288,629 B1	9/2001	Cofino et al.
4,987,897 A	1/1991	Funke	6,289,238 B1	9/2001	Besson et al.
5,000,957 A	3/1991	Eckenhoff et al.	6,315,719 B1	11/2001	Rode et al.
5,016,634 A	5/1991	Vock et al.	6,342,774 B1	1/2002	Kreisinger et al.
5,079,006 A	1/1992	Urquhart	6,344,824 B1	2/2002	Takasugi et al.
5,167,626 A	12/1992	Casper et al.	6,358,202 B1	3/2002	Arent
5,176,626 A	1/1993	Soehendra	6,364,834 B1	4/2002	Reuss
5,245,332 A	9/1993	Katzenstein	6,366,206 B1	4/2002	Ishikawa et al.
5,261,402 A	11/1993	DiSabito	6,368,190 B1	4/2002	Easter et al.
5,263,481 A	11/1993	Axelgaard et al.	6,371,927 B1	4/2002	Brune
5,279,607 A	1/1994	Schentag et al.	6,374,670 B1	4/2002	Spelman
5,281,287 A	1/1994	Lloyd	6,380,858 B1	4/2002	Yarin et al.
5,283,136 A	2/1994	Peled et al.	6,390,088 B1	5/2002	Nohl et al.
5,305,745 A	4/1994	Zacouto	6,394,953 B1	5/2002	Devlin et al.
5,318,557 A	6/1994	Gross	6,394,997 B1	5/2002	Lemelson
5,394,882 A	3/1995	Mawhinney	6,409,674 B1	6/2002	Brockway et al.
5,395,366 A	3/1995	D'Andrea et al.	6,426,863 B1	7/2002	Munshi
5,436,091 A	7/1995	Shackle et al.	6,432,292 B1	8/2002	Pinto et al.
5,443,461 A	8/1995	Atkinson et al.	6,440,069 B1	8/2002	Raymond et al.
5,443,843 A	8/1995	Curatolo et al.	6,441,747 B1	8/2002	Khair
5,458,141 A	10/1995	Neil et al.	6,453,199 B1	9/2002	Kobozev
5,485,841 A	1/1996	Watkin et al.	6,477,424 B1	11/2002	Thompson et al.
5,511,548 A	4/1996	Riazzi et al.	6,482,156 B2	11/2002	Lliff
5,567,210 A	10/1996	Bates et al.	6,494,829 B1	12/2002	New et al.
5,596,302 A	1/1997	Mastrocola et al.	6,496,705 B1	12/2002	Ng et al.
D377,983 S	2/1997	Sabri et al.	6,526,315 B1	2/2003	Inagawa
5,600,548 A	2/1997	Nguyen et al.	6,531,026 B1	3/2003	Takeichi et al.
			6,544,174 B2	4/2003	West
			6,564,079 B1	5/2003	Cory
			6,572,636 B1	6/2003	Hagen et al.
			6,577,893 B1	6/2003	Besson et al.

(56)

References Cited

U.S. PATENT DOCUMENTS

6,579,231	B1	6/2003	Phipps	7,171,166	B2	1/2007	Ng et al.
6,595,929	B2	7/2003	Stivoric	7,171,177	B2	1/2007	Park et al.
6,599,284	B2	7/2003	Faour et al.	7,171,259	B2	1/2007	Rytky
6,605,038	B1	8/2003	Teller	7,176,784	B2	2/2007	Gilbert et al.
6,605,046	B1	8/2003	Del Mar	7,187,960	B2	3/2007	Abreu
6,609,018	B2	8/2003	Cory	7,188,767	B2	3/2007	Penuela
6,612,984	B1	9/2003	Kerr	7,194,038	B1	3/2007	Inkinen
6,632,175	B1	10/2003	Marshall	7,206,630	B1	4/2007	Tarler
6,632,216	B2	10/2003	Houzege et al.	7,209,790	B2	4/2007	Thompson et al.
6,635,279	B2	10/2003	Kolter et al.	7,215,660	B2	5/2007	Perlman
6,643,541	B2	11/2003	Mok et al.	7,215,991	B2	5/2007	Besson
6,654,638	B1	11/2003	Sweeney	7,218,967	B2	5/2007	Bergelson
6,663,846	B1	12/2003	McCombs	7,231,451	B2	6/2007	Law
6,673,474	B2	1/2004	Yamamoto	7,243,118	B2	7/2007	Lou
6,680,923	B1	1/2004	Leon	7,246,521	B2	7/2007	Kim
6,689,117	B2	2/2004	Sweeney et al.	7,249,212	B2	7/2007	Do
6,694,161	B2	2/2004	Mehrotra	7,252,792	B2	8/2007	Perrault
6,704,602	B2	3/2004	Berg et al.	7,253,716	B2	8/2007	Lovoi et al.
6,720,923	B1	4/2004	Hayward et al.	7,261,690	B2	8/2007	Teller
6,738,671	B2	5/2004	Christophersom et al.	7,270,633	B1	9/2007	Goscha
6,740,033	B1	5/2004	Olejniczak et al.	7,273,454	B2	9/2007	Raymond et al.
6,745,082	B2	6/2004	Axelgaard et al.	7,285,090	B2	10/2007	Stivoric et al.
6,755,783	B2	6/2004	Cosentino	7,289,855	B2	10/2007	Nghiem
6,757,523	B2	6/2004	Fry	7,291,497	B2	11/2007	Holmes
6,759,968	B2	7/2004	Zierolf	7,292,139	B2	11/2007	Mazar et al.
6,773,429	B2	8/2004	Sheppard et al.	7,294,105	B1	11/2007	Islam
6,800,060	B2	10/2004	Marshall	7,313,163	B2	12/2007	Liu
6,801,137	B2	10/2004	Eggers et al.	7,317,378	B2	1/2008	Jarvis et al.
6,814,706	B2	11/2004	Barton et al.	7,318,808	B2	1/2008	Tarassenko et al.
6,822,554	B2	11/2004	Vrijens et al.	7,336,929	B2	2/2008	Yasuda
6,836,862	B1	12/2004	Erekson et al.	7,342,895	B2	3/2008	Serpa
6,839,659	B2	1/2005	Tarassenko et al.	7,346,380	B2	3/2008	Axelgaard et al.
6,840,904	B2	1/2005	Goldberg	7,349,722	B2	3/2008	Witkowski et al.
6,842,636	B2	1/2005	Perrault	7,352,998	B2	4/2008	Palin
6,845,272	B1	1/2005	Thomsen	7,353,258	B2	4/2008	Washburn
6,864,780	B2	3/2005	Doi	7,357,891	B2	4/2008	Yang et al.
6,879,810	B2	4/2005	Bouet	7,359,674	B2	4/2008	Markki
6,882,881	B1	4/2005	Lesser et al.	7,366,558	B2	4/2008	Virtanen et al.
6,897,788	B2	5/2005	Khair et al.	7,368,190	B2	5/2008	Heller et al.
6,909,878	B2	6/2005	Haller	7,368,191	B2	5/2008	Andelman et al.
6,922,592	B2	7/2005	Thompson et al.	7,373,196	B2	5/2008	Ryu et al.
6,928,370	B2	8/2005	Anuzis et al.	7,375,739	B2	5/2008	Robbins
6,929,636	B1	8/2005	Von Alten	7,376,435	B2	5/2008	McGowan
6,937,150	B2	8/2005	Medema	7,382,263	B2	6/2008	Danowski et al.
6,942,616	B2	9/2005	Kerr	7,387,607	B2	6/2008	Holt
6,951,536	B2	10/2005	Yokoi	7,388,903	B2	6/2008	Godfrey et al.
6,957,107	B2	10/2005	Rogers et al.	7,389,088	B2	6/2008	Kim
6,959,929	B2	11/2005	Pugnet et al.	7,392,015	B1	6/2008	Farlow
6,968,153	B1	11/2005	Heinonen	7,395,106	B2	7/2008	Ryu et al.
6,987,965	B2	1/2006	Ng et al.	7,396,330	B2	7/2008	Banet
6,990,082	B1	1/2006	Zehavi et al.	7,404,968	B2	7/2008	Abrams et al.
7,002,476	B2	2/2006	Rapchak	7,413,544	B2	8/2008	Kerr
7,004,395	B2	2/2006	Koenck	7,414,534	B1	8/2008	Kroll et al.
7,009,634	B2	3/2006	Iddan et al.	7,414,543	B2	8/2008	Rye et al.
7,009,946	B1	3/2006	Kardach	7,415,242	B1	8/2008	Ngan
7,013,162	B2	3/2006	Gorsuch	7,424,268	B2	9/2008	Diener
7,016,648	B2	3/2006	Haller	7,424,319	B2	9/2008	Muehlsteff
7,020,508	B2	3/2006	Stivoric	7,427,266	B2	9/2008	Ayer et al.
7,024,248	B2	4/2006	Penner et al.	7,471,665	B2	12/2008	Perlman
7,031,745	B2	4/2006	Shen	7,499,674	B2	3/2009	Salokannel
7,031,857	B2	4/2006	Tarassenko et al.	7,502,643	B2	3/2009	Farrington et al.
7,039,453	B2	5/2006	Mullick	7,505,795	B1	3/2009	Lim et al.
7,044,911	B2	5/2006	Drinan et al.	7,510,121	B2	3/2009	Koenck
7,046,649	B2	5/2006	Awater et al.	7,512,448	B2	3/2009	Malick
7,076,437	B1	7/2006	Levy	7,515,043	B2	4/2009	Welch
7,118,531	B2	10/2006	Krill	7,519,416	B2	4/2009	Sula et al.
7,127,300	B2	10/2006	Mazar et al.	7,523,756	B2	4/2009	Minai
7,146,228	B2	12/2006	Nielsen	7,525,426	B2	4/2009	Edelstein
7,146,449	B2	12/2006	Do et al.	7,539,533	B2	5/2009	Tran
7,149,581	B2	12/2006	Goedeke et al.	7,542,878	B2	6/2009	Nanikashvili
7,154,071	B2	12/2006	Sattler et al.	7,551,590	B2	6/2009	Haller
7,155,232	B2	12/2006	Godfrey et al.	7,554,452	B2	6/2009	Cole
7,160,258	B2	1/2007	Imran	7,558,620	B2	7/2009	Ishibashi
7,161,484	B2	1/2007	Tsoukalis	7,575,005	B2	8/2009	Mumford
7,164,942	B2	1/2007	Avrahami	7,616,111	B2	11/2009	Covannon
				7,616,710	B2	11/2009	Kim et al.
				7,617,001	B2	11/2009	Penner et al.
				7,639,473	B2	12/2009	Hsu et al.
				7,640,802	B2	1/2010	King et al.

(56)

References Cited

U.S. PATENT DOCUMENTS

7,647,112 B2	1/2010	Tracey		2003/0158466 A1	8/2003	Lynn et al.
7,647,185 B2	1/2010	Tarassenko et al.		2003/0158756 A1	8/2003	Abramson
7,653,031 B2	1/2010	Godfrey et al.		2003/0162556 A1	8/2003	Libes
7,668,437 B1	2/2010	Yamada et al.		2003/0164401 A1	9/2003	Andreasson et al.
7,672,703 B2	3/2010	Yeo et al.		2003/0167000 A1	9/2003	Mullick et al.
7,672,714 B2	3/2010	Kuo		2003/0171791 A1	9/2003	KenKnight
7,673,679 B2	3/2010	Harrison et al.		2003/0171898 A1	9/2003	Tarassenko et al.
7,678,043 B2	3/2010	Gilad		2003/0181788 A1	9/2003	Yokoi et al.
7,689,437 B1	3/2010	Teller et al.		2003/0181815 A1	9/2003	Ebner et al.
7,697,994 B2	4/2010	VanDanacker et al.		2003/0185286 A1	10/2003	Yuen
7,720,036 B2	5/2010	Sadri et al.		2003/0187337 A1	10/2003	Tarassenko et al.
7,729,776 B2	6/2010	Von Arx et al.		2003/0187338 A1	10/2003	Say et al.
7,733,224 B2	6/2010	Tran		2003/0195403 A1	10/2003	Berner et al.
7,736,318 B2	6/2010	Cosentino		2003/0213495 A1	11/2003	Fujita et al.
7,756,587 B2	7/2010	Penner et al.		2003/0214579 A1	11/2003	Iddan
7,779,614 B1	8/2010	McGonagle et al.		2003/0216622 A1	11/2003	Meron et al.
7,796,043 B2	9/2010	Euliano et al.		2003/0216625 A1	11/2003	Phipps
7,797,033 B2	9/2010	D'Andrea et al.		2003/0216666 A1	11/2003	Ericson et al.
7,806,852 B1	10/2010	Jurson		2003/0216729 A1	11/2003	Marchitto
7,809,399 B2	10/2010	Lu		2003/0229382 A1	12/2003	Sun et al.
7,844,341 B2	11/2010	Von Arx et al.		2003/0232895 A1	12/2003	Omidian et al.
7,904,133 B2	3/2011	Gehman et al.		2004/0008123 A1	1/2004	Carrender et al.
D639,437 S	6/2011	Bishay et al.		2004/0018476 A1	1/2004	LaDue
8,025,149 B2	9/2011	Sterry et al.		2004/0019172 A1	1/2004	Yang et al.
8,036,731 B2	10/2011	Kimchy et al.		2004/0034295 A1	2/2004	Salganicoff
8,073,707 B2	12/2011	Teller et al.		2004/0049245 A1	3/2004	Gass
8,083,128 B2	12/2011	Dembo et al.		2004/0073095 A1	4/2004	Causey et al.
8,123,576 B2	2/2012	Kim		2004/0073454 A1	4/2004	Urquhart et al.
8,180,425 B2	5/2012	Selvitelli et al.		2004/0077995 A1	4/2004	Ferek-Petric
8,200,320 B2	6/2012	Kovacs		2004/0082982 A1	4/2004	Gord et al.
8,214,007 B2	7/2012	Baker et al.		2004/0087839 A1	5/2004	Raymond et al.
8,224,667 B1 *	7/2012	Miller et al. 705/2		2004/0092801 A1	5/2004	Drakulic
8,238,998 B2	8/2012	Park		2004/0106859 A1	6/2004	Say et al.
8,249,686 B2	8/2012	Libbus et al.		2004/0111011 A1	6/2004	Uchiyama et al.
8,258,962 B2	9/2012	Robertson et al.		2004/0115517 A1	6/2004	Fukuda et al.
8,285,356 B2	10/2012	Bly et al.		2004/0121015 A1	6/2004	Chidlaw et al.
8,290,574 B2	10/2012	Felid et al.		2004/0122297 A1	6/2004	Stahmann et al.
8,301,232 B2	10/2012	Albert et al.		2004/0148140 A1	7/2004	Tarassenko et al.
8,308,640 B2	11/2012	Baldus et al.		2004/0153007 A1	8/2004	Harris
8,315,687 B2	11/2012	Cross et al.		2004/0167226 A1	8/2004	Serafini
8,369,936 B2	2/2013	Farrington et al.		2004/0167801 A1	8/2004	Say et al.
8,386,009 B2	2/2013	Lindberg et al.		2004/0171914 A1	9/2004	Avni
8,389,003 B2	3/2013	Mintchev et al.		2004/0193020 A1	9/2004	Chiba
8,440,274 B2	5/2013	Wang		2004/0193029 A1	9/2004	Gluhovsky
8,597,186 B2	12/2013	Hafezi et al.		2004/0193446 A1	9/2004	Mayer et al.
9,047,746 B1 *	6/2015	Euliano, II G08B 23/00		2004/0199222 A1	10/2004	Sun et al.
2001/0027331 A1	10/2001	Thompson		2004/0215084 A1	10/2004	Shimizu et al.
2001/0031071 A1	10/2001	Nichols et al.		2004/0218683 A1	11/2004	Batra
2001/0044588 A1	11/2001	Mault		2004/0220643 A1	11/2004	Schmidt
2001/0051766 A1	12/2001	Gazdzinski		2004/0224644 A1	11/2004	Wu
2001/0056262 A1	12/2001	Cabiri et al.		2004/0225199 A1	11/2004	Evanyk
2002/0002326 A1	1/2002	Causey et al.		2004/0253304 A1	12/2004	Gross et al.
2002/0026111 A1	2/2002	Ackerman		2004/0258571 A1	12/2004	Lee et al.
2002/0032384 A1	3/2002	Raymond et al.		2004/0260154 A1	12/2004	Sidelnik
2002/0032385 A1	3/2002	Raymond et al.		2004/0267240 A1	12/2004	Gross et al.
2002/0040278 A1	4/2002	Anuzis et al.		2005/0017841 A1	1/2005	Doi
2002/0077620 A1	6/2002	Sweeney et al.		2005/0020887 A1	1/2005	Goldberg
2002/0132226 A1	9/2002	Nair		2005/0021103 A1	1/2005	DiLorenzo
2002/0138009 A1	9/2002	Brockway et al.		2005/0021370 A1	1/2005	Riff
2002/0192159 A1	12/2002	Reitberg		2005/0024198 A1	2/2005	Ward
2002/0193669 A1	12/2002	Glukhovsky		2005/0027205 A1	2/2005	Tarassenko et al.
2002/0193846 A1	12/2002	Pool et al.		2005/0038321 A1	2/2005	Fujita et al.
2002/0198470 A1	12/2002	Imran et al.		2005/0043634 A1	2/2005	Yokoi et al.
2003/0017826 A1	1/2003	Fishman		2005/0043894 A1	2/2005	Fernandez
2003/0023150 A1	1/2003	Yokoi et al.		2005/0054897 A1	3/2005	Hashimoto et al.
2003/0028226 A1	2/2003	Thompson		2005/0055014 A1	3/2005	Coppeta et al.
2003/0063522 A1	4/2003	Sagar		2005/0062644 A1	3/2005	Leci
2003/0065536 A1	4/2003	Hansen		2005/0065407 A1	3/2005	Nakamura et al.
2003/0076179 A1	4/2003	Branch et al.		2005/0070778 A1	3/2005	Lackey
2003/0083559 A1	5/2003	Thompson		2005/0075145 A1	4/2005	Dvorak et al.
2003/0126593 A1	7/2003	Mault		2005/0090753 A1	4/2005	Goor et al.
2003/0130714 A1	7/2003	Nielsen et al.		2005/0092108 A1	5/2005	Andermo
2003/0135128 A1	7/2003	Suffin et al.		2005/0096514 A1	5/2005	Starkebaum
2003/0135392 A1	7/2003	Vrijens et al.		2005/0096562 A1	5/2005	Delalic et al.
2003/0152622 A1	8/2003	Louie-Helm et al.		2005/0101843 A1	5/2005	Quinn
				2005/0101872 A1	5/2005	Sattler
				2005/0115561 A1	6/2005	Stahmann et al.
				2005/0116820 A1	6/2005	Goldreich
				2005/0117389 A1	6/2005	Worldedge

(56)

References Cited

U.S. PATENT DOCUMENTS

2005/0121322	A1	6/2005	Say et al.	2006/0289640	A1	12/2006	Mercure
2005/0131281	A1	6/2005	Ayer et al.	2006/0293607	A1	12/2006	Alt
2005/0137480	A1	6/2005	Alt et al.	2007/0000776	A1	1/2007	Karube et al.
2005/0143623	A1	6/2005	Kojima	2007/0002038	A1	1/2007	Suzuki
2005/0148883	A1	7/2005	Boesen	2007/0006636	A1	1/2007	King et al.
2005/0151625	A1	7/2005	Lai	2007/0008113	A1	1/2007	Spoonhower et al.
2005/0154428	A1	7/2005	Bruinsma	2007/0016089	A1	1/2007	Fischell et al.
2005/0156709	A1	7/2005	Gilbert et al.	2007/0027386	A1	2/2007	Such
2005/0165323	A1	7/2005	Montgomery	2007/0027388	A1	2/2007	Chou
2005/0177069	A1	8/2005	Takizawa	2007/0038054	A1	2/2007	Zhou
2005/0182389	A1	8/2005	LaPorte	2007/0049339	A1	3/2007	Barak et al.
2005/0187789	A1	8/2005	Hatlestad et al.	2007/0055098	A1	3/2007	Shimizu et al.
2005/0192489	A1	9/2005	Marshall	2007/0060797	A1	3/2007	Ball
2005/0197680	A1	9/2005	DelMain et al.	2007/0060800	A1	3/2007	Drinan et al.
2005/0228268	A1	10/2005	Cole	2007/0066929	A1	3/2007	Ferren et al.
2005/0234307	A1	10/2005	Heinonen	2007/0073353	A1	3/2007	Rooney et al.
2005/0240305	A1	10/2005	Bogash et al.	2007/0096765	A1	5/2007	Kagan
2005/0245794	A1	11/2005	Dinsmoor	2007/0106346	A1	5/2007	Bergelson
2005/0245839	A1	11/2005	Stivoric et al.	2007/0123772	A1	5/2007	Euliano
2005/0259768	A1	11/2005	Yang et al.	2007/0129622	A1	6/2007	Bourget
2005/0261559	A1	11/2005	Mumford	2007/0130287	A1	6/2007	Kumar
2005/0267556	A1	12/2005	Shuros et al.	2007/0135691	A1	6/2007	Zingelewicz et al.
2005/0267756	A1	12/2005	Schultz et al.	2007/0135803	A1	6/2007	Belson
2005/0277912	A1	12/2005	John	2007/0142721	A1	6/2007	Berner et al.
2005/0277999	A1	12/2005	Strother et al.	2007/0156016	A1	7/2007	Betesh
2005/0280539	A1	12/2005	Pettus	2007/0160789	A1	7/2007	Merial
2005/0285746	A1	12/2005	Sengupta	2007/0162089	A1	7/2007	Mosesov
2005/0288594	A1	12/2005	Lewkowicz et al.	2007/0162090	A1	7/2007	Penner
2006/0001496	A1	1/2006	Abrosimov et al.	2007/0167495	A1	7/2007	Brown et al.
2006/0028727	A1	2/2006	Moon et al.	2007/0167848	A1	7/2007	Kuo et al.
2006/0036134	A1	2/2006	Tarassenko et al.	2007/0173701	A1	7/2007	Al-Ali
2006/0058602	A1	3/2006	Kwiatkowski et al.	2007/0179347	A1	8/2007	Tarassenko et al.
2006/0061472	A1	3/2006	Lovoi et al.	2007/0179371	A1	8/2007	Peysner et al.
2006/0065713	A1	3/2006	Kingery	2007/0180047	A1	8/2007	Dong et al.
2006/0068006	A1	3/2006	Begleiter	2007/0185393	A1	8/2007	Zhou
2006/0074283	A1	4/2006	Henderson	2007/0191002	A1	8/2007	Ge
2006/0074319	A1	4/2006	Barnes et al.	2007/0196456	A1	8/2007	Stevens
2006/0078765	A1	4/2006	Yang et al.	2007/0207793	A1	9/2007	Myer
2006/0095091	A1	5/2006	Drew	2007/0207858	A1	9/2007	Breving
2006/0095093	A1	5/2006	Betresh et al.	2007/0208233	A1	9/2007	Kovacs
2006/0100533	A1	5/2006	Han	2007/0213659	A1	9/2007	Trovato et al.
2006/0109058	A1	5/2006	Keating	2007/0237719	A1	10/2007	Jones
2006/0110962	A1	5/2006	Powell	2007/0244370	A1	10/2007	Kuo et al.
2006/0122474	A1	6/2006	Teller et al.	2007/0249946	A1	10/2007	Kumar et al.
2006/0122667	A1	6/2006	Chavan et al.	2007/0255198	A1	11/2007	Leong et al.
2006/0136266	A1	6/2006	Tarassenko et al.	2007/0255330	A1	11/2007	Lee
2006/0142648	A1	6/2006	Banet	2007/0270672	A1*	11/2007	Hayter 600/309
2006/0145876	A1	7/2006	Kimura	2007/0279217	A1	12/2007	Venkatraman
2006/0148254	A1	7/2006	McLean	2007/0282174	A1	12/2007	Sabatino
2006/0149339	A1	7/2006	Burnes	2007/0282177	A1	12/2007	Pilz
2006/0155174	A1	7/2006	Glukhovskiy et al.	2007/0291715	A1	12/2007	Laroia et al.
2006/0155183	A1	7/2006	Kroecker	2007/0299480	A1	12/2007	Hill
2006/0158820	A1	7/2006	Takiguchi	2008/0014866	A1	1/2008	Lipowski
2006/0161225	A1	7/2006	Sormann et al.	2008/0015421	A1	1/2008	Penner
2006/0179949	A1	8/2006	Kim	2008/0015494	A1	1/2008	Santini et al.
2006/0183992	A1	8/2006	Kawashima	2008/0020037	A1	1/2008	Robertson et al.
2006/0183993	A1	8/2006	Horn	2008/0021519	A1	1/2008	DeGeest
2006/0184092	A1	8/2006	Atanasoska et al.	2008/0021521	A1	1/2008	Shah
2006/0204738	A1	9/2006	Dubrow et al.	2008/0027679	A1	1/2008	Shklarski
2006/0210626	A1	9/2006	Spaeder	2008/0033273	A1	2/2008	Zhou
2006/0216603	A1	9/2006	Choi	2008/0033301	A1	2/2008	Dellavecchia et al.
2006/0218011	A1	9/2006	Walker	2008/0038588	A1	2/2008	Lee
2006/0229053	A1	10/2006	Sivard	2008/0039700	A1	2/2008	Drinan et al.
2006/0235489	A1	10/2006	Drew	2008/0045843	A1	2/2008	Tsuji et al.
2006/0243288	A1	11/2006	Kim et al.	2008/0046038	A1	2/2008	Hill
2006/0247505	A1	11/2006	Siddiqui	2008/0051647	A1	2/2008	Wu et al.
2006/0253005	A1	11/2006	Drinan	2008/0051667	A1	2/2008	Goldreich
2006/0255064	A1	11/2006	Donaldson	2008/0051767	A1	2/2008	Rossing et al.
2006/0265246	A1	11/2006	Hoag	2008/0058614	A1	3/2008	Banet
2006/0267774	A1	11/2006	Feinberg et al.	2008/0062856	A1	3/2008	Fehér
2006/0270346	A1	11/2006	Ibrahim	2008/0065168	A1	3/2008	Bitton et al.
2006/0273882	A1	12/2006	Posamentier	2008/0074307	A1	3/2008	Boric-Lubecke
2006/0276702	A1	12/2006	McGinnis	2008/0077015	A1	3/2008	Boric-Lubecke
2006/0280227	A1	12/2006	Pinkney	2008/0077028	A1	3/2008	Schaldach et al.
2006/0282001	A1	12/2006	Noel	2008/0077188	A1	3/2008	Denker et al.
				2008/0091089	A1	4/2008	Guillory et al.
				2008/0091114	A1	4/2008	Min
				2008/0097549	A1	4/2008	Colbaugh
				2008/0097917	A1	4/2008	Dicks

(56)

References Cited

U.S. PATENT DOCUMENTS

2008/0099366 A1	5/2008	Niemic et al.	2009/0157358 A1	6/2009	Kim
2008/0103440 A1	5/2008	Ferren et al.	2009/0161602 A1	6/2009	Matsumoto
2008/0114224 A1	5/2008	Bandy et al.	2009/0163789 A1	6/2009	Say et al.
2008/0119705 A1	5/2008	Patel	2009/0171180 A1	7/2009	Pering
2008/0119716 A1	5/2008	Boric-Lubecke	2009/0173628 A1	7/2009	Say et al.
2008/0121825 A1	5/2008	Trovato et al.	2009/0177055 A1	7/2009	Say et al.
2008/0137566 A1	6/2008	Marholev	2009/0177056 A1	7/2009	Say et al.
2008/0139907 A1	6/2008	Rao et al.	2009/0177057 A1	7/2009	Say et al.
2008/0140403 A1	6/2008	Hughes et al.	2009/0177058 A1	7/2009	Say et al.
2008/0146871 A1	6/2008	Arneson et al.	2009/0177059 A1	7/2009	Say et al.
2008/0146889 A1	6/2008	Young	2009/0177060 A1	7/2009	Say et al.
2008/0146892 A1	6/2008	LeBoeuf	2009/0177061 A1	7/2009	Say et al.
2008/0154104 A1	6/2008	Lamego	2009/0177062 A1	7/2009	Say et al.
2008/0166992 A1	7/2008	Ricordi	2009/0177063 A1	7/2009	Say et al.
2008/0175898 A1	7/2008	Jones et al.	2009/0177064 A1	7/2009	Say et al.
2008/0183245 A1	7/2008	Van Oort	2009/0177065 A1	7/2009	Say et al.
2008/0188837 A1	8/2008	Belsky et al.	2009/0177066 A1	7/2009	Say et al.
2008/0194912 A1	8/2008	Trovato et al.	2009/0182206 A1	7/2009	Najafi
2008/0208009 A1	8/2008	Shklarski	2009/0182207 A1	7/2009	Riskey et al.
2008/0214901 A1	9/2008	Gehman	2009/0182212 A1	7/2009	Say et al.
2008/0214985 A1	9/2008	Yanaki	2009/0182213 A1	7/2009	Say et al.
2008/0223936 A1	9/2008	Mickle et al.	2009/0182214 A1	7/2009	Say et al.
2008/0243020 A1	10/2008	Chou	2009/0182215 A1	7/2009	Say et al.
2008/0249360 A1	10/2008	Li	2009/0182388 A1	7/2009	Von Arx
2008/0262320 A1	10/2008	Schaefer et al.	2009/0187088 A1	7/2009	Say et al.
2008/0262336 A1	10/2008	Ryu	2009/0187089 A1	7/2009	Say et al.
2008/0269664 A1	10/2008	Trovato et al.	2009/0187090 A1	7/2009	Say et al.
2008/0275312 A1	11/2008	Mosesov	2009/0187091 A1	7/2009	Say et al.
2008/0281636 A1 *	11/2008	Jung et al. 705/3	2009/0187092 A1	7/2009	Say et al.
2008/0284599 A1	11/2008	Zdeblick et al.	2009/0187093 A1	7/2009	Say et al.
2008/0288026 A1	11/2008	Cross et al.	2009/0187094 A1	7/2009	Say et al.
2008/0288027 A1	11/2008	Kroll	2009/0187095 A1	7/2009	Say et al.
2008/0294020 A1	11/2008	Sapounas	2009/0187381 A1	7/2009	King et al.
2008/0299197 A1	12/2008	Toneguzzo et al.	2009/0192351 A1	7/2009	Nishino
2008/0300572 A1	12/2008	Rankers	2009/0192368 A1	7/2009	Say et al.
2008/0303638 A1	12/2008	Nguyen	2009/0192369 A1	7/2009	Say et al.
2008/0306357 A1	12/2008	Korman	2009/0192370 A1	7/2009	Say et al.
2008/0306359 A1	12/2008	Zdeblick et al.	2009/0192371 A1	7/2009	Say et al.
2008/0306360 A1	12/2008	Robertson et al.	2009/0192372 A1	7/2009	Say et al.
2008/0306362 A1	12/2008	Davis	2009/0192373 A1	7/2009	Say et al.
2008/0311852 A1	12/2008	Hansen	2009/0192374 A1	7/2009	Say et al.
2008/0312522 A1	12/2008	Rowlandson	2009/0192375 A1	7/2009	Say et al.
2008/0316020 A1	12/2008	Robertson	2009/0192376 A1	7/2009	Say et al.
2009/0009330 A1	1/2009	Sakama et al.	2009/0192377 A1	7/2009	Say et al.
2009/0009332 A1	1/2009	Nunez et al.	2009/0192378 A1	7/2009	Say et al.
2009/0024045 A1	1/2009	Prakash	2009/0192379 A1	7/2009	Say et al.
2009/0024112 A1	1/2009	Edwards et al.	2009/0198115 A1	8/2009	Say et al.
2009/0030293 A1	1/2009	Cooper et al.	2009/0198116 A1	8/2009	Say et al.
2009/0030297 A1	1/2009	Miller	2009/0198175 A1	8/2009	Say et al.
2009/0034209 A1	2/2009	Joo	2009/0203964 A1	8/2009	Shimizu et al.
2009/0043171 A1	2/2009	Rule	2009/0203971 A1	8/2009	Sciarappa
2009/0048498 A1	2/2009	Riskey	2009/0203972 A1	8/2009	Heneghan
2009/0062634 A1	3/2009	Say et al.	2009/0203978 A1	8/2009	Say et al.
2009/0062670 A1	3/2009	Sterling	2009/0204265 A1	8/2009	Hackett
2009/0069642 A1	3/2009	Gao	2009/0210164 A1	8/2009	Say et al.
2009/0069655 A1	3/2009	Say et al.	2009/0216101 A1	8/2009	Say et al.
2009/0069656 A1	3/2009	Say et al.	2009/0216102 A1	8/2009	Say et al.
2009/0069657 A1	3/2009	Say et al.	2009/0227204 A1	9/2009	Robertson et al.
2009/0069658 A1	3/2009	Say et al.	2009/0227876 A1	9/2009	Tran
2009/0076340 A1	3/2009	Libbus et al.	2009/0227940 A1	9/2009	Say et al.
2009/0076343 A1	3/2009	James	2009/0227941 A1	9/2009	Say et al.
2009/0076397 A1	3/2009	Libbus et al.	2009/0227988 A1	9/2009	Wood et al.
2009/0082645 A1	3/2009	Hafezi et al.	2009/0228214 A1	9/2009	Say et al.
2009/0087483 A1	4/2009	Sison	2009/0231125 A1	9/2009	Baldus
2009/0088618 A1	4/2009	Ameson	2009/0234200 A1	9/2009	Husheer
2009/0099435 A1	4/2009	Say et al.	2009/0243833 A1	10/2009	Huang
2009/0105561 A1	4/2009	Boyden et al.	2009/0253960 A1	10/2009	Takenaka et al.
2009/0110148 A1	4/2009	Zhang	2009/0256702 A1	10/2009	Robertson
2009/0112626 A1	4/2009	Talbot	2009/0264714 A1	10/2009	Chou
2009/0124871 A1	5/2009	Arshak	2009/0264964 A1	10/2009	Abrahamson
2009/0131774 A1	5/2009	Sweitzer	2009/0265186 A1	10/2009	Tarassenko et al.
2009/0135886 A1	5/2009	Robertson et al.	2009/0273467 A1	11/2009	Elixmann
2009/0142853 A1	6/2009	Warrington et al.	2009/0277815 A1	11/2009	Kohl
2009/0149839 A1	6/2009	Hyde et al.	2009/0281539 A1	11/2009	Selig
2009/0157113 A1	6/2009	Marcotte	2009/0292194 A1	11/2009	Libbus et al.
			2009/0295548 A1	12/2009	Ronkka
			2009/0296677 A1	12/2009	Mahany
			2009/0301925 A1	12/2009	Alloro et al.
			2009/0303920 A1	12/2009	Mahany

(56)

References Cited

U.S. PATENT DOCUMENTS

2009/0306633 A1 12/2009 Trovato et al.
 2009/0312619 A1 12/2009 Say et al.
 2009/0318303 A1 12/2009 Delamarche et al.
 2009/0318761 A1 12/2009 Rabinovitz
 2009/0318779 A1 12/2009 Tran
 2009/0318783 A1 12/2009 Rohde
 2009/0318793 A1 12/2009 Datta
 2010/0001841 A1 1/2010 Cardullo
 2010/0006585 A1 1/2010 Flowers et al.
 2010/0010330 A1 1/2010 Rankers
 2010/0033324 A1 2/2010 Shimizu et al.
 2010/0049004 A1 2/2010 Edman et al.
 2010/0049006 A1 2/2010 Magar
 2010/0049012 A1 2/2010 Dijkman et al.
 2010/0049069 A1 2/2010 Tarassenko et al.
 2010/0056878 A1 3/2010 Partin
 2010/0056891 A1 3/2010 Say et al.
 2010/0056939 A1 3/2010 Tarassenko et al.
 2010/0057041 A1 3/2010 Hayter
 2010/0062709 A1 3/2010 Kato
 2010/0063438 A1 3/2010 Bengtsson
 2010/0063841 A1 3/2010 D'Ambrosia et al.
 2010/0069002 A1 3/2010 Rong
 2010/0069717 A1 3/2010 Hafezi et al.
 2010/0081894 A1 4/2010 Zdeblick et al.
 2010/0099967 A1 4/2010 Say et al.
 2010/0099968 A1 4/2010 Say et al.
 2010/0099969 A1 4/2010 Say et al.
 2010/0100077 A1 4/2010 Rush et al.
 2010/0100078 A1 4/2010 Say et al.
 2010/0106001 A1 4/2010 Say et al.
 2010/0118853 A1 5/2010 Godfrey
 2010/0139672 A1 6/2010 Kroll et al.
 2010/0160742 A1 6/2010 Seidl et al.
 2010/0168659 A1 7/2010 Say et al.
 2010/0179398 A1 7/2010 Say et al.
 2010/0185055 A1* 7/2010 Robertson et al. 600/117
 2010/0191073 A1 7/2010 Tarassenko et al.
 2010/0210299 A1 8/2010 Gorbachov
 2010/0222652 A1 9/2010 Cho
 2010/0228113 A1 9/2010 Solosko
 2010/0233026 A1 9/2010 Ismagliov et al.
 2010/0234706 A1 9/2010 Gilland
 2010/0234715 A1 9/2010 Shin
 2010/0234914 A1 9/2010 Shen
 2010/0245091 A1 9/2010 Singh
 2010/0249881 A1 9/2010 Corndorf
 2010/0256461 A1 10/2010 Mohamedali
 2010/0259543 A1 10/2010 Tarassenko et al.
 2010/0268048 A1 10/2010 Say et al.
 2010/0268049 A1 10/2010 Say et al.
 2010/0268050 A1 10/2010 Say et al.
 2010/0274111 A1 10/2010 Say et al.
 2010/0280345 A1 11/2010 Say et al.
 2010/0280346 A1 11/2010 Say et al.
 2010/0295694 A1 11/2010 Kauffman et al.
 2010/0298668 A1 11/2010 Hafezi et al.
 2010/0298730 A1 11/2010 Tarassenko et al.
 2010/0299155 A1* 11/2010 Findlay et al. 705/3
 2010/0312188 A1 12/2010 Robertson et al.
 2010/0312577 A1* 12/2010 Goodnow et al. 705/2
 2010/0312580 A1 12/2010 Tarassenko et al.
 2010/0332443 A1 12/2010 Gartenberg
 2011/0004079 A1 1/2011 Al-Ali et al.
 2011/0009715 A1 1/2011 O'Reilly et al.
 2011/0040203 A1 2/2011 Savage et al.
 2011/0050431 A1 3/2011 Hood et al.
 2011/0054265 A1 3/2011 Hafezi et al.
 2011/0065983 A1 3/2011 Hafezi et al.
 2011/0077660 A1 3/2011 Janik et al.
 2011/0081860 A1 4/2011 Brown et al.
 2011/0105864 A1 5/2011 Robertson et al.
 2011/0124983 A1 5/2011 Kroll et al.
 2011/0144470 A1 6/2011 Mazar et al.
 2011/0193704 A1* 8/2011 Harper et al. 340/573.1

2011/0224912 A1 9/2011 Bhavaraju et al.
 2011/0230732 A1 9/2011 Edman et al.
 2011/0237924 A1 9/2011 McGusty et al.
 2011/0279963 A1 11/2011 Kumar et al.
 2012/0024889 A1 2/2012 Robertson et al.
 2012/0029309 A1 2/2012 Paquet et al.
 2012/0062371 A1 3/2012 Radivojevic et al.
 2012/0083715 A1* 4/2012 Yuen et al. 600/595
 2012/0089000 A1 4/2012 Bishay et al.
 2012/0101396 A1 4/2012 Solosko et al.
 2012/0197144 A1 8/2012 Christ et al.
 2012/0214140 A1 8/2012 Brynelsen et al.
 2012/0265544 A1* 10/2012 Hwang et al. 705/1.1
 2012/0299723 A1 11/2012 Hafezi et al.
 2012/0310070 A1 12/2012 Kumar et al.
 2012/0316413 A1 12/2012 Liu et al.
 2013/0030259 A1 1/2013 Thomsen et al.
 2013/0057385 A1 3/2013 Murakami et al.
 2013/0060115 A1 3/2013 Gehman et al.

FOREIGN PATENT DOCUMENTS

CN 201076456 6/2008
 EP 0344939 12/1989
 EP 1246356 10/2002
 EP 1534054 5/2005
 EP 1702553 9/2006
 EP 1789128 5/2007
 EP 2143369 1/2010
 GB 2432862 6/2007
 IL 172917 6/2010
 JP 61017949 1/1986
 JP 61072712 4/1986
 JP 05-228128 9/1993
 JP 09-330159 12/1997
 JP 10-14898 1/1998
 JP 2000-506410 5/2000
 JP 2002-224053 8/2002
 JP 2002263185 9/2002
 JP 2002291684 10/2002
 JP 2004-7187 1/2004
 JP 2004134384 4/2004
 JP 2004-313242 11/2004
 JP 2005-073886 3/2005
 JP 2005-087552 4/2005
 JP 2005-304880 4/2005
 JP 2005124708 5/2005
 JP 2005-532841 11/2005
 JP 2005-532849 11/2005
 JP 2006006377 1/2006
 JP 2006509574 3/2006
 JP 2006-177699 7/2006
 JP 2006-187611 7/2006
 JP 2006278091 10/2006
 JP 2006346000 12/2006
 JP 2007159631 6/2007
 JP 2007-313340 12/2007
 JP 2008011865 1/2008
 JP 2008501415 1/2008
 JP 2009-061236 3/2009
 KR 20020015907 3/2002
 KR 20020061744 7/2002
 KR 200609977523 7/2006
 KR 927471 11/2009
 KR 10-2012-09995 9/2012
 TW 553735 9/2003
 TW 200724094 7/2007
 WO WO8802237 4/1988
 WO WO9221307 12/1992
 WO WO9308734 5/1993
 WO WO9319667 10/1993
 WO WO9401165 1/1994
 WO WO9714112 4/1997
 WO WO9739963 10/1997
 WO WO9843537 10/1998
 WO WO9937290 7/1999
 WO WO9959465 11/1999
 WO WO0033246 6/2000
 WO WO0100085 1/2001

(56)

References Cited

FOREIGN PATENT DOCUMENTS

WO WO0147466 7/2001
 WO WO0149364 7/2001
 WO WO0174011 10/2001
 WO WO0180731 11/2001
 WO WO0245489 6/2002
 WO WO0258330 7/2002
 WO WO0262276 8/2002
 WO WO02087681 11/2002
 WO WO02095351 11/2002
 WO WO03005877 1/2003
 WO WO03050643 6/2003
 WO WO03068061 8/2003
 WO WO2004014225 2/2004
 WO WO2004019172 3/2004
 WO WO2004039256 5/2004
 WO WO2004059551 7/2004
 WO WO2004066833 8/2004
 WO WO2004066834 8/2004
 WO WO2004066903 8/2004
 WO WO2004068748 8/2004
 WO WO2004068881 8/2004
 WO WO2004075751 9/2004
 WO WO2004109316 12/2004
 WO WO2005011237 2/2005
 WO WO2005020023 3/2005
 WO WO2005024687 3/2005
 WO WO2005041767 5/2005
 WO WO2005047837 5/2005
 WO WO2005051166 6/2005
 WO WO2005053517 6/2005
 WO WO2005082436 9/2005
 WO WO2005083621 9/2005
 WO WO2005110238 11/2005
 WO WO2006021932 3/2006
 WO WO2006027586 3/2006
 WO WO2006028347 3/2006
 WO WO2006035351 4/2006
 WO WO2006046648 5/2006
 WO WO2006055892 5/2006
 WO WO2006055956 5/2006
 WO WO2006075016 7/2006
 WO WO2006100620 9/2006
 WO WO2006109072 10/2006
 WO WO2006116718 11/2006
 WO WO2006119345 11/2006
 WO WO2006127355 11/2006
 WO WO2007001724 1/2007
 WO WO2007001742 1/2007
 WO WO2007013952 2/2007
 WO WO2007014084 2/2007
 WO WO2007014527 2/2007
 WO WO2007021496 2/2007
 WO WO2007027660 3/2007
 WO WO2007028035 3/2007
 WO WO2007036687 4/2007
 WO WO2007036741 4/2007
 WO WO2007036746 4/2007
 WO WO2007040878 4/2007
 WO WO2007067054 6/2007
 WO WO2007071180 6/2007
 WO WO2007096810 8/2007
 WO WO2007101141 9/2007
 WO WO2007115087 10/2007
 WO WO2007120946 10/2007
 WO WO2007127316 11/2007
 WO WO2007127879 11/2007
 WO WO2007127945 11/2007
 WO WO2007128165 11/2007
 WO WO2007130491 11/2007
 WO WO2007133526 11/2007
 WO WO2007143535 12/2007
 WO WO2007149546 12/2007
 WO WO2006104843 1/2008
 WO WO2008008281 1/2008
 WO WO2008012700 1/2008

WO WO2008030482 3/2008
 WO WO2008052136 5/2008
 WO WO2008061138 5/2008
 WO WO2008063626 5/2008
 WO WO2008066617 6/2008
 WO WO2008076464 6/2008
 WO WO2008089232 7/2008
 WO WO2008091683 7/2008
 WO WO2008095183 8/2008
 WO WO2008097652 8/2008
 WO WO2008101107 8/2008
 WO WO2008112577 9/2008
 WO WO2008112578 9/2008
 WO WO2008120156 10/2008
 WO WO2008133394 11/2008
 WO WO2008134185 11/2008
 WO WO2008150633 12/2008
 WO WO2009001108 12/2008
 WO WO2009006615 1/2009
 WO WO2009029453 3/2009
 WO WO2009036334 3/2009
 WO WO2009051829 4/2009
 WO WO2009051830 4/2009
 WO WO2009063377 5/2009
 WO WO2009081348 7/2009
 WO WO2009111664 9/2009
 WO WO2009146082 12/2009
 WO WO2010000085 1/2010
 WO WO2010009100 1/2010
 WO WO2010011833 1/2010
 WO WO2010019778 2/2010
 WO WO2010057049 5/2010
 WO WO2010075115 7/2010
 WO WO2010080765 7/2010
 WO WO2010080843 7/2010
 WO WO2010107563 9/2010
 WO WO2010115194 10/2010
 WO WO2010132331 11/2010
 WO WO2010135516 11/2010
 WO WO2011068963 6/2011
 WO WO2011133799 10/2011
 WO WO2011159336 12/2011
 WO WO2011159337 12/2011
 WO WO2011159338 12/2011
 WO WO2011159339 12/2011
 WO WO2012104657 8/2012
 WO WO2012158190 11/2012
 WO WO2013012869 1/2013

OTHER PUBLICATIONS

Baskiyar, S. "A Real-time Fault Tolerant Intra-body Network" Dept. of Comp. Sci & Soft Eng; Auburn University; Proceedings of the 27th Annual IEEE Conference; 0742-1303/02 (2002) IEEE; 6 pp.
 Lin et al., "Do Physiological Data Relate to Traditional Usability Indexes?" Proceedings of OZCHI 2005, Canberra, Australia (2005) 10 pp.
 Mandryk et al., "A physiological approach for continuously modeling user emotion in interactive play environments" Proceedings of Measuring Behavior (2008) (Maastricht the Netherlands Aug. 26-29) 2 pp.
 Mandryk et al., "Objectively Evaluating Entertainment Technology" Simon Fraser University; CHI (2004) ACM 1-58113-703-6/04/0004; 2 pp.
 "PALO Bluetooth Baseband" PALO Bluetooth Resource Center (2002) Retrieved from internet Dec. 12, 2012 at URL: <http://palowireless.com/bluearticles/baseband.asp>; first cited in Office Action dated Jan. 17, 2013 for EP08853901.0.
 Trutag, Technologies, Inc., Spectral Microtags for Authentication and Anti-Counterfeiting; "Product Authentication and Brand Protection Solutions"; <http://www.trutags.com/>; downloaded Feb. 12, 2013; 1 pp.
 Jimbo et al., "Gastric-fluid-utilized micro battery for micro medical devices" The Sixth International Workshop on Micro and Nanotechnology for Power Generation and Energy Conservation Applications, (2006) pp. 97-100.

(56)

References Cited

OTHER PUBLICATIONS

- Jung, S. "Dissolvable 'Transient Electronics' Will Be Good for Your Body and the Environment" MedGadget; Oct. 1, 2012; Online website: <http://medgadget.com/2012/10/dissolvable-transient-electronics-will-be-good-for-your-body-and-the-environment.html>; downloaded Oct. 24, 2012; 4 pp.
- Owano, N., "Study proposes smart sutures with sensors for wounds" phys.org. Aug. 2012. <http://phys.org/news/2012-08-smart-sutures-sensors-wounds.html>.
- Platt, D., "Modulation and Deviation" AE6EO, Foothills Amateur Radio Society; Oct. 26, 2007; 61 pp.
- Aade, "AADE 37th Annual Meeting San Antonio Aug. 4-7, 2010" American Association of Diabetes Educators (2010); <http://www.diabeteseducator.org/annualmeeting/2010/index.html>; 2 pp.
- Arshak et al., A Review and Adaptation of Methods of Object Tracking to Telemetry Capsules IC-Med (2007) vol. 1, No. 1, Issue 1, 12pp.
- "ASGE Technology Status Evaluation Report: wireless capsule endoscopy" American Soc. For Gastrointestinal Endoscopy (2006) vol. 63, No. 4; 7 pp.
- Aydin et al., "Design and implementation considerations for an advanced wireless interface in miniaturized integrated sensor Microsystems" Sch. of Eng. & Electron., Edinburgh Univ., UK; (2003); abstract.
- Barrie, Heidelberg pH capsule gastric analysis. Textbook of Natural Medicine, (1992), Pizzorno, Murray & Barrie.
- Bohidar et al., "Dielectric Behavior of Gelatin Solutions and Gels" Colloid Polym Sci (1998) 276:81-86.
- Brock, "Smart Medicine: The Application of Auto-ID Technology to Healthcare" Auto-ID Labs (2002) <http://www.autoidlabs.org/uploads/media/MIT-AUTOID-WH-010.pdf>.
- Carlson et al., "Evaluation of a non-invasive respiratory monitoring system for sleeping subjects" Physiological Measurement (1999) 20(1): 53.
- Coury, L. "Conductance Measurement Part 1: Theory"; Current Separations, 18:3 (1999) p. 91-96.
- Delvaux et al., "Capsule endoscopy: Technique and indications" Clinical Gastroenterology (2008) vol. 22, Issue 5, pp. 813-837.
- Dhar et al., "Electroless nickel plated contacts on porous silicon" Appl. Phys. Lett. 68 (10) pp. 1392-1393 (1996).
- Eldek A., "Design of double dipole antenna with enhanced usable bandwidth for wideband phased array applications" Progress in Electromagnetics Research PIER 59, 1-15 (2006).
- Fawaz et al., "Enhanced Telemetry System using CP-QPSK Band-Pass Modulation Technique Suitable for Smart Pill Medical Application" IFIP IEEE Dubai Conference (2008); http://www.asic.fh-offenburg.de/downloads/ePille/IFIP_IEEE_Dubai_Conference.pdf.
- Ferguson et al., "Dielectric Constant Studies III Aqueous Gelatin Solutions" J. Chem. Phys. 2, 94 (1934) p. 94-98.
- Furse C. M., "Dipole Antennas" J. Webster (ed). Wiley Encyclopedia of Electrical and Electronics Engineering (1999) p. 575-581.
- Gagliani S. "Put Your Phone, or Skin, on Vibrate" MedGadget (2012) <http://medgadget.com/2012/03/put-your-phone-or-skin-on-vibrate.html> 8pp.
- Gilson, D.R. "Molecular dynamics simulation of dipole interactions", Department of Physics, Hull University, Dec. 2002, p. 1-43.
- Given Imaging, "Agile Patency Brochure" (2006) http://www.inclino.no/documents/AgilePatencyBrochure_Global_GMB-0118-01.pdf; 4pp.
- Gonzalez-Guillaumin et al., "Ingestible capsule for impedance and pH monitoring in the esophagus" IEEE Trans Biomed Eng. (2007) 54(12): 2231-6; abstract.
- Greene, "Edible RFID microchip monitor can tell if you take your medicine" Bloomberg Businessweek (2010) 2 pp.; <http://www.businessweek.com/idg/2010-03-31/edible-rfid-microchip-monitor-can-tell-if-you-take-your-medicine.html>.
- Halhion Medical Technologies "Providing Ambulatory Medical Devices Which Monitor, Measure and Record" webpage. Online website: <http://www.halhion.com/>; downloaded May 30, 2012.
- Heydari et al., "Analysis of the PLL jitter due to power/ground and substrate noise"; IEEE Transactions on Circuits and Systems (2004) 51(12): 2404-16.
- Hoover et al., "Rx for health: Engineers design pill that signals it has been swallowed" University of Florida News (2010) 2pp.; <http://news.ufl.edu/2010/03/31/antenna-pill-2/>.
- ISFET—Ion Sensitive Field-Effect Transistor; Microsens S.A. pdf document. Office Action dated Jun. 13, 2011 for U.S. Appl. No. 12/238,345; 4pp.
- Intromedic, MicroCam Innovative Capsule Endoscope Pamphlet. (2006) 8 pp (<http://www.intromedic.com/en/product/productinfo.asp>).
- Juvenile Diabetes Research Foundation International (JDRF), "Artificial Pancreas Project" (2010); <http://www.artificialpancreasproject.com/>; 3 pp.
- Kamada K., "Electrophoretic deposition assisted by soluble anode" Materials Letters 57 (2003) 2348-2351.
- Li, P-Y, et al. "An electrochemical intraocular drug delivery device", Sensors and Actuators A 143 (2008) p. 41-48.
- Lifescan, "OneTouch UltraLink™" <http://www.lifescan.com/products/meters/ultralink> (2010) 2 pp.
- MacKay et al., "Radio Telemetering from within the Body Inside Information is Revealed by Tiny Transmitters that can be Swallowed or Implanted in Man or Animal" Science (1991) 1196-1202; 134; American Association for the Advancement of Science, Washington D.C.
- MacKay et al., "Endoradiosonde" Nature, (1957) 1239-1240, 179 Nature Publishing Group.
- McKenzie et al., "Validation of a new telemetric core temperature monitor" J. Therm. Biol. (2004) 29(7-8):605-11.
- Medtronic, "CareLink Therapy Management Software for Diabetes" (2010); <https://carelink.minimed.com/patient/entry.jsp?bhcp=1>; 1 pp.
- Medtronic, "Carelink™ USB" (2008) http://www.medtronicdiabetes.com/pdf/carelink_usb_factsheet.pdf 2pp.
- Medtronic "The New MiniMed Paradigm® REAL-Time Revel™ System" (2010) <http://www.medtronicdiabetes.com/products/index.html>; 2 pp.
- Medtronic, "Mini Med Paradigm® Revel™ Insulin Pump" (2010) <http://www.medtronicdiabetes.com/products/insulinpumps/index.html>; 2 pp.
- Medtronic, Mini Med Paradigm™ Veo™ System: Factsheet (2010). <http://www.medtronic-diabetes.com.au/downloads/Paradigm%20Veo%20Factsheet.pdf>; 4 pp.
- Melanson, "Walkers swallow RFID pills for science" Engadget (2008); <http://www.engadget.com/2008/07/29/walkers-swallow-rfid-pills-for-science/>.
- Minimitter Co. Inc. "Actiheart" Traditional 510(k) Summary. Sep. 27, 2005.
- Minimitter Co. Inc. Noninvasive technology to help your studies succeed. Mini Mitter.com Mar. 31, 2009.
- Mini Mitter Co, Inc. 510(k) Premarket Notification Mini-Logger for Diagnostic Spirometer. Sep. 21, 1999.
- Mini Mitter Co, Inc. 510(k) Premarket Notification for VitalSense. Apr. 22, 2004.
- Minimitter Co. Inc. VitalSense Integrated Physiological Monitoring System Product Description. (2005).
- Minimitter Co. Inc. VitalSense Wireless Vital Signs Monitoring. Temperatures.com Mar. 31, 2009.
- Mojaverian et al., "Estimation of gastric residence time of the Heidelberg capsule in humans: effect of varying food composition" Gastroenterology (1985) 89:(2): 392-7.
- "New 'smart pill' to track adherence" E-Health-Insider (2010) http://www.e-health-insider.com/news/5910/new_smart_pill_monitors_medicines.
- NPL_AntennaBasics.pdf, Radio Antennae, <http://www.erikdeman.de/html/sail018h.htm>; (2008) 3pp.
- O'Brien et al., "The Production and Characterization of Chemically Reactive Porous Coatings of Zirconium Via Unbalanced Magnetron Sputtering" Surface and Coatings Technology (1996) 86-87; 200-206.

(56)

References Cited

OTHER PUBLICATIONS

- Park, "Medtronic to Buy MiniMed for \$3.7 Billion" (2001) HomeCare; http://homecaremag.com/mag/medical_medtronic_buy_minimed/; 2 pp.
- "RFID "pill" monitors marchers" RFID News (2008) <http://www.rfidnews.org/2008/07/23/rfid-pill-monitors-marchers/>.
- Rolison et al., "Electrically conductive oxide aerogels: new materials in electrochemistry" *J. Mater. Chem.* (2001) 1, 963-980.
- Roulstone, et al., "Studies on Polymer Latex Films: I. A study of latex film morphology" *Polymer International* 24 (1991) pp. 87-94.
- Sanduleanu et al., "Octave tunable, highly linear, RC-ring oscillator with differential fine-coarse tuning, quadrature outputs and amplitude control for fiber optic transceivers" (2002) IEEE MTT-S International Microwave Symposium Digest 545-8.
- Santini, J.T. et al., "Microchips as controlled drug delivery-devices", *Agnew. Chem. Int. Ed.* (2000), vol. 39, p. 2396-2407.
- "SensiVida minimally invasive clinical systems" Investor Presentation Oct. 2009 28pp; <http://www.sensividamedtech.com/SensiVidaGeneralOctober09.pdf>.
- Shawgo, R.S. et al. "BioMEMS from drug delivery", *Current Opinion in Solid State and Material Science* 6 (2002), p. 329-334.
- Shin et al., "A Simple Route to Metal Nanodots and Nanoporous Metal Films"; *Nano Letters*, vol. 2, No. 9 (2002) pp. 933-936.
- Shrivastava et al., "A New Platform for Bioelectronics-Electronic Pill", Cummins College, (2010); http://www.cumminscollege.org/downloads/electronics_and_telecommunication/Newsletters/Current%20Newsletters.pdf; First cited in third party client search conducted by Patent Eagle Search May 18, 2010.
- "SmartLife awarded patent for knitted transducer" *Innovation in Textiles News*; <http://www.innovationintextiles.com/articles/208.php>; 2pp. (2009).
- "The SmartPill Wireless Motility Capsule" Smartpill, The Measure of GI Health; (2010) http://www.smartpillcorp.com/index.cfm?pagepath=Products/The_SmartPill_Capsule&id=17814.
- Solanas et al., "RFID Technology for the Health Care Sector" *Recent Patents on Electrical Engineering* (2008) 1, 22-31.
- Soper, S.A. et al. "Bio-Mems Technologies and Applications", Chapter 12, "MEMS for Drug Delivery", p. 325-346 (2007).
- Swedberg, "University Team Sees Ingestible RFID Tag as a Boon to Clinical Trials" *RFID Journal* Apr. 27, 2010; <http://www.rfidjournal.com/article/view/7560/13pp>.
- Tajalli et al., "Improving the power-delay performance in subthreshold source-coupled logic circuits" *Integrated Circuit and System Design. Power and Timing Modeling, Optimization and Simulation*, Springer Berlin Heidelberg (2008) 21-30.
- Tatbul et al., "Confidence-based data management for personal area sensor networks" *ACM International Conference Proceeding Series* (2004) 72.
- Tierney, M.J. et al "Electroreleasing Composite Membranes for Delivery of Insulin and other Biomacromolecules", *J. Electrochem. Soc.*, vol. 137, No. 6, Jun. 1990, p. 2005-2006.
- U.S. Appl. No. 12/238,345, filed Sep. 25, 2008, Hooman et al., Non-Final Office Action mailed Jun. 13, 2011 22pp.
- Walkey, "MOSFET Structure and Processing"; 97.398* *Physical Electronics Lecture 20*; Office Action dated Jun. 13, 2011 for U.S. Appl. No. 12/238,345; 24 pp.
- Watson, et al., "Determination of the relationship between the pH and conductivity of gastric juice" *Physiol Meas.* 17 (1996) pp. 21-27.
- Wongmanerod et al., "Determination of pore size distribution and surface area of thin porous silicon layers by spectroscopic ellipsometry" *Applied Surface Science* 172 (2001) 117-125.
- Xiaoming et al., "A telemedicine system for wireless home healthcare based on bluetooth and the internet" *Telemedicine Journal and e-health* (2004) 10(S2): S110-6.
- Yang et al., "Fast-switching frequency synthesizer with a discriminator-aided phase detector" *IEEE Journal of Solid-State Circuits* (2000) 35(10): 1445-52.
- Yao et al., "Low Power Digital Communication in Implantable Devices Using Volume Conduction of Biological Tissues" *Proceedings of the 28th IEEE, EMBS Annual International Conference*, Aug. 30-Sep. 3, 2006.
- Zimmerman, "Personal Area Networks: Near-field intrabody communication" *IBM Systems Journal* (1996) 35 (3-4):609-17.
- Description of ePatch Technology Platform for ECG and EMG, located at http://www.madebydelta.com/imported/images/DELTA_Web/documents/ME/ePatch_ECG_EMG.pdf, Dated Sep. 2, 2010.
- Zworkin, "A Radio Pill" *Nature*, (1957) 898, 179 *Nature Publishing Group*.
- Winter, J. et al. "The material properties of gelatin gels"; *USA Ballistic Research Laboratories*, Mar. 1975, p. 1-157.
- Hotz "The Really Smart Phone" *The Wall Street Journal*, What They Know (2011); 6 pp.; http://online.wsj.com/article/SB10001424052748704547604576263261679848814.html?mod=djemTECH_t.
- Evanczuk, S., "PIC MCU software library uses human body for secure communications link" *EDN Network*; [edn.com](http://www.edn.com/electronics-products/other/4407842/PIC-MCU-software-library-uses-human-body-for-secure-communications-link); Feb. 26, 2013 Retrieved from Internet Jun. 19, 2013 at <http://www.edn.com/electronics-products/other/4407842/PIC-MCU-software-library-uses-human-body-for-secure-communications-link>; 5 pp.
- Kim et al., "A Semi-Interpenetrating Network System for a Polymer Membrane"; *Eur. Polym. J.* vol. 33 No. 7; pp. 1009-1014 (1997).

* cited by examiner

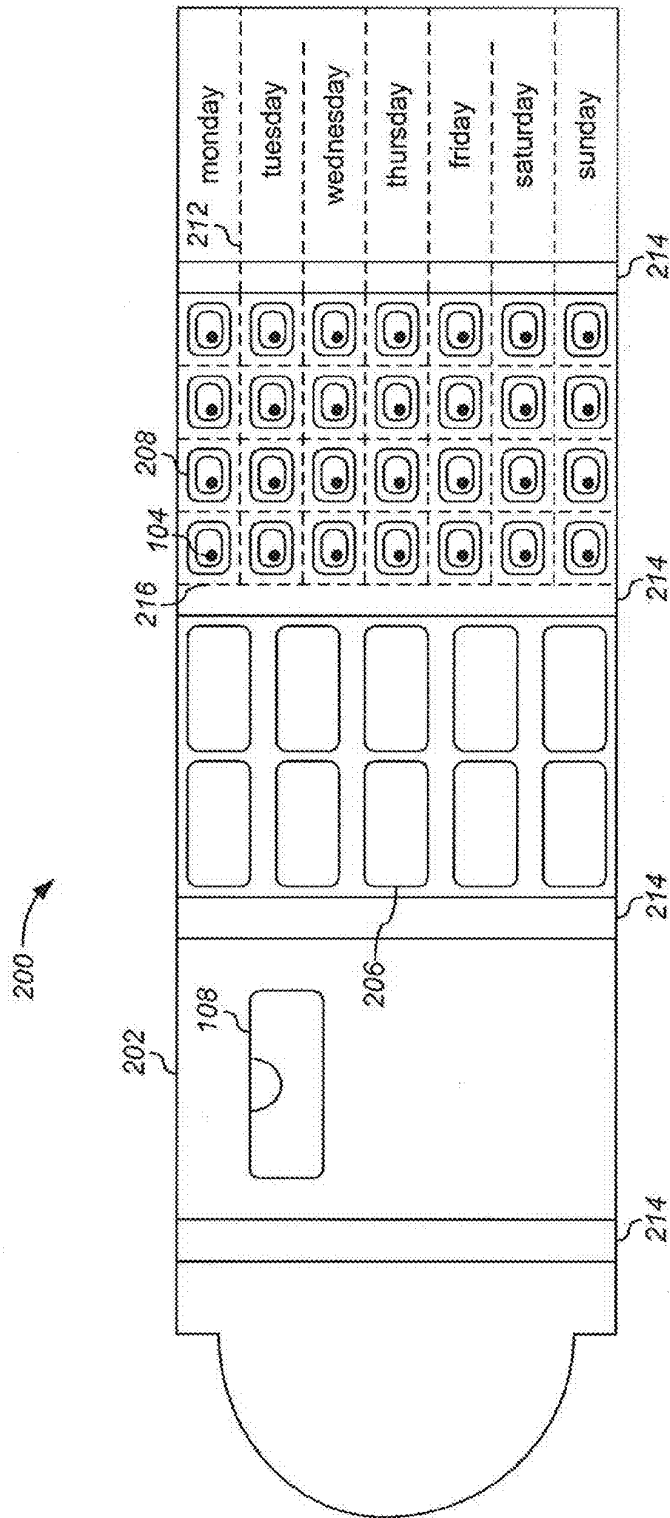


FIG. 2



FIG. 3

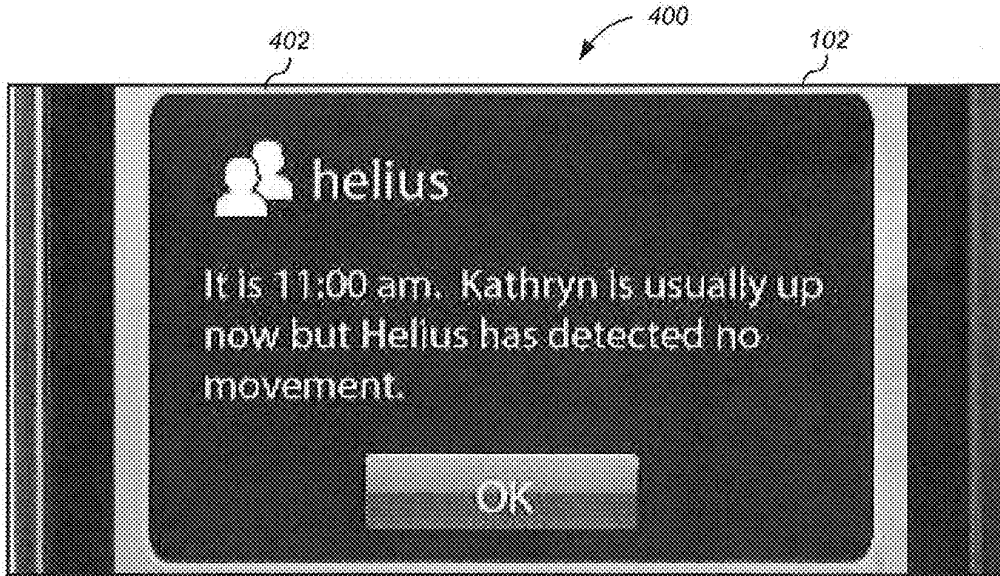


FIG. 4

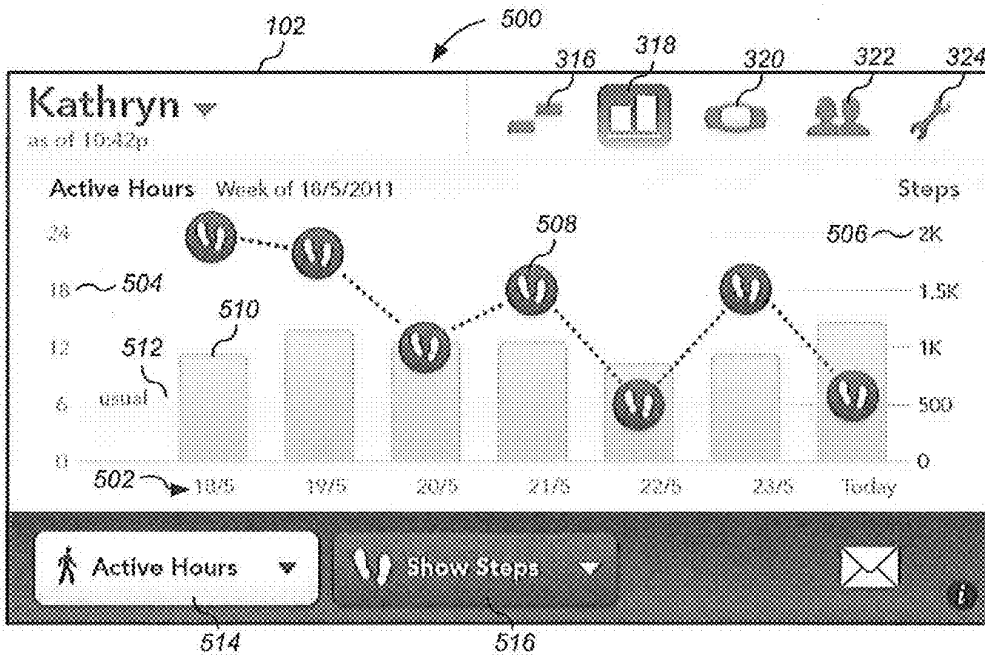


FIG. 5

102

Create Account 600

first name	last name
------------	-----------

username

password

confirm password

The image shows a user interface for creating an account. It features a title 'Create Account' and a 'Next' button with a right-pointing arrow. Below the title are five input fields: 'first name' and 'last name' are side-by-side, followed by 'username', 'password', and 'confirm password' stacked vertically. The entire form is enclosed in a dark border with a decorative, scalloped bottom edge. Reference numerals 102 and 600 are present.

FIG. 6

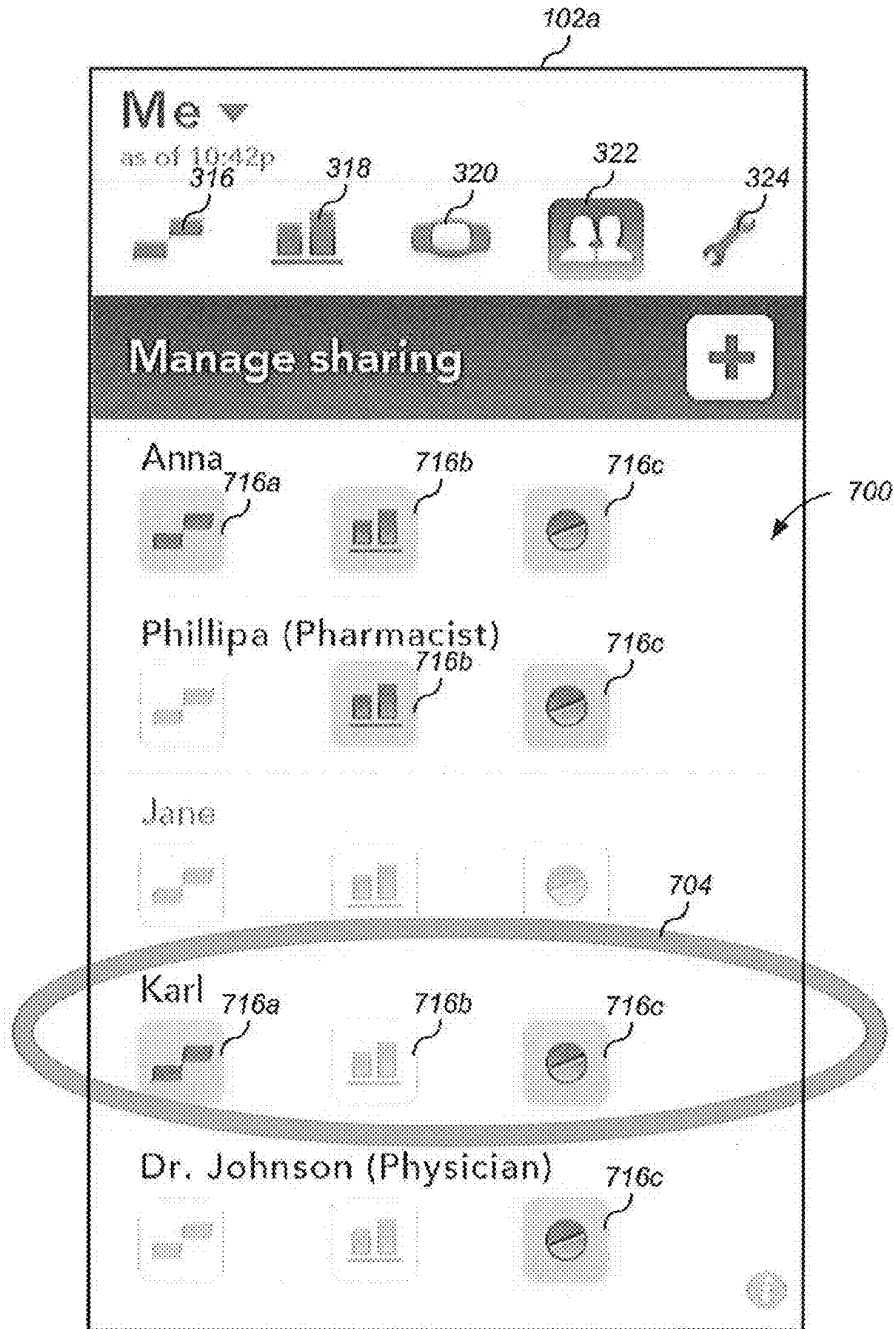


FIG. 7

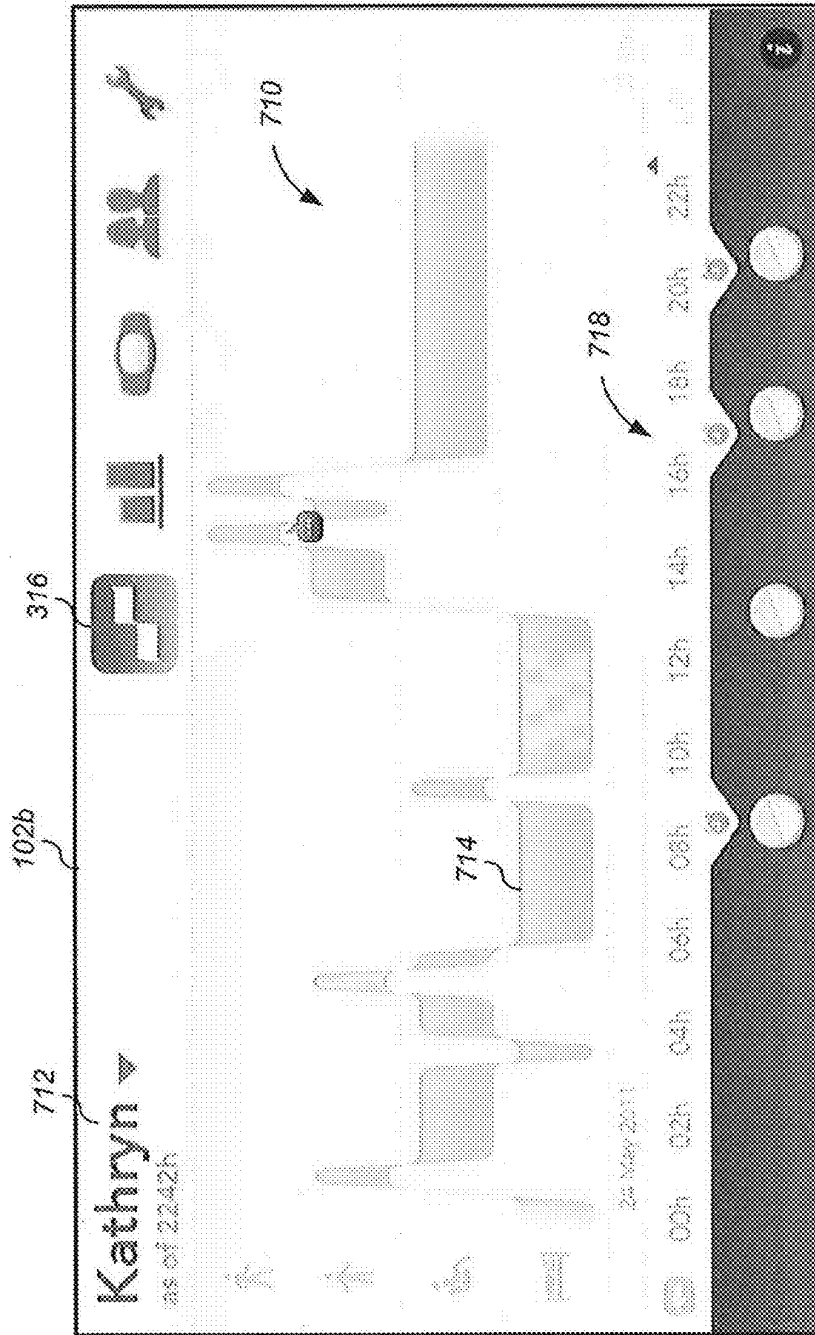


FIG. 8

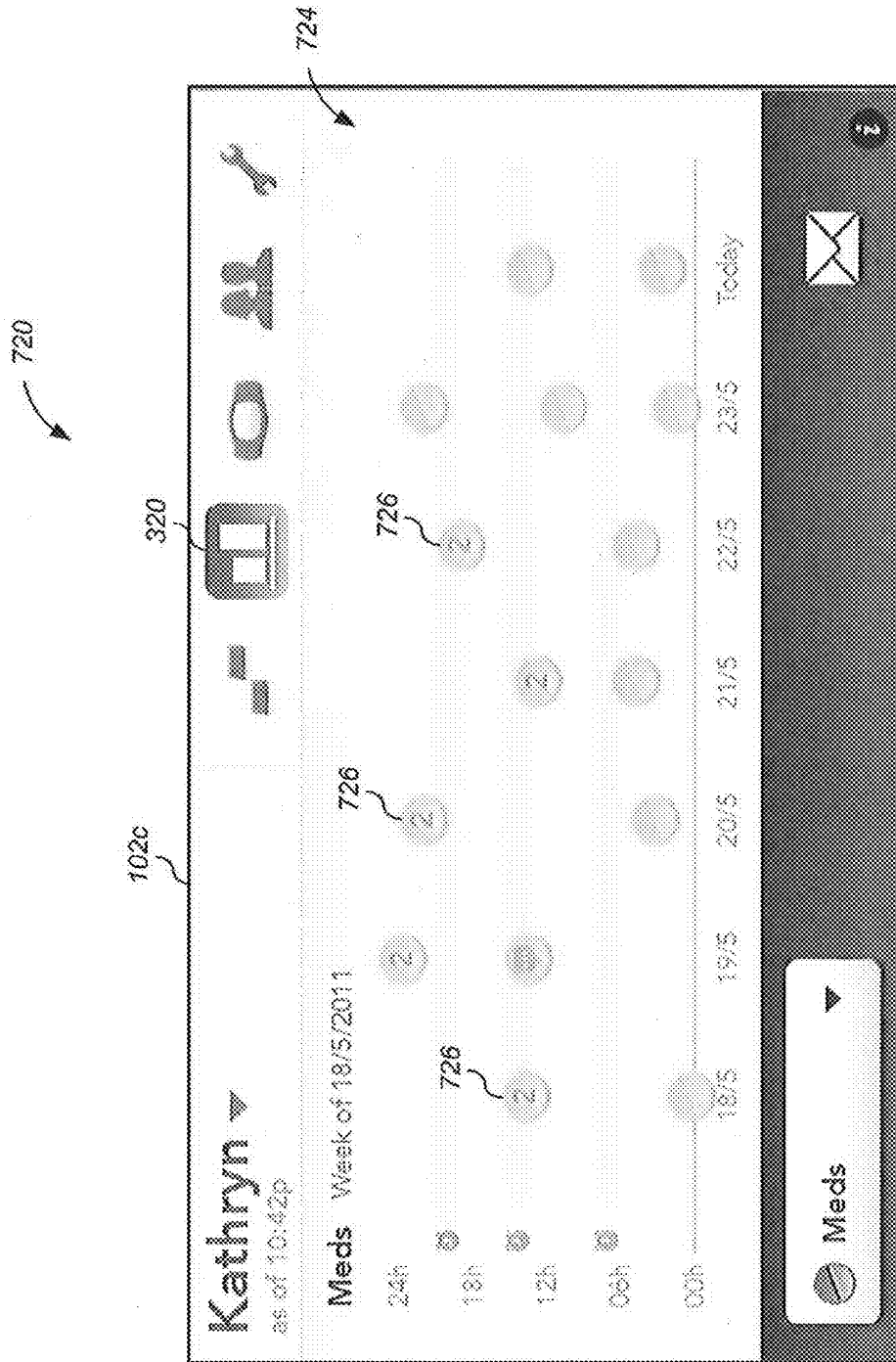


FIG. 9

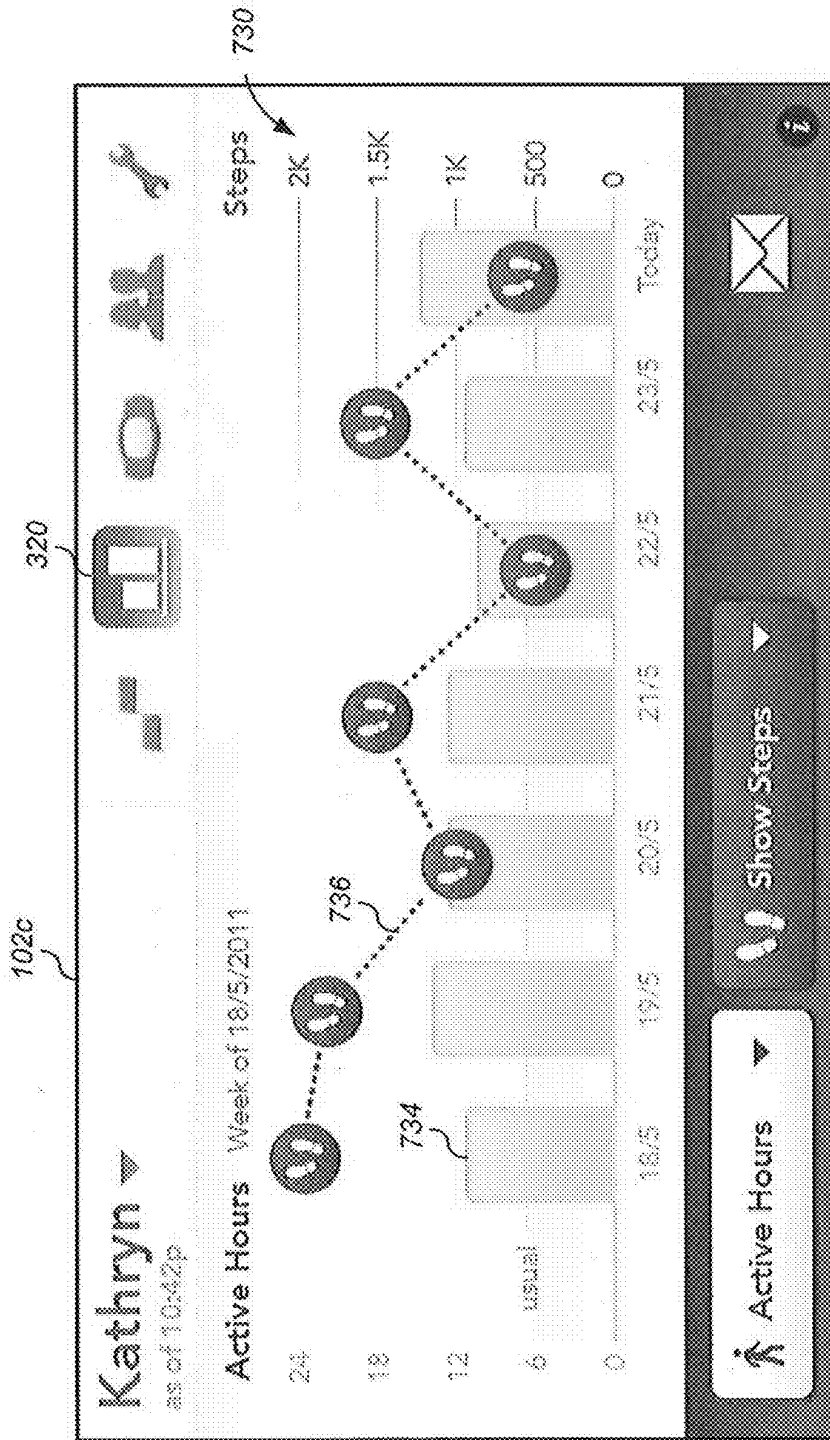


FIG. 10

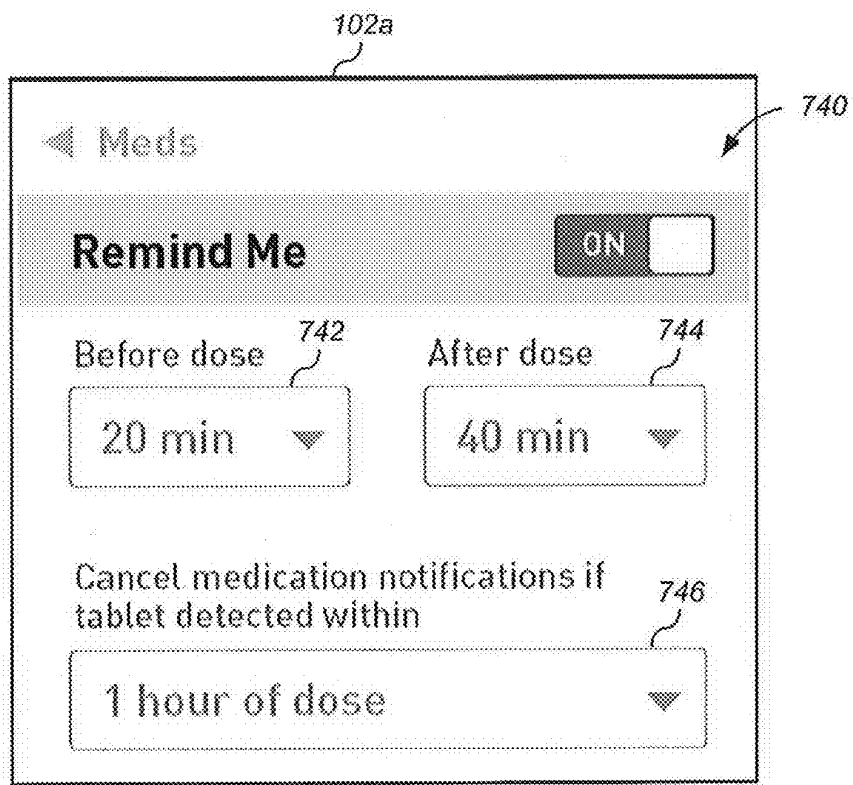


FIG. 11

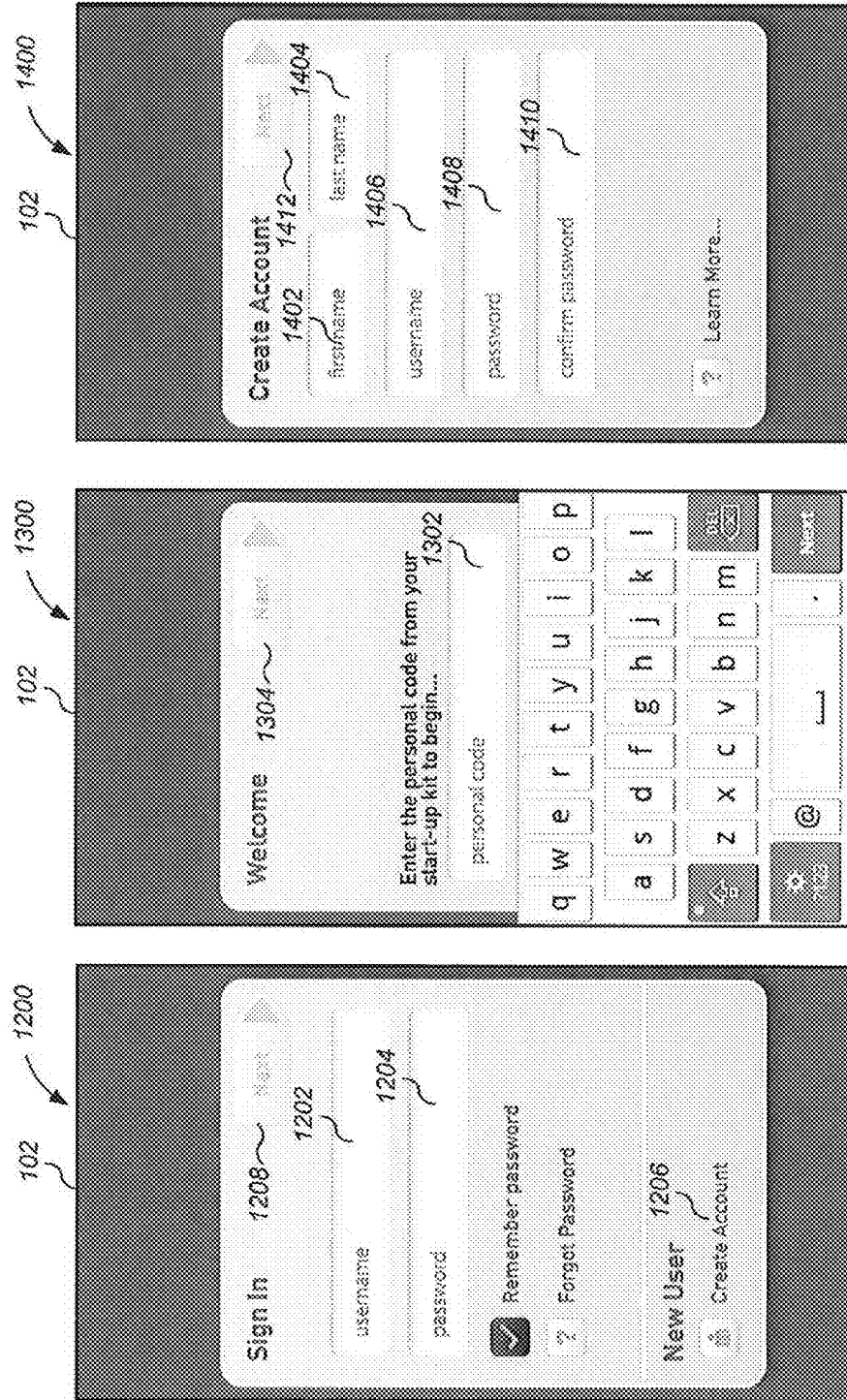


FIG. 14

FIG. 13

FIG. 12

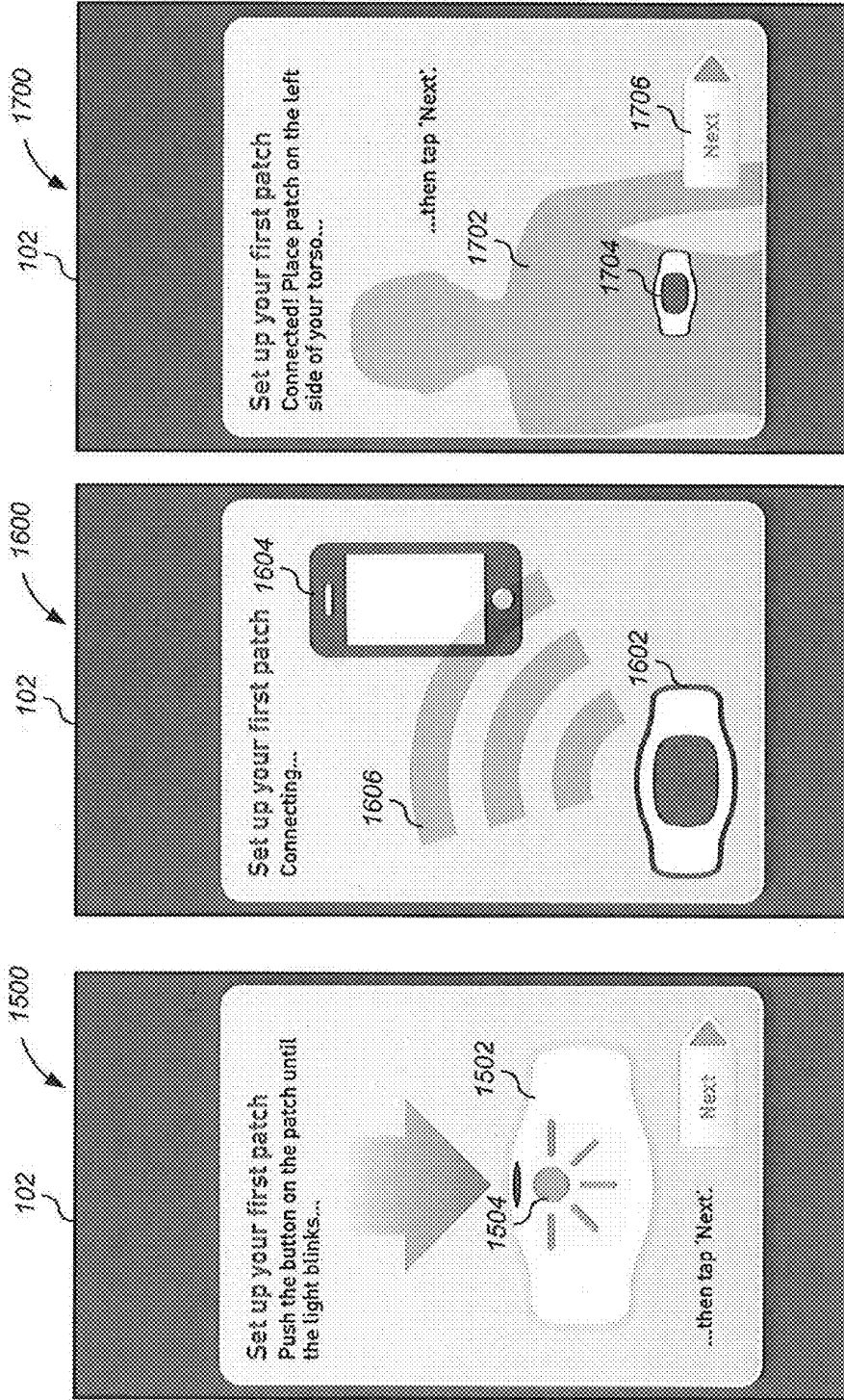


FIG. 15

FIG. 16

FIG. 17

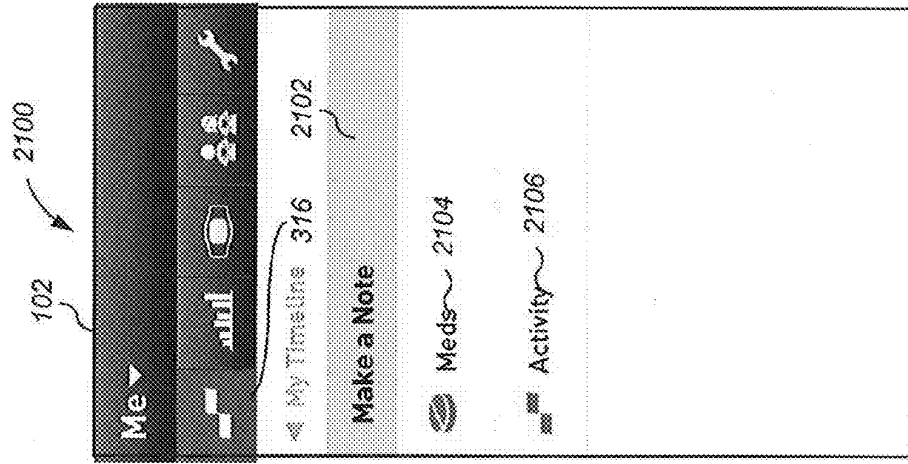


FIG. 18

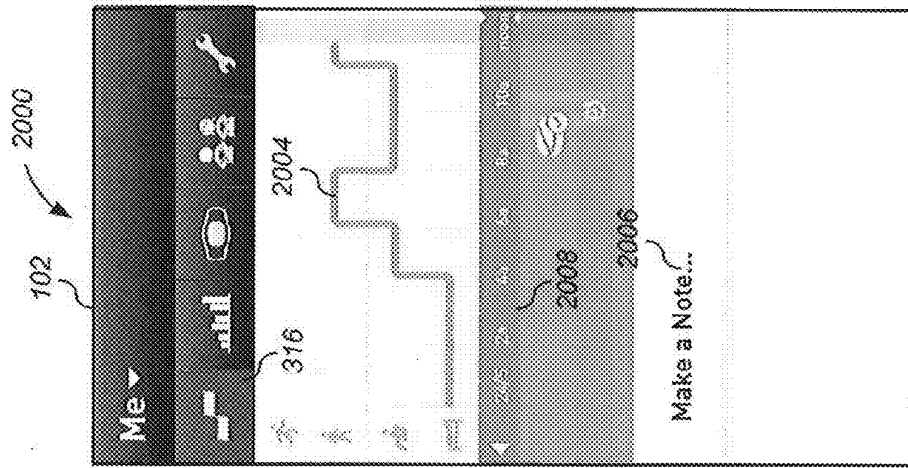


FIG. 20

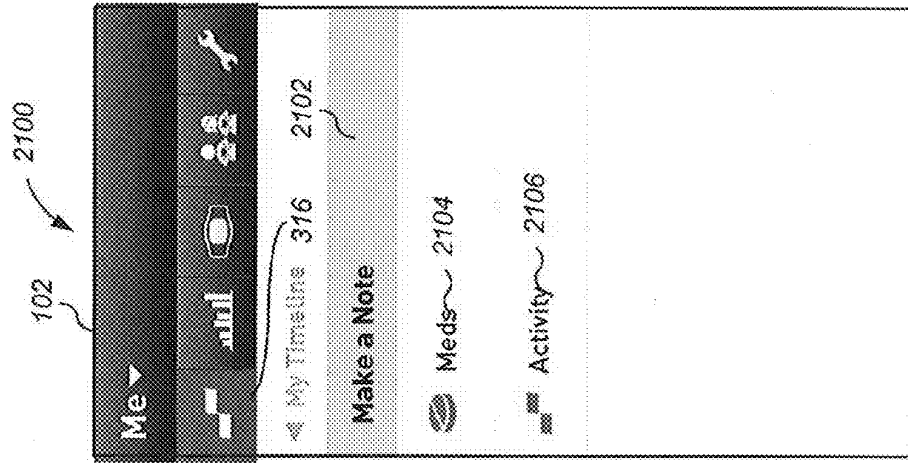


FIG. 21

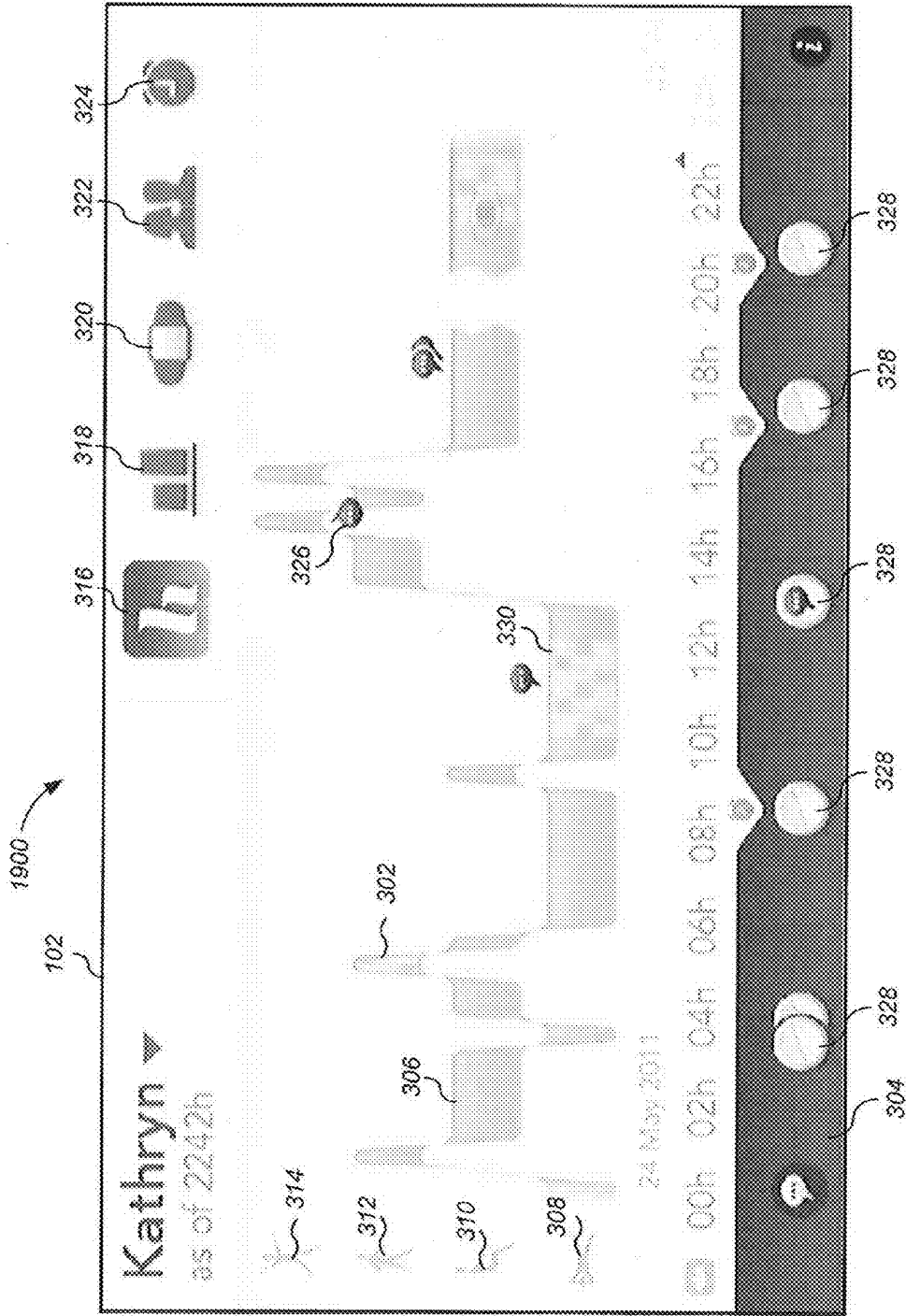


FIG. 19

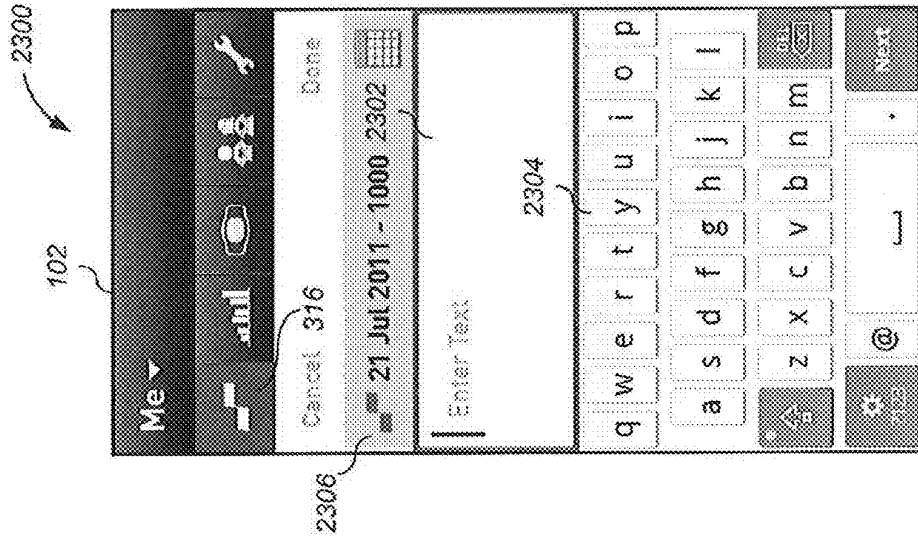


FIG. 23

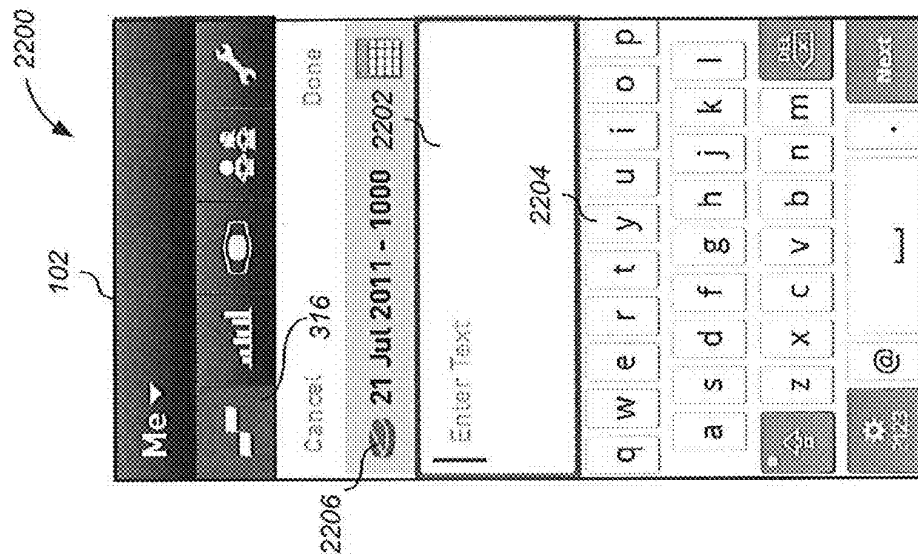


FIG. 22

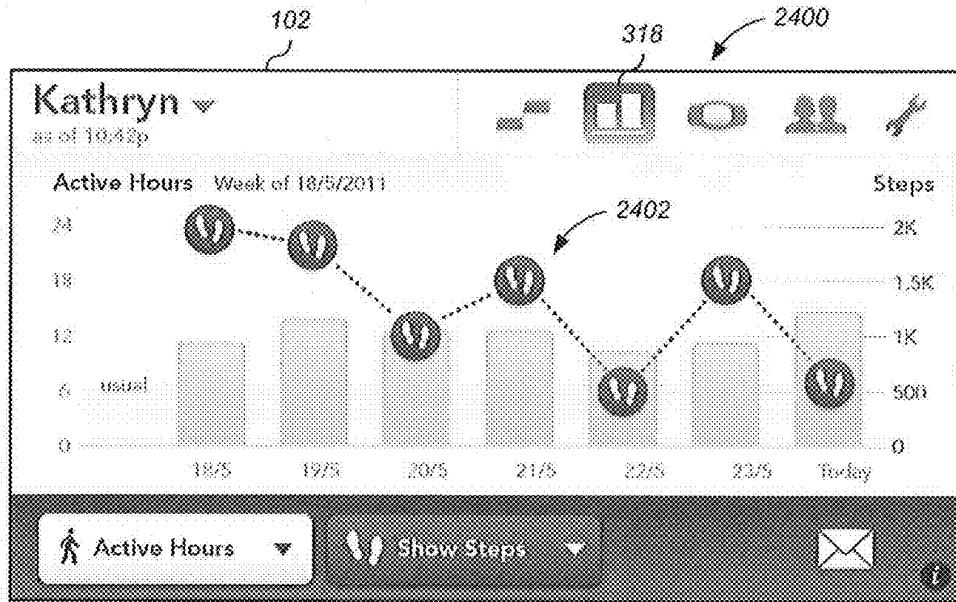


FIG. 24

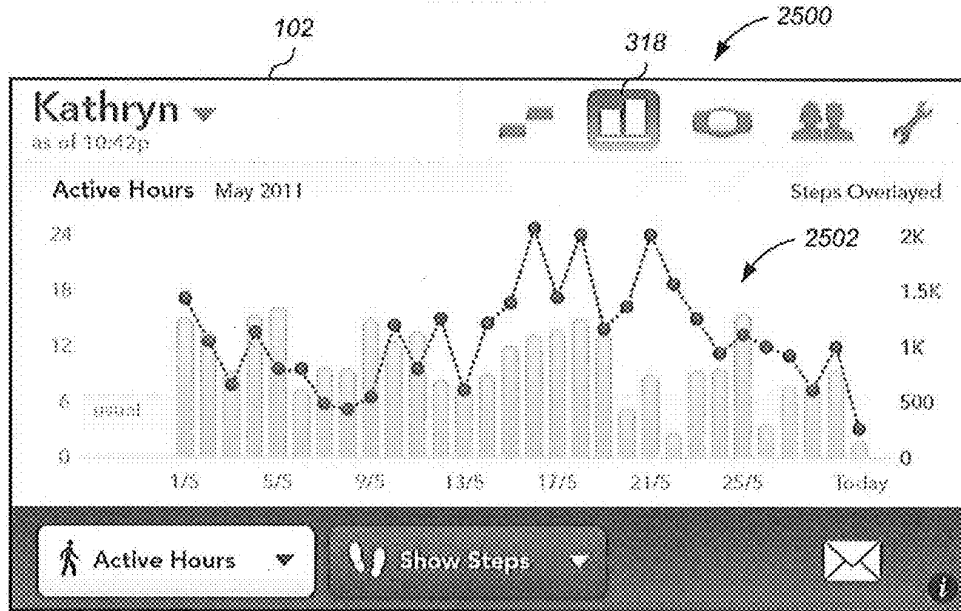


FIG. 25

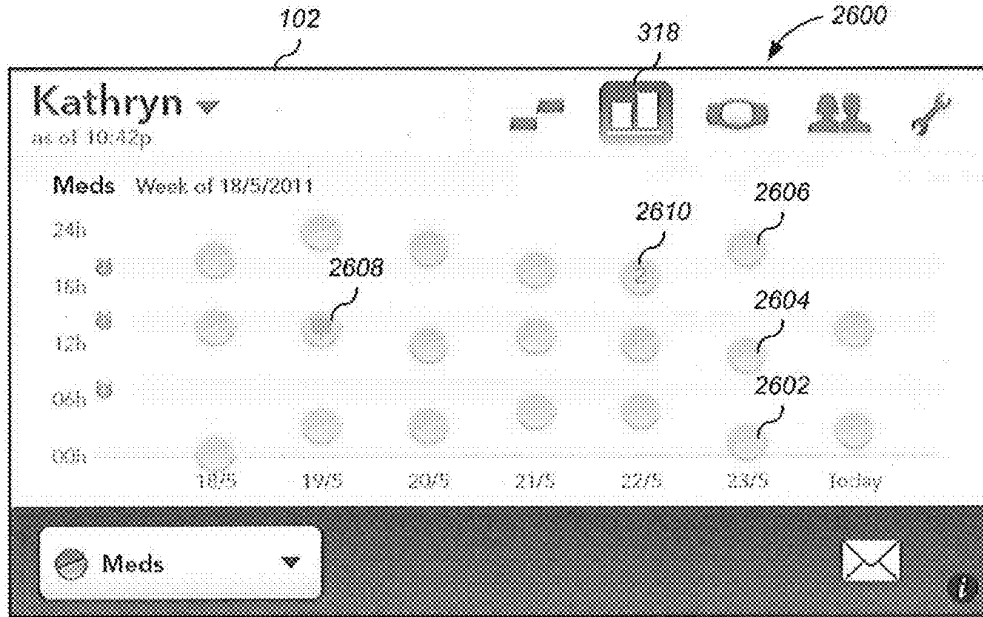


FIG. 26

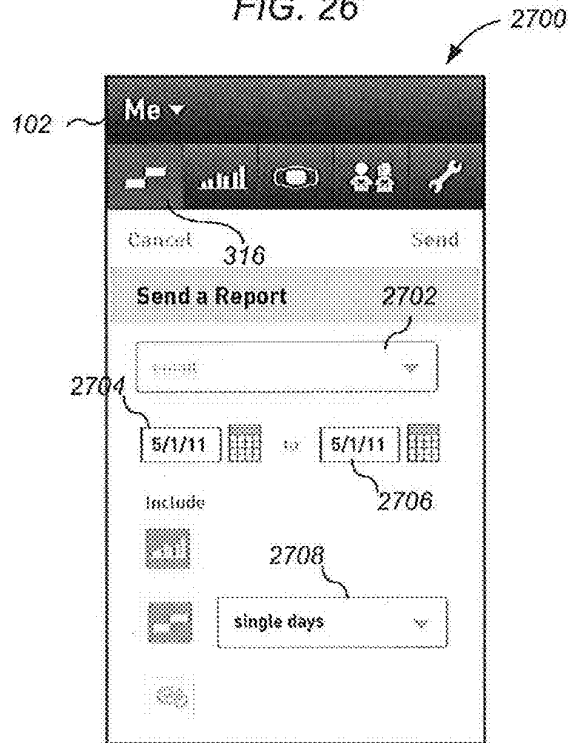


FIG. 27

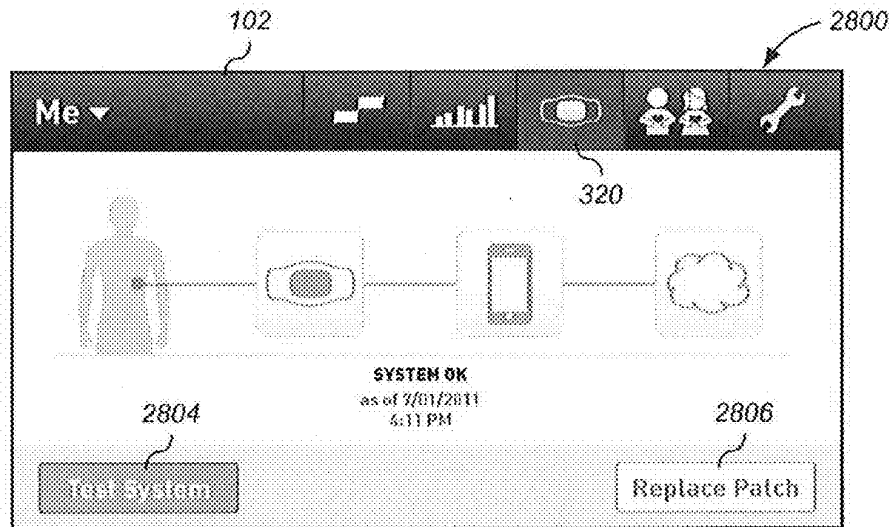


FIG. 28

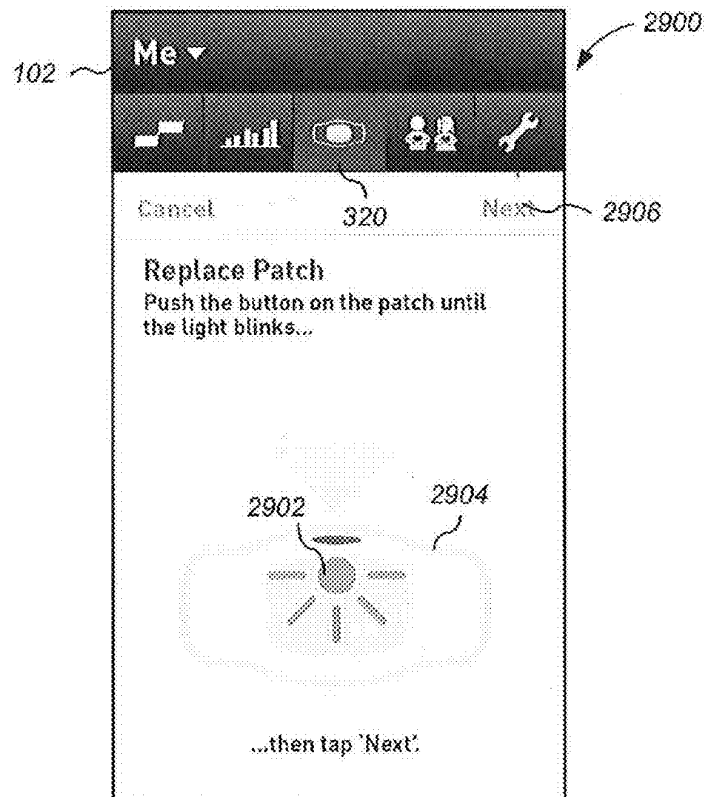


FIG. 29

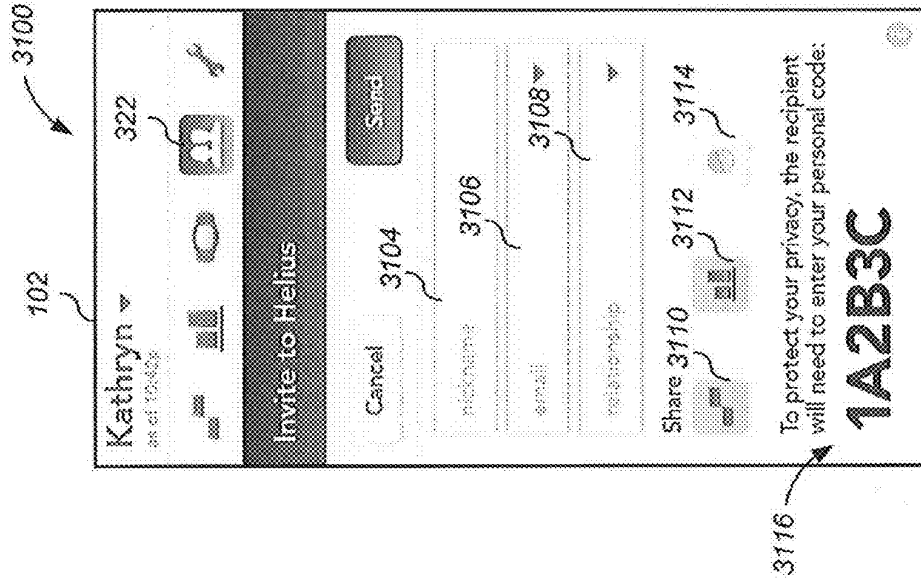


FIG. 30

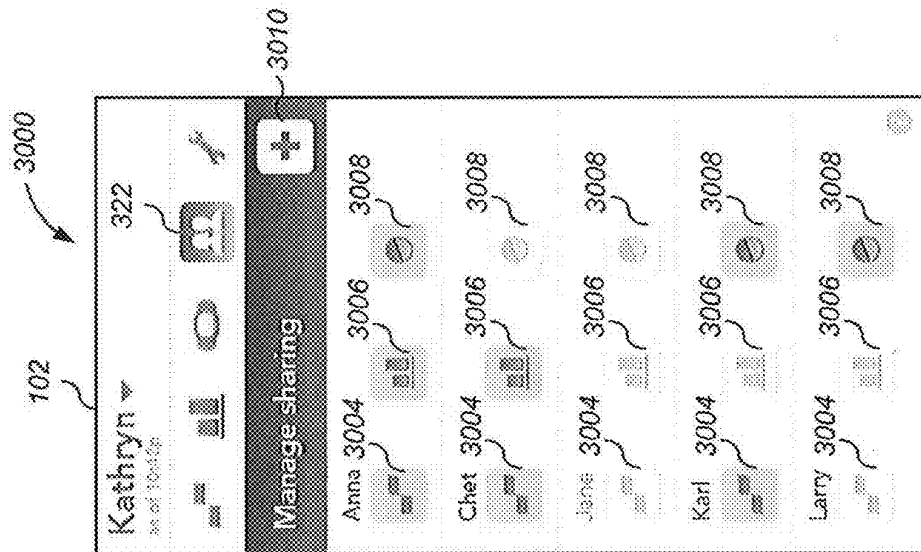


FIG. 31

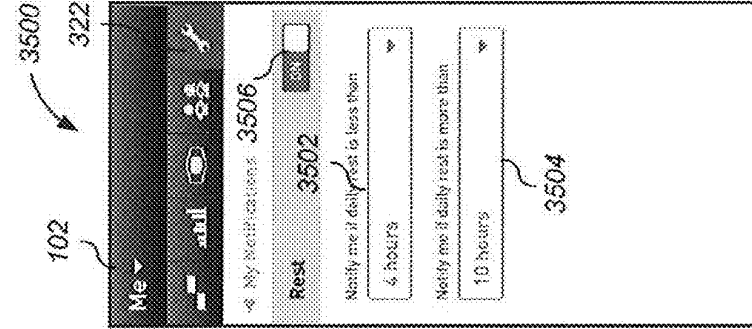


FIG. 32

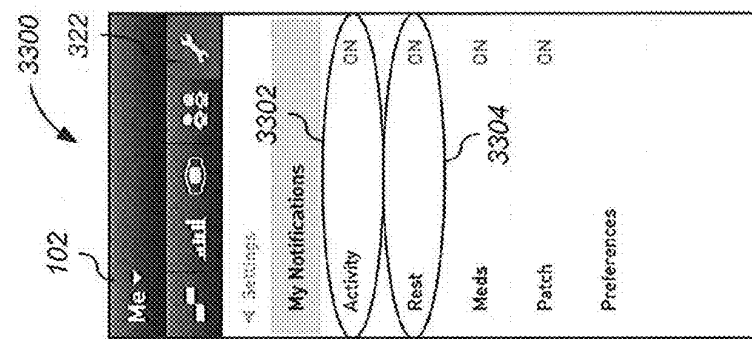


FIG. 33

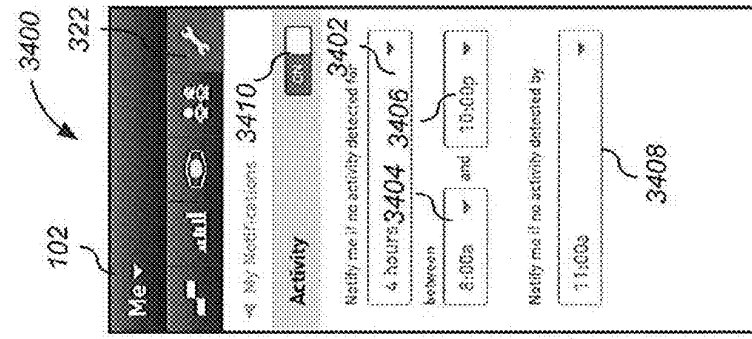


FIG. 34

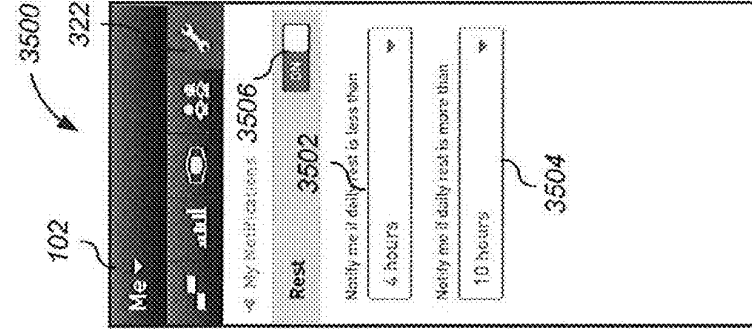


FIG. 35

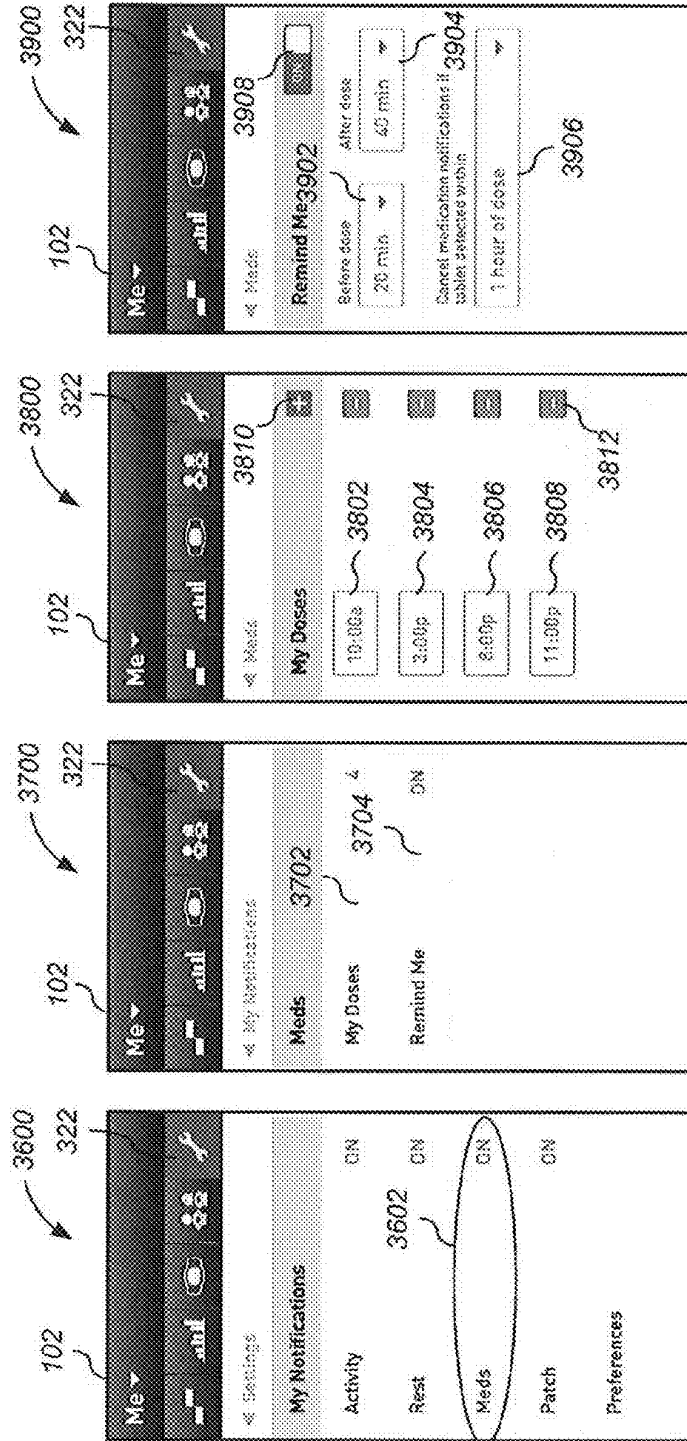


FIG. 36

FIG. 37

FIG. 38

FIG. 39

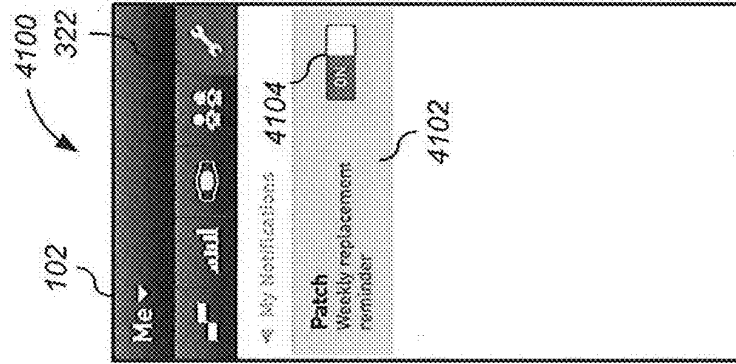


FIG. 41

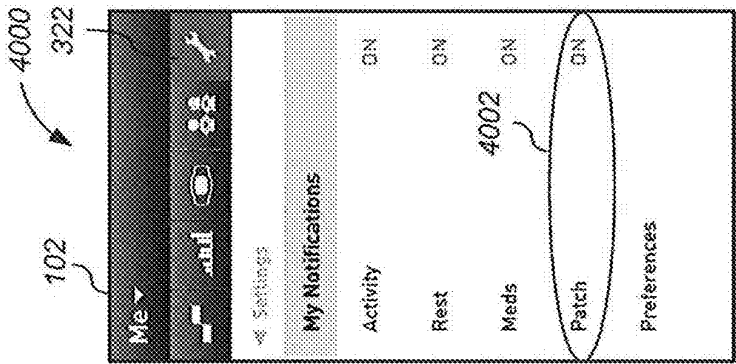
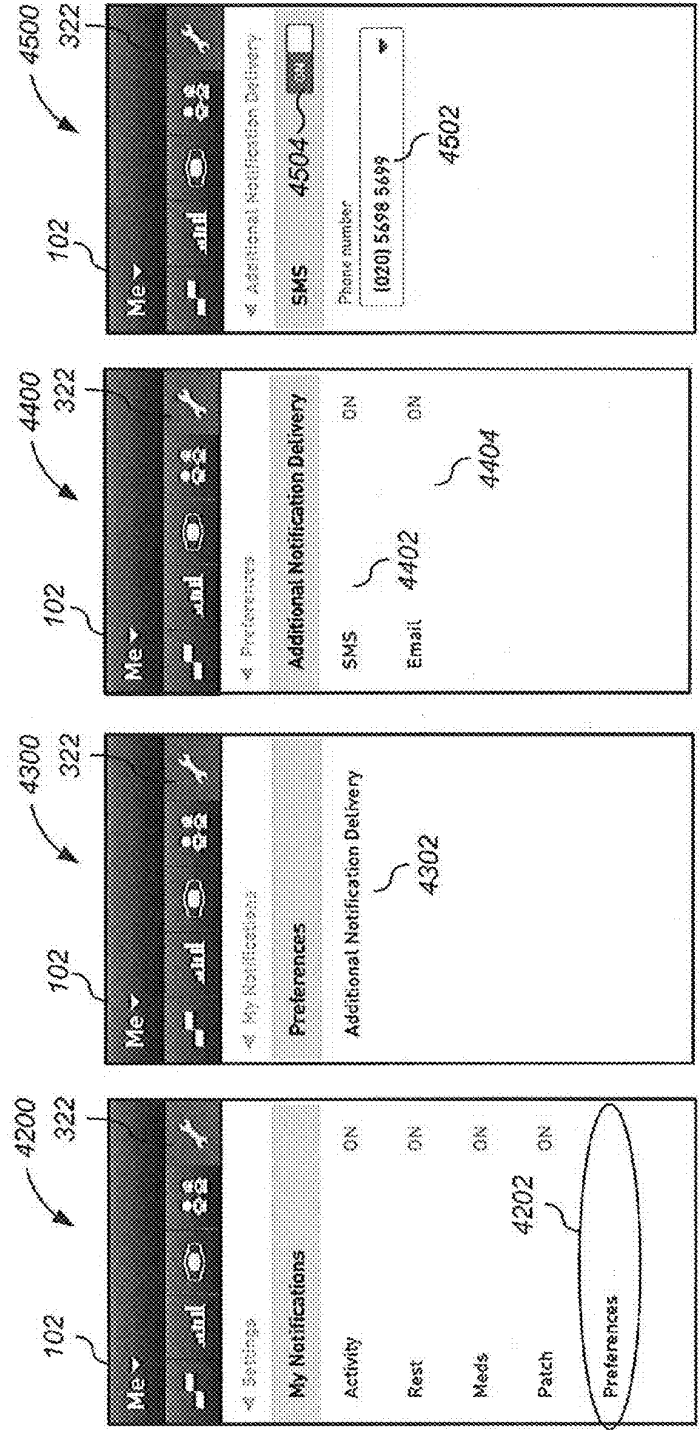


FIG. 40



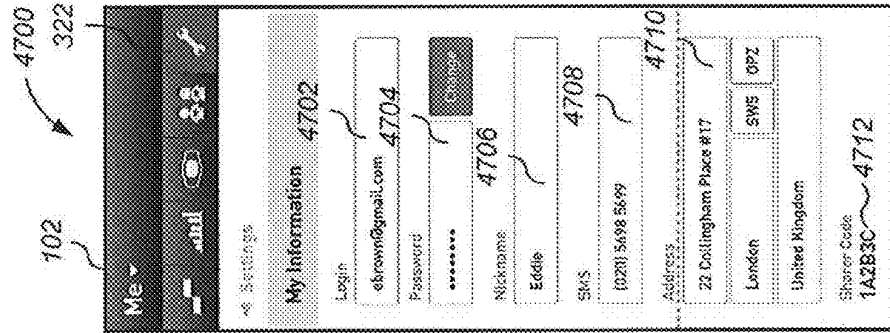


FIG. 46

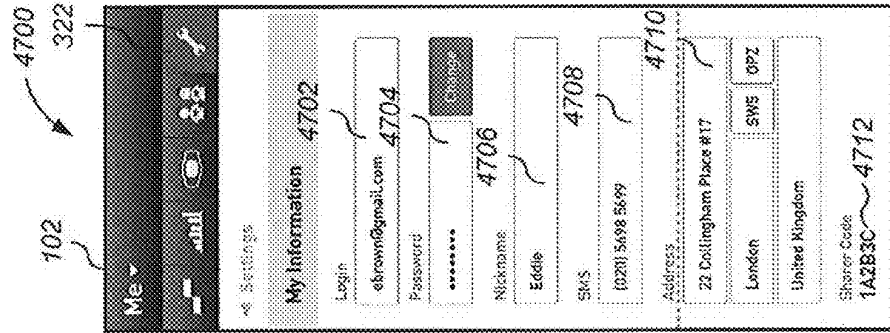


FIG. 47

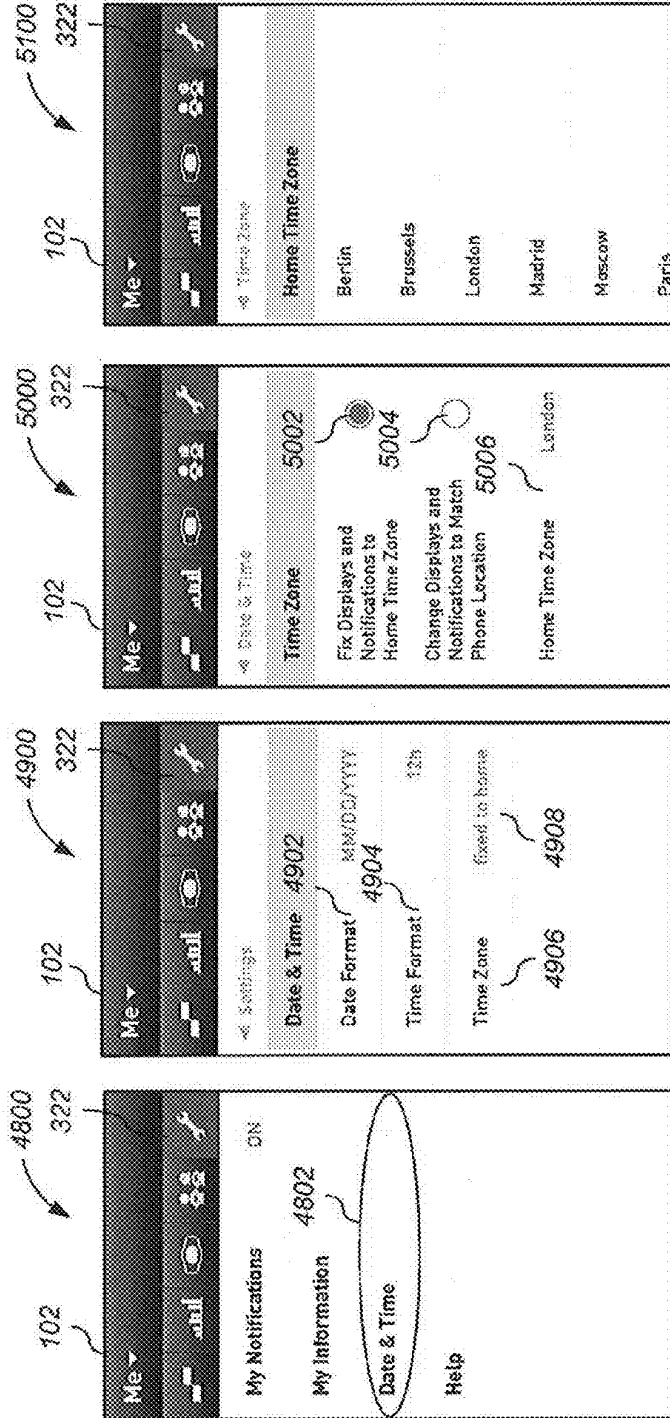


FIG. 51

FIG. 50

FIG. 49

FIG. 48

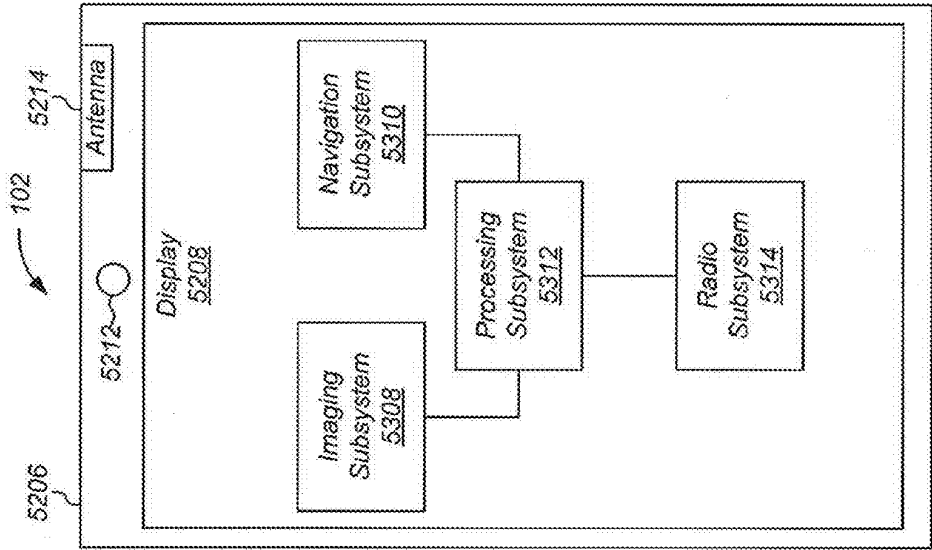


FIG. 53

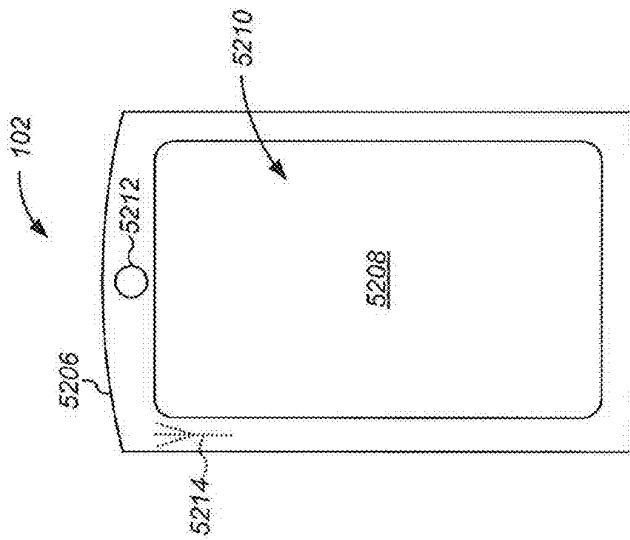


FIG. 52

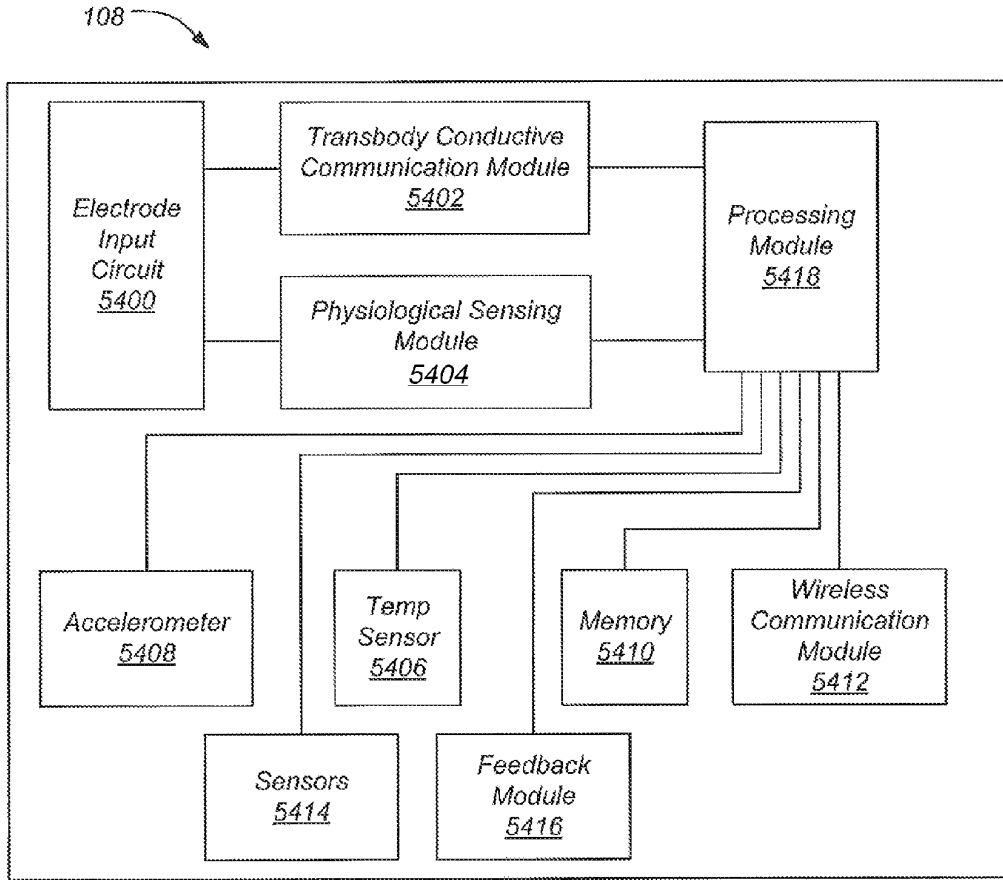


FIG. 54

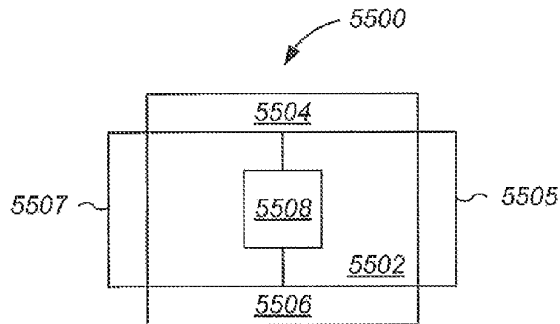


FIG. 55

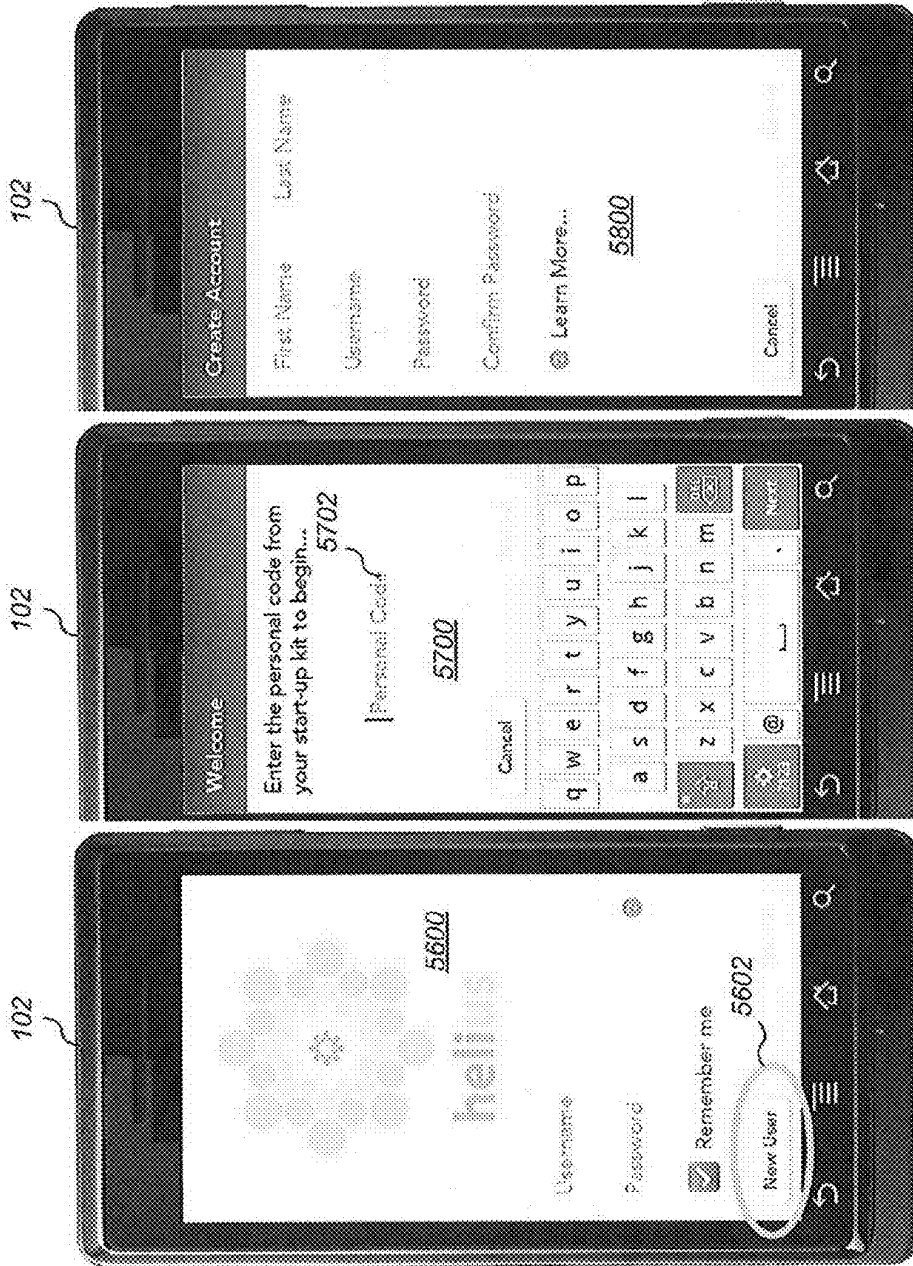


FIG. 58

FIG. 57

FIG. 56

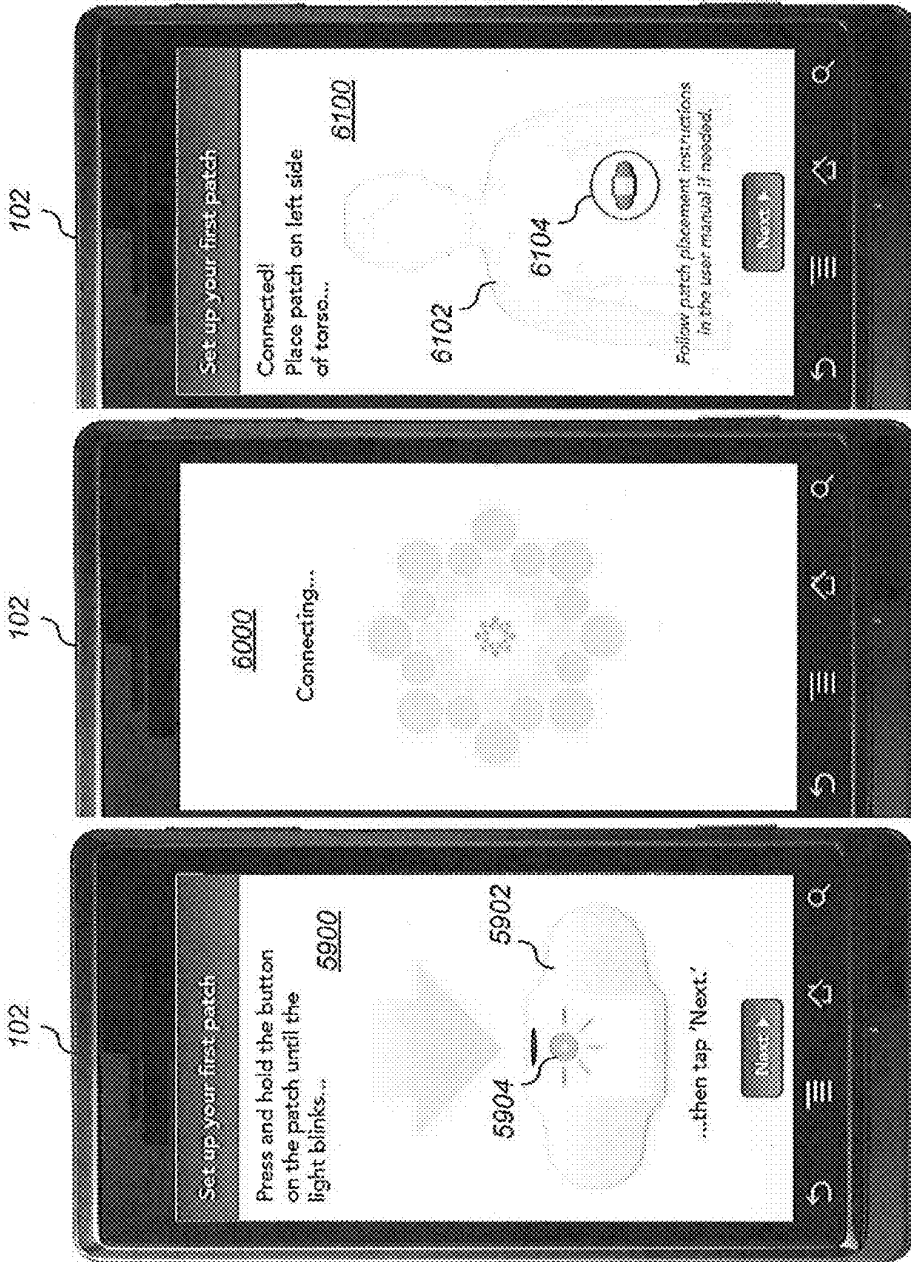


FIG. 61

FIG. 60

FIG. 59

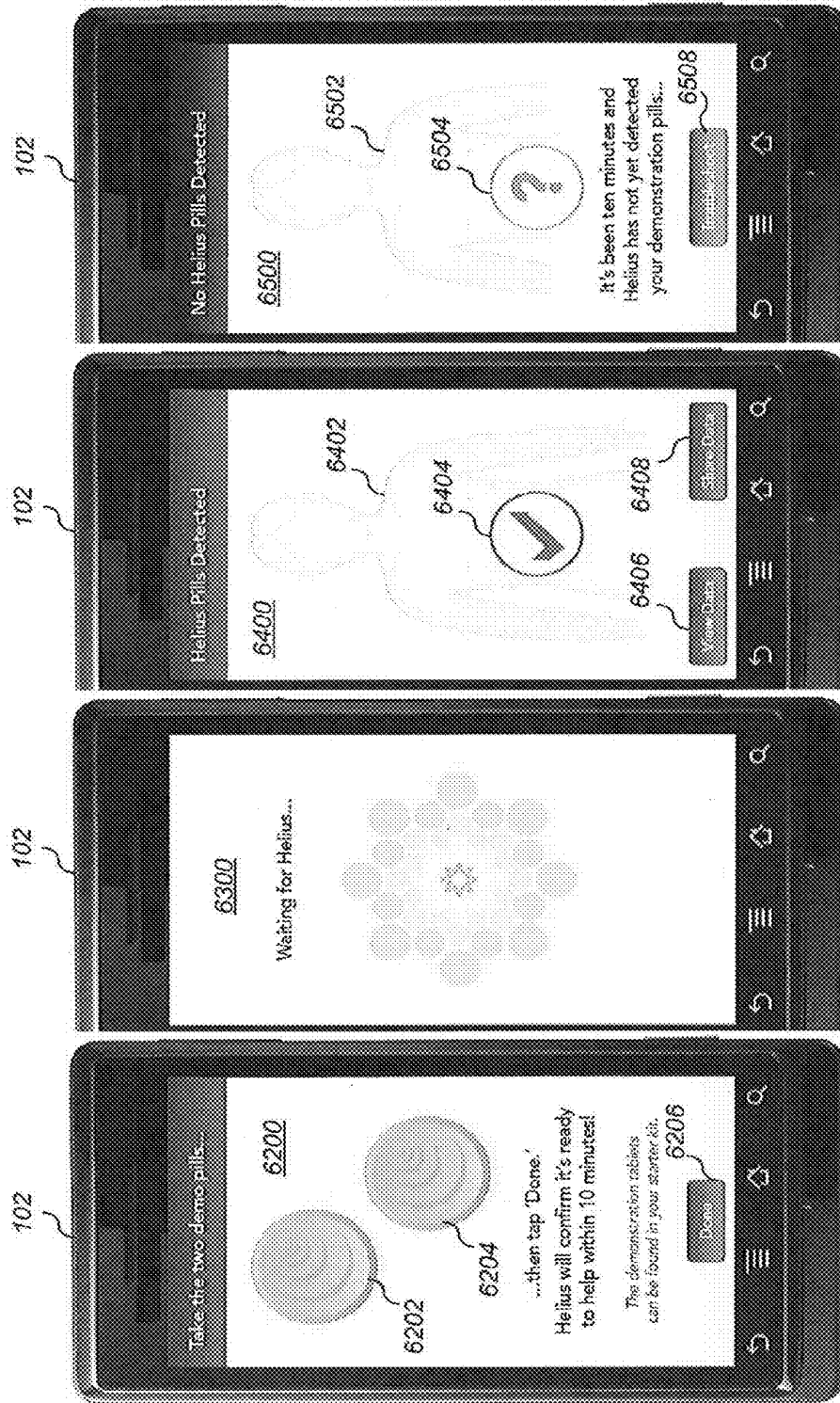


FIG. 62

FIG. 63

FIG. 64

FIG. 65

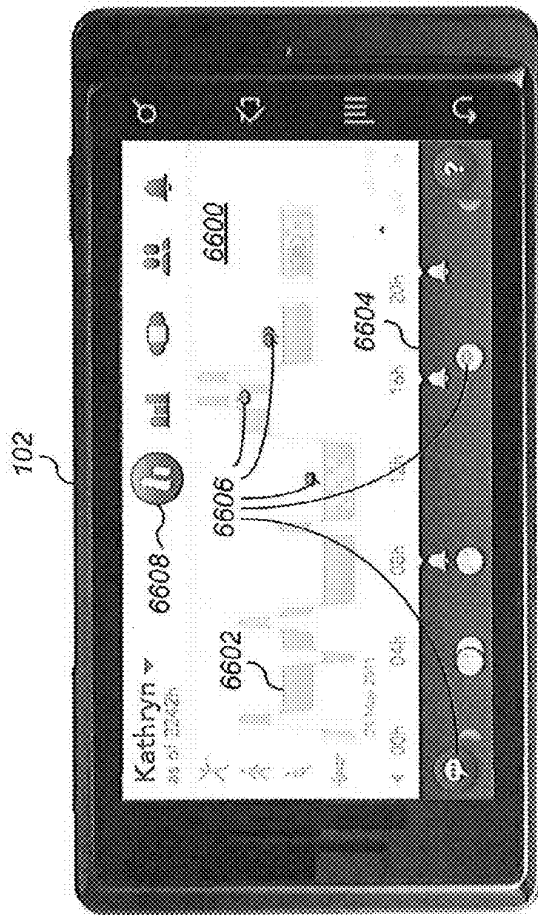


FIG. 66

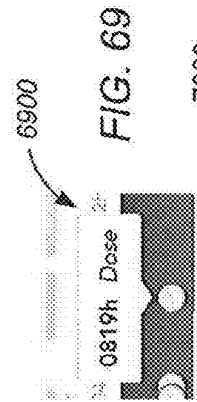
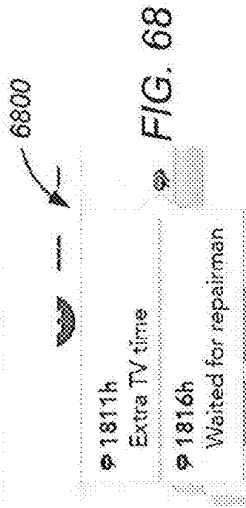
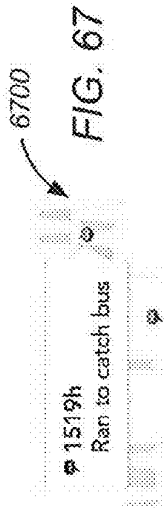


FIG. 70

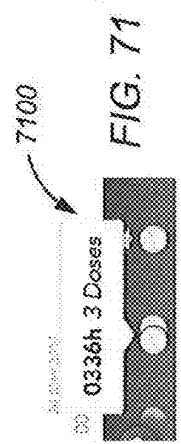


FIG. 71

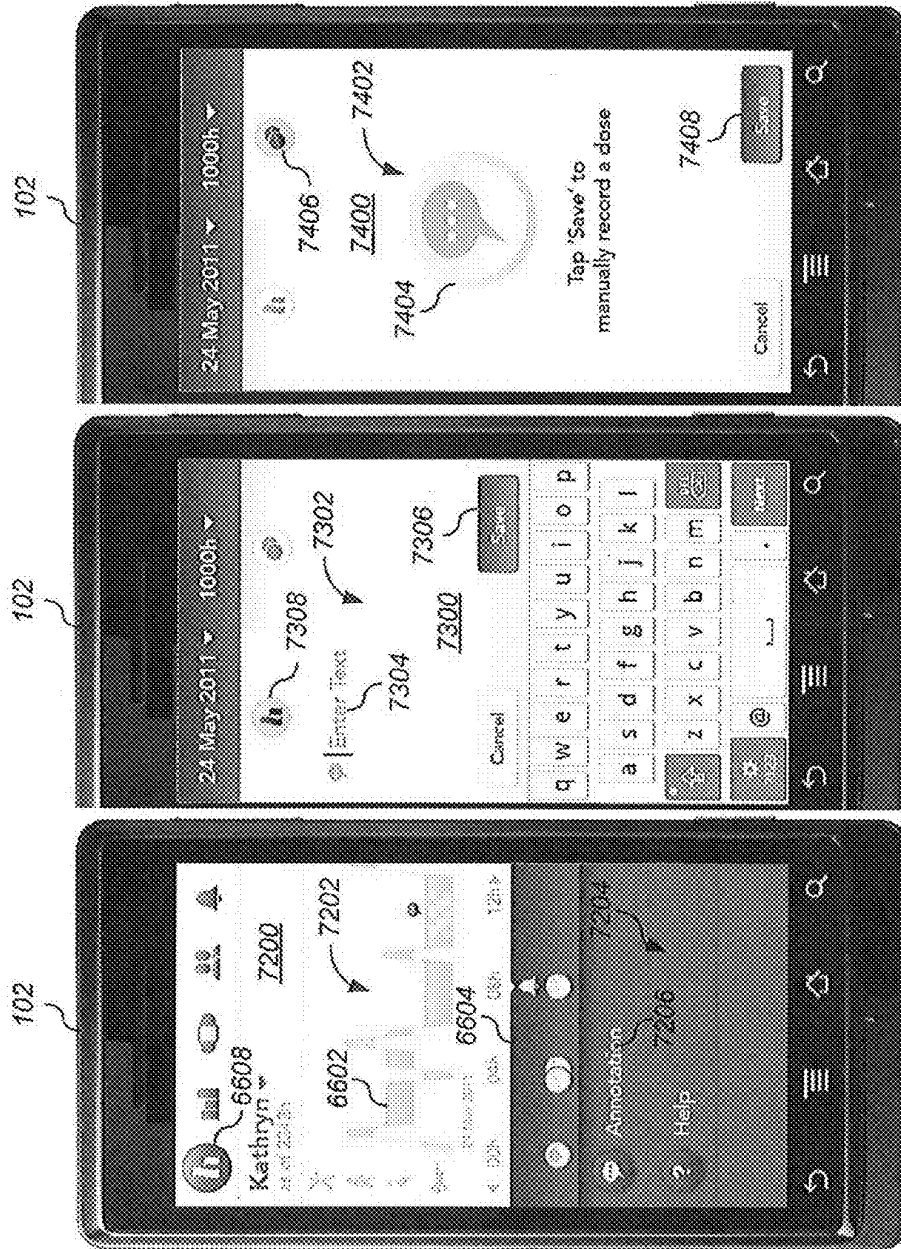


FIG. 74

FIG. 73

FIG. 72

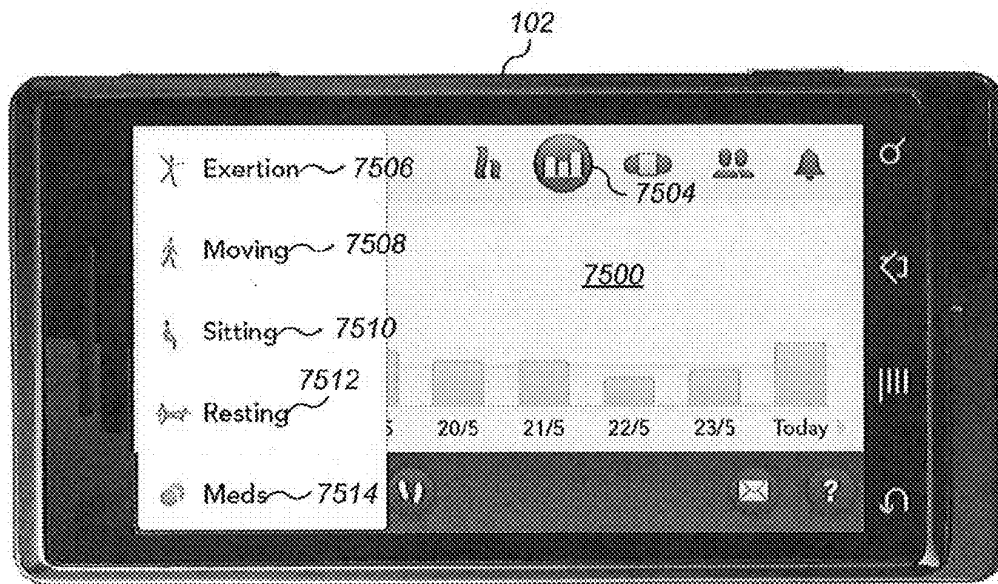


FIG. 75

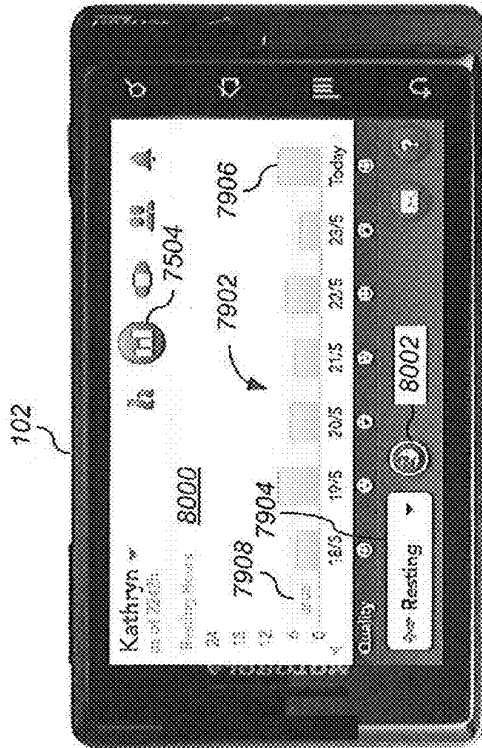


FIG. 79

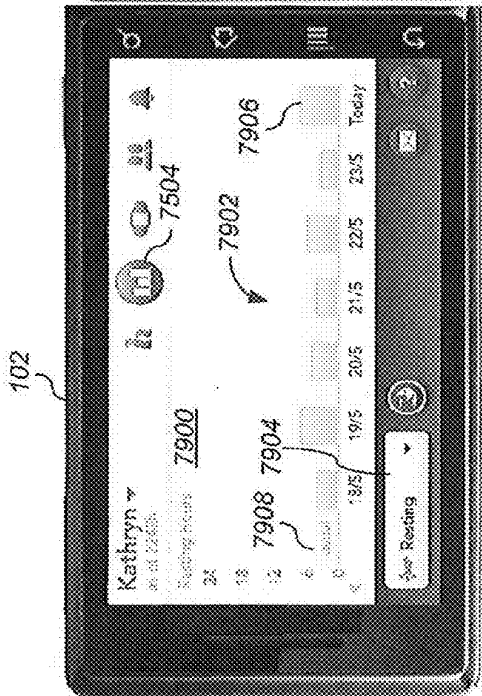


FIG. 80

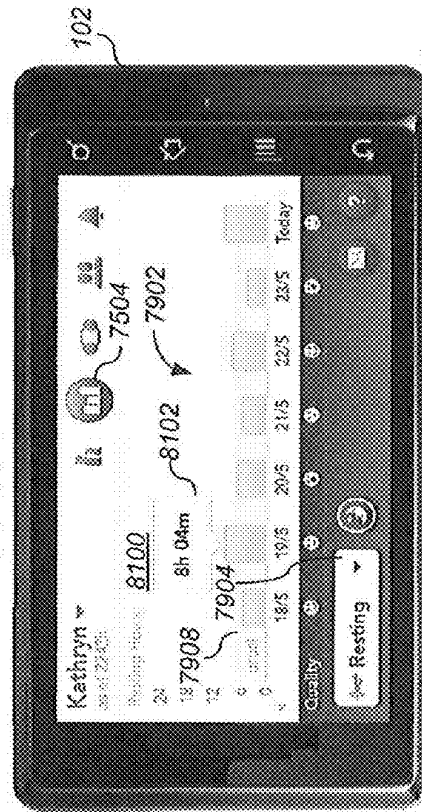


FIG. 81

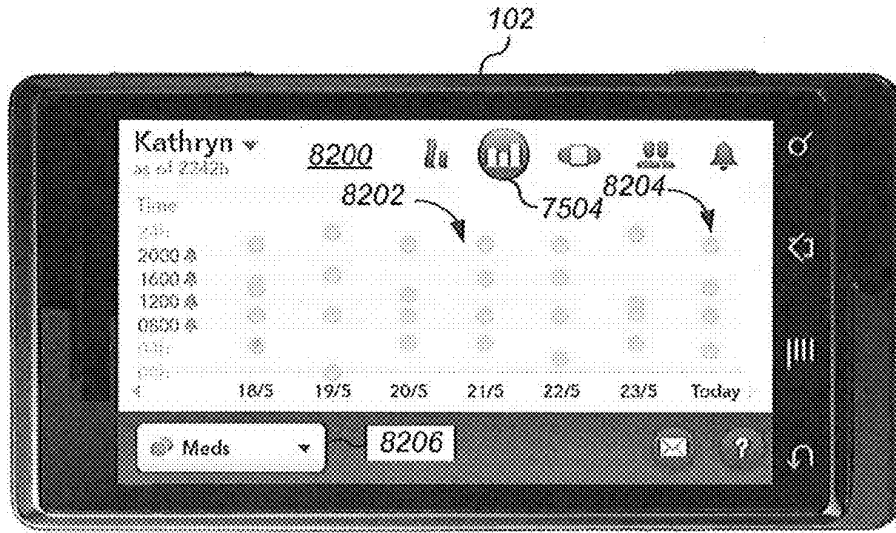


FIG. 82

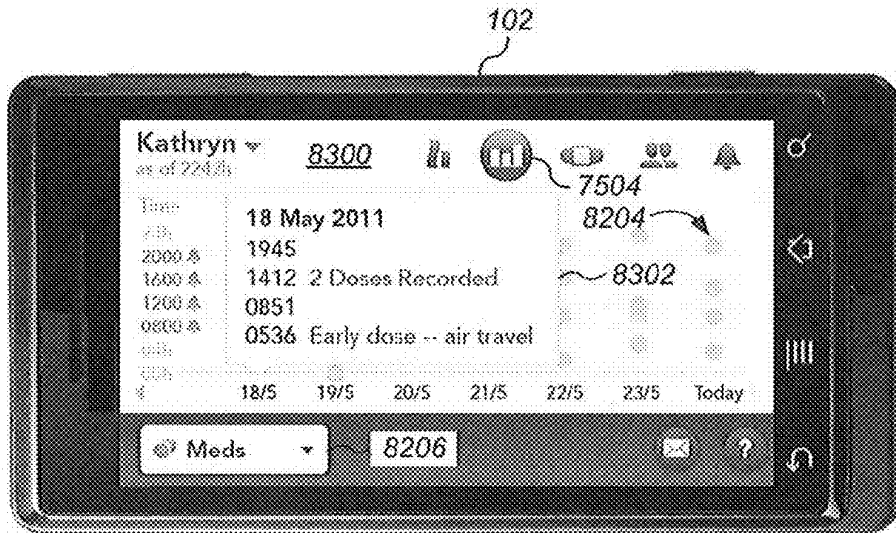


FIG. 83

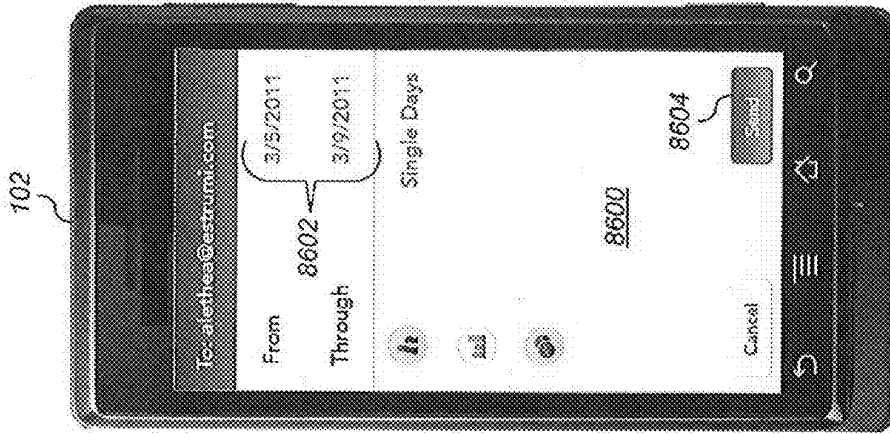


FIG. 84

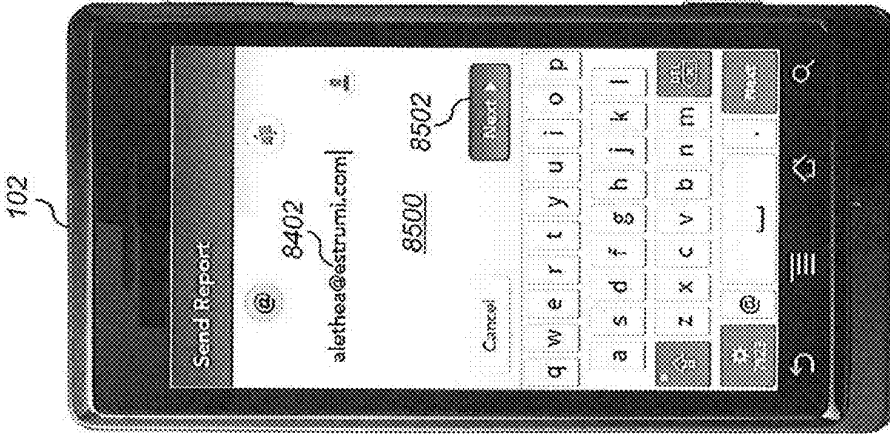


FIG. 85

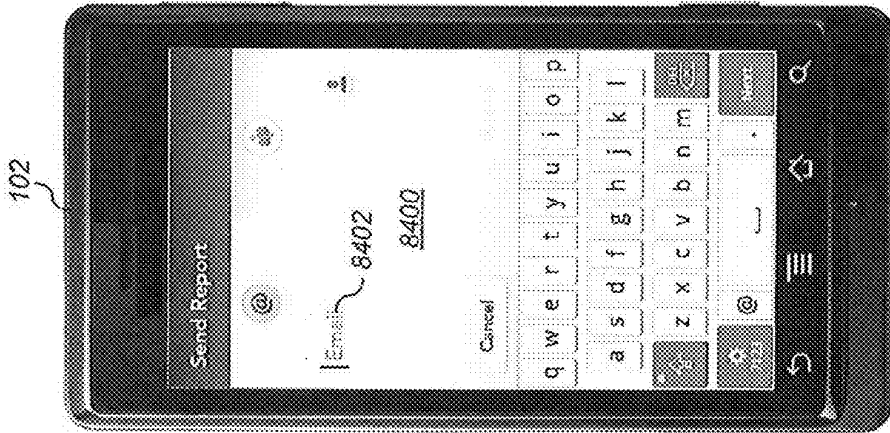


FIG. 86

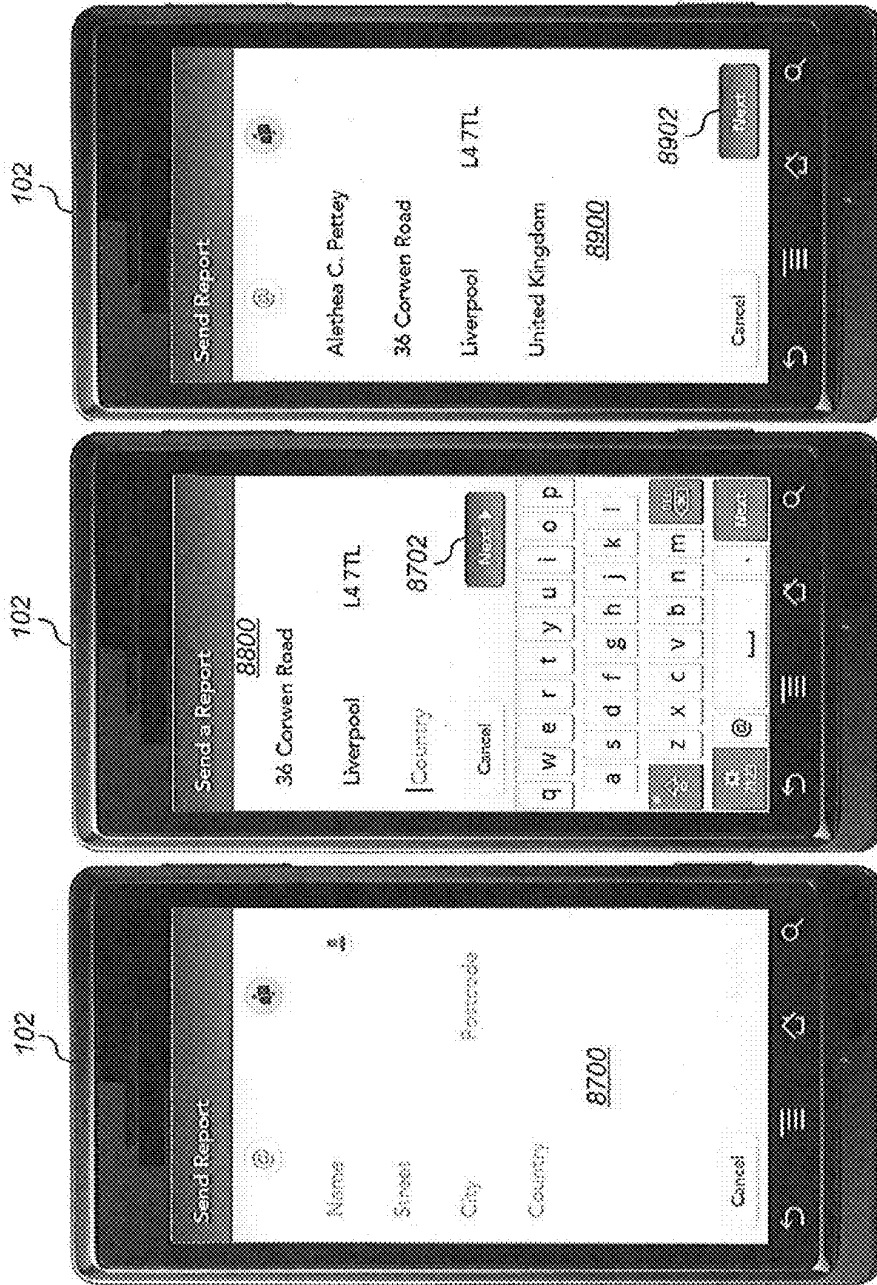


FIG. 87

FIG. 88

FIG. 89

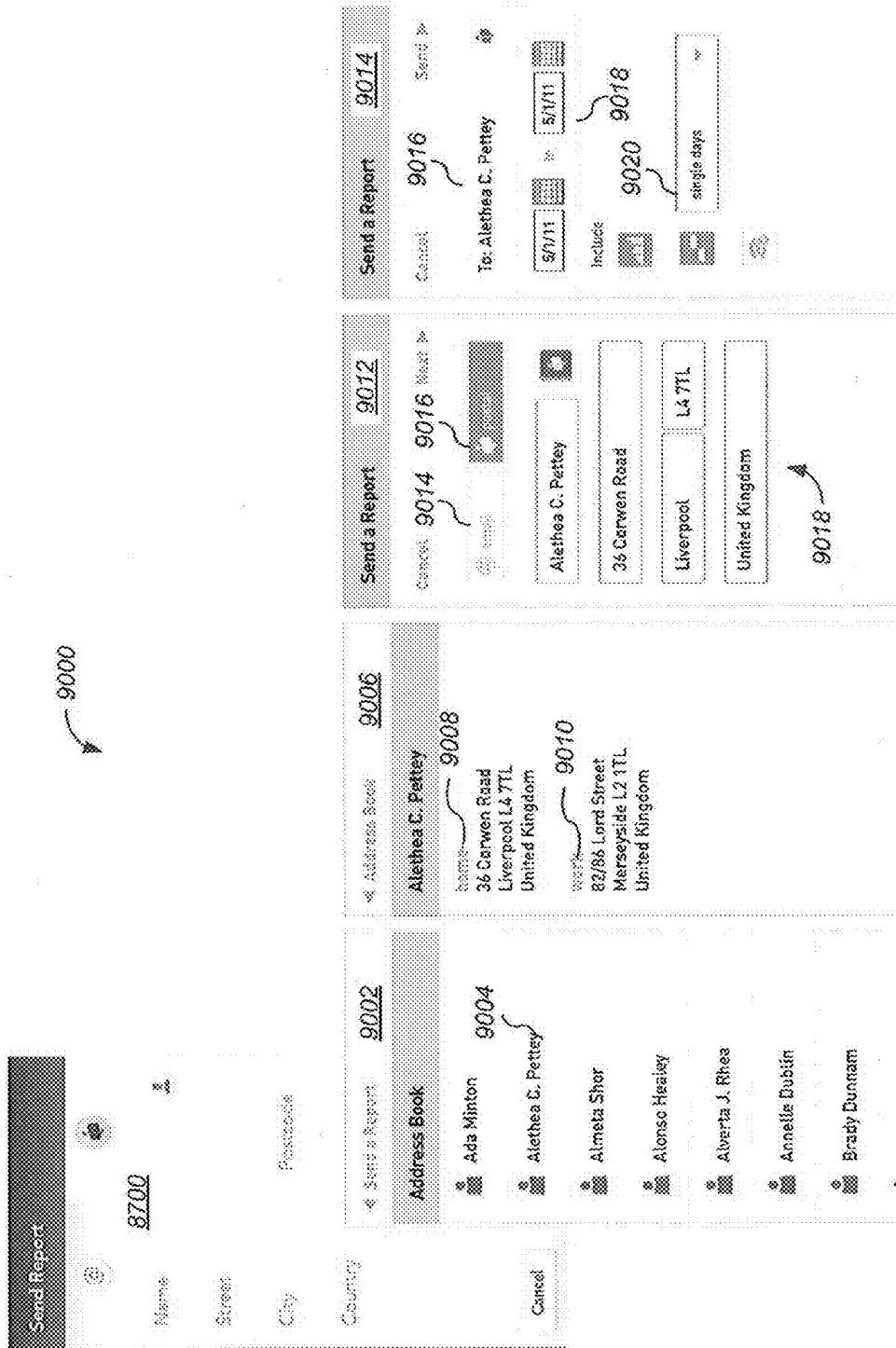


FIG. 90

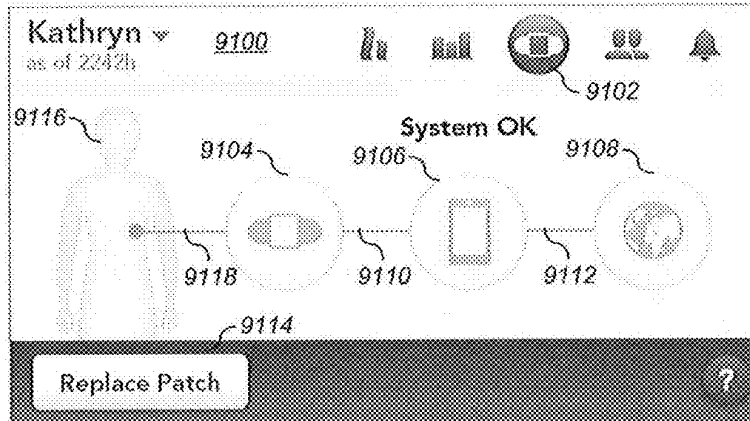


FIG. 91

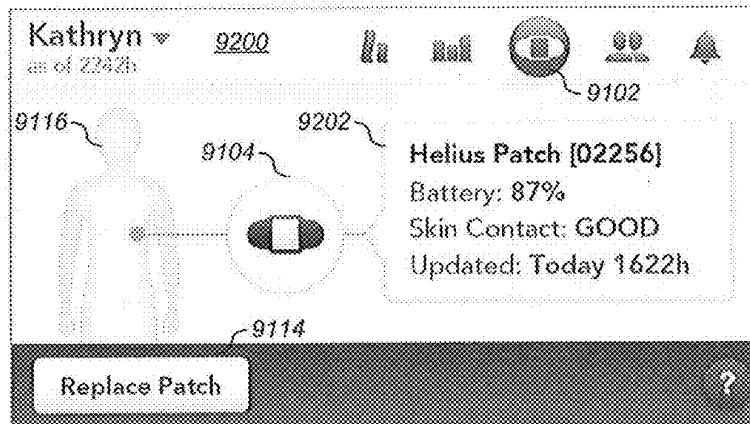


FIG. 92

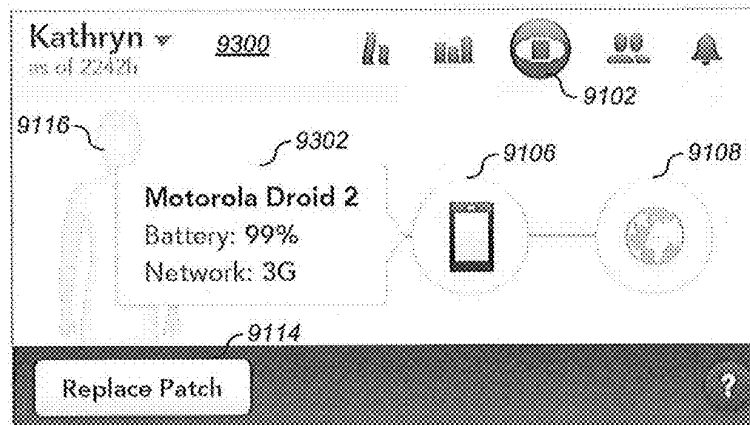


FIG. 93

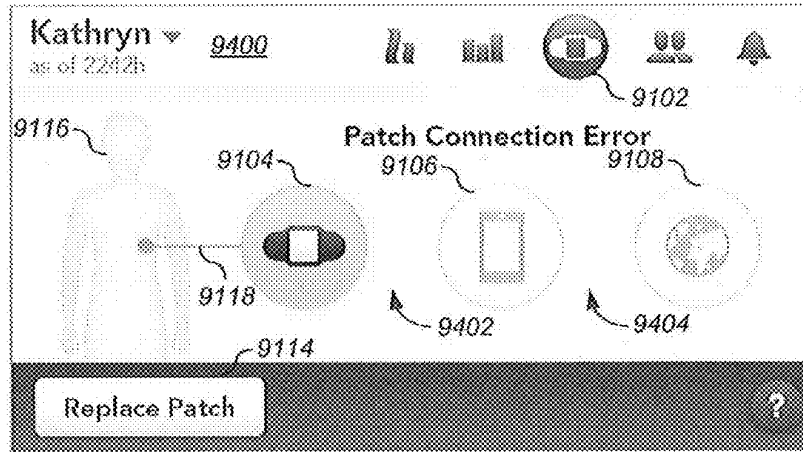


FIG. 94

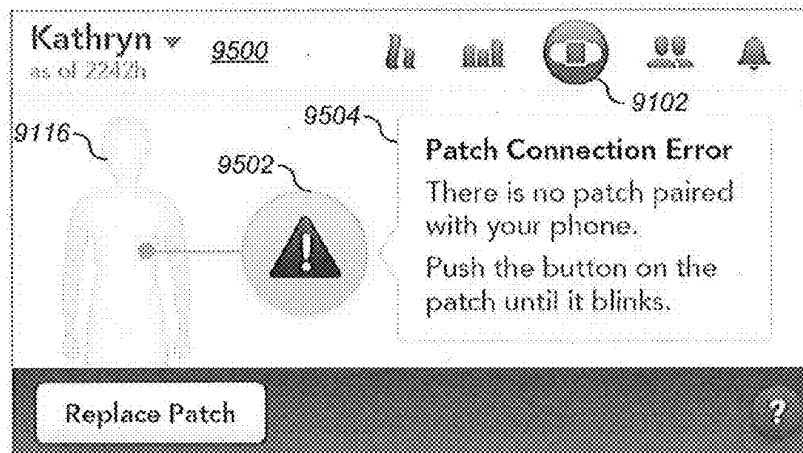


FIG. 95

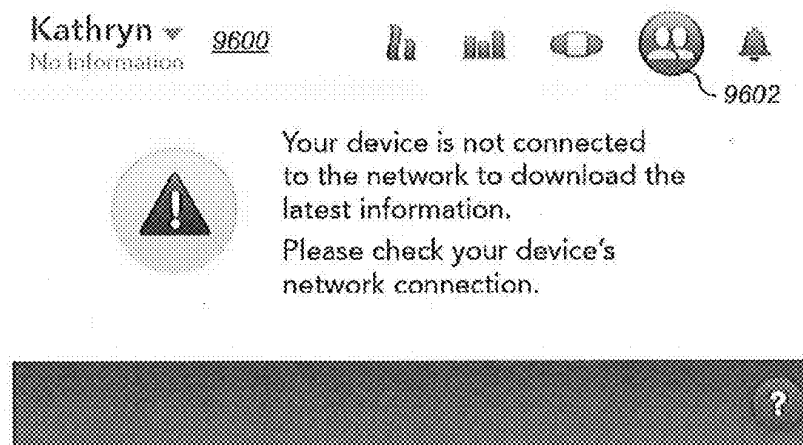
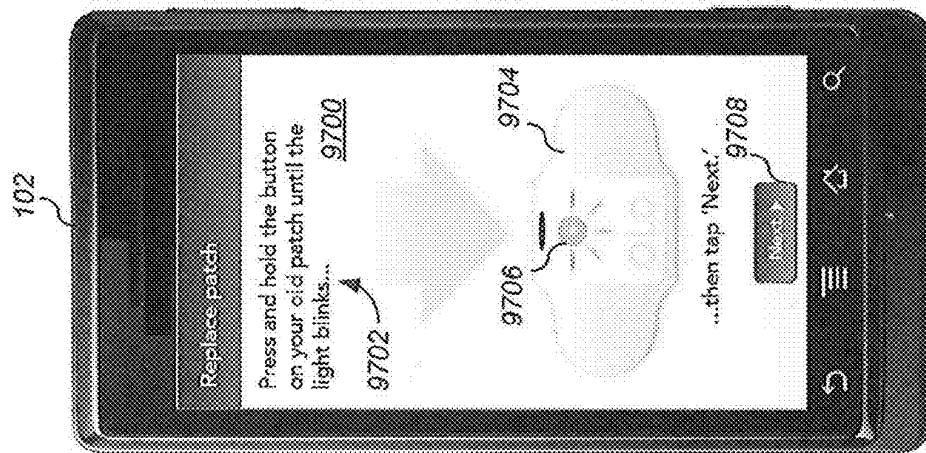
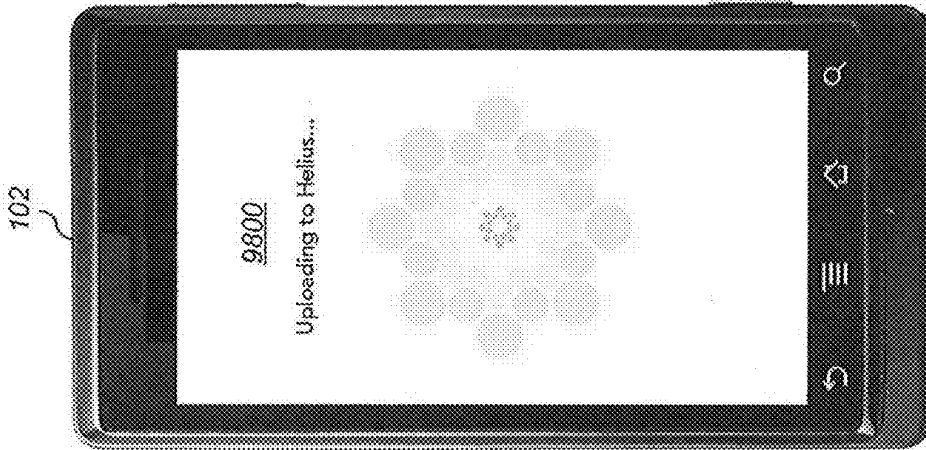
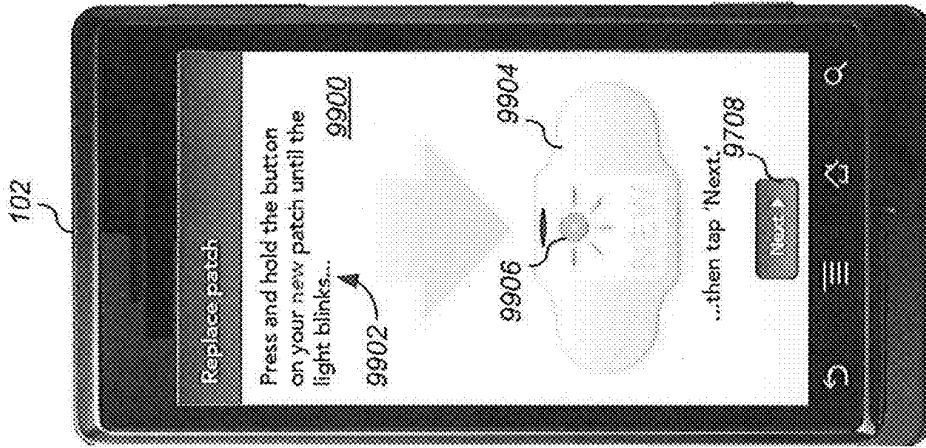


FIG. 96



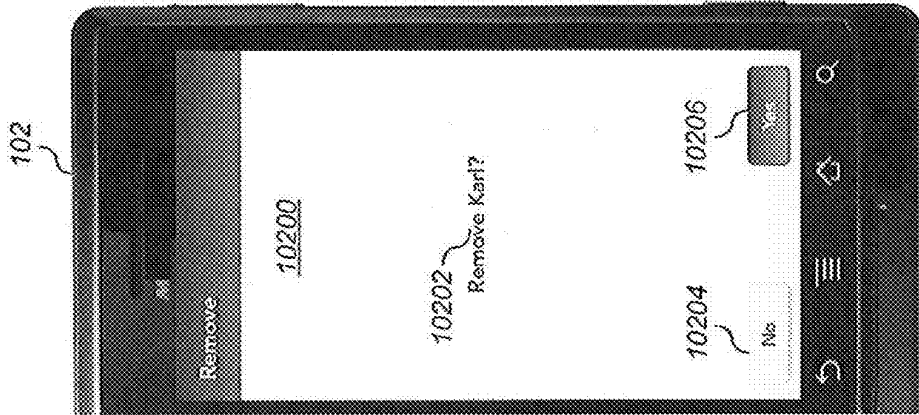


FIG. 102

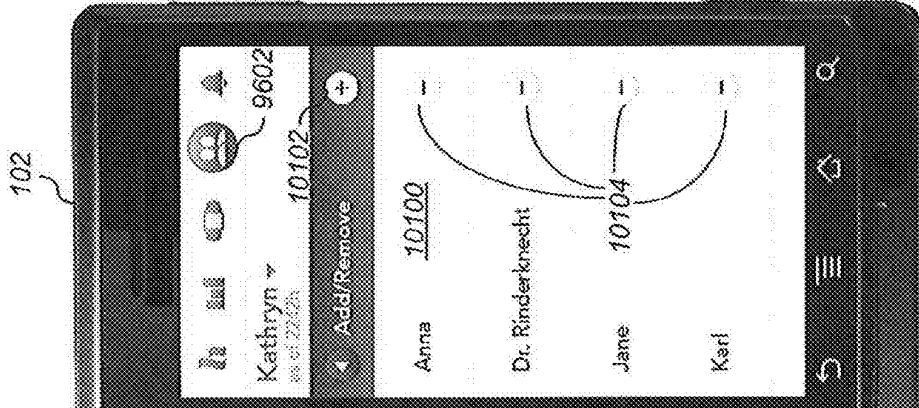


FIG. 101

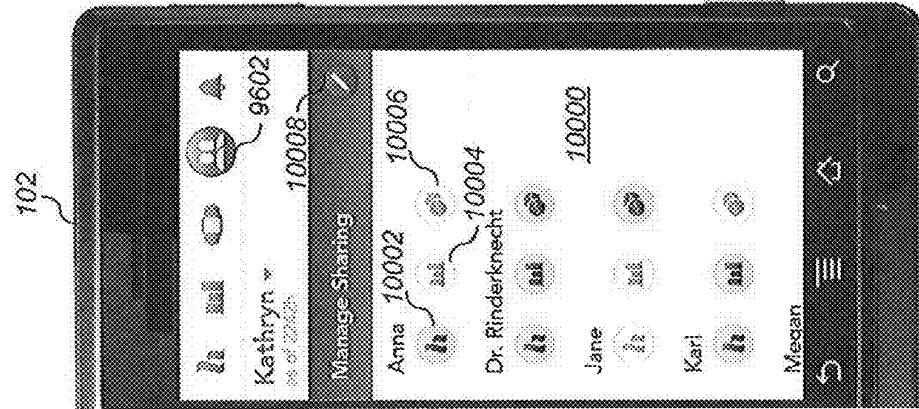


FIG. 100



FIG. 103



FIG. 104

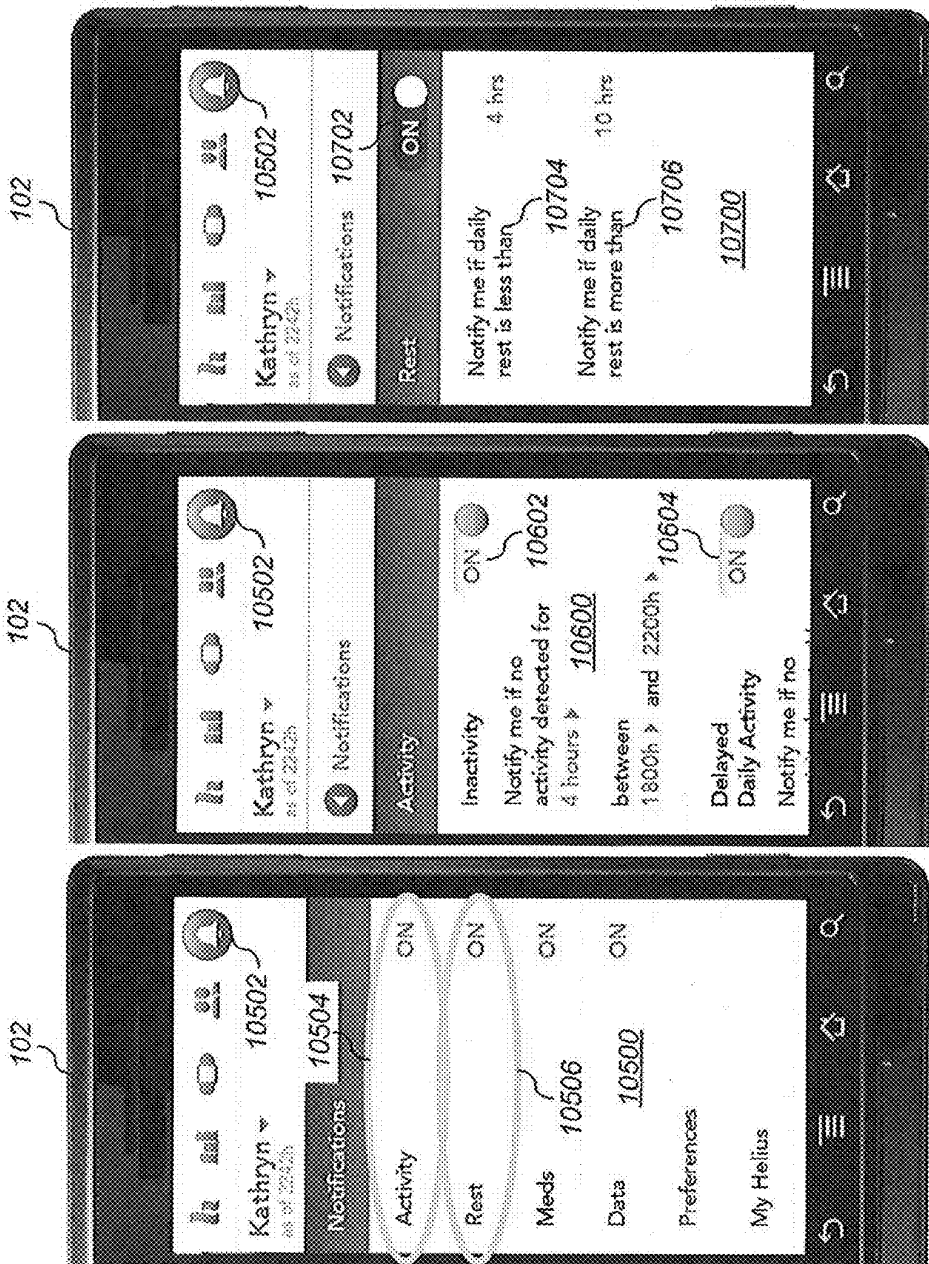


FIG. 107

FIG. 106

FIG. 105

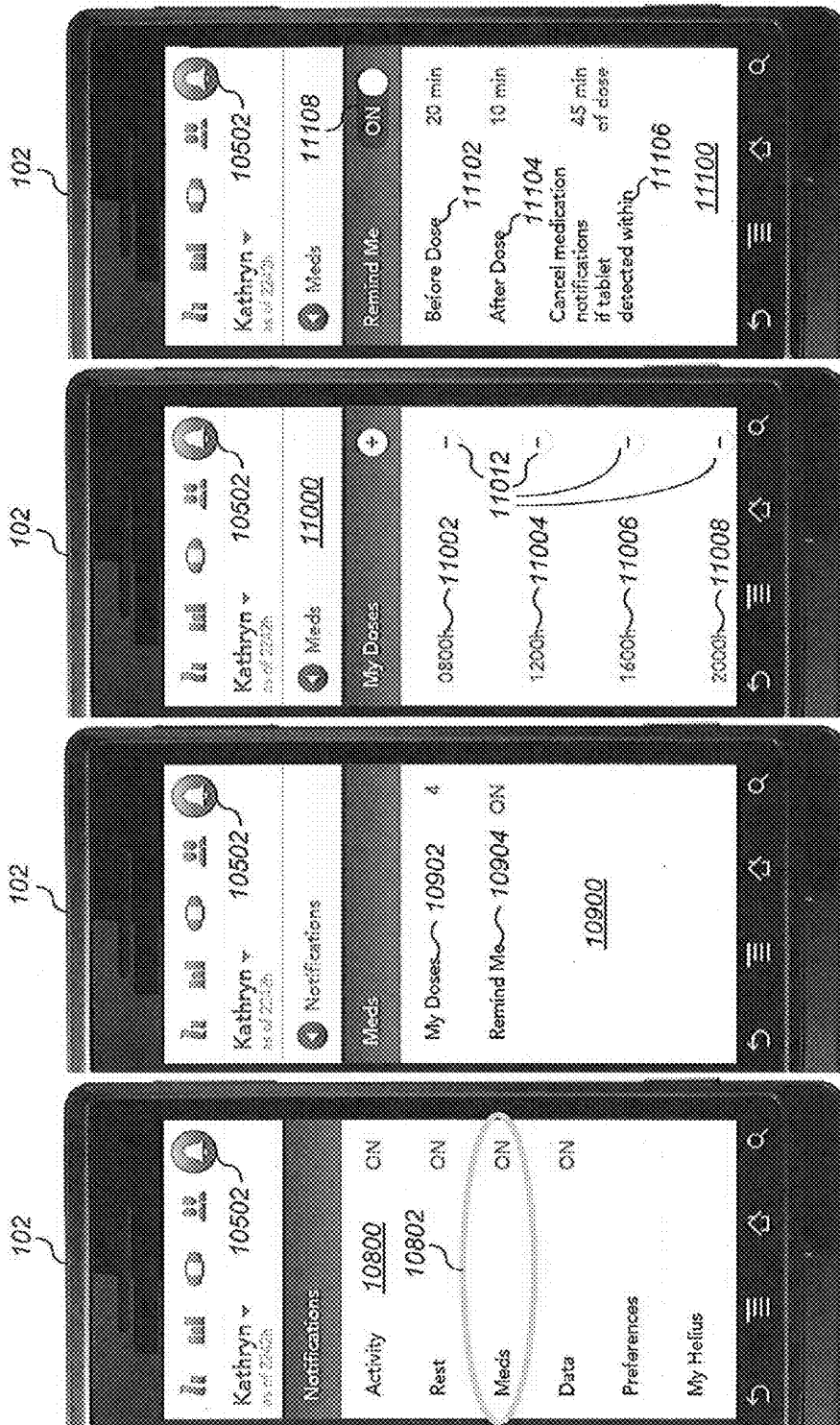


FIG. 111

FIG. 110

FIG. 109

FIG. 108



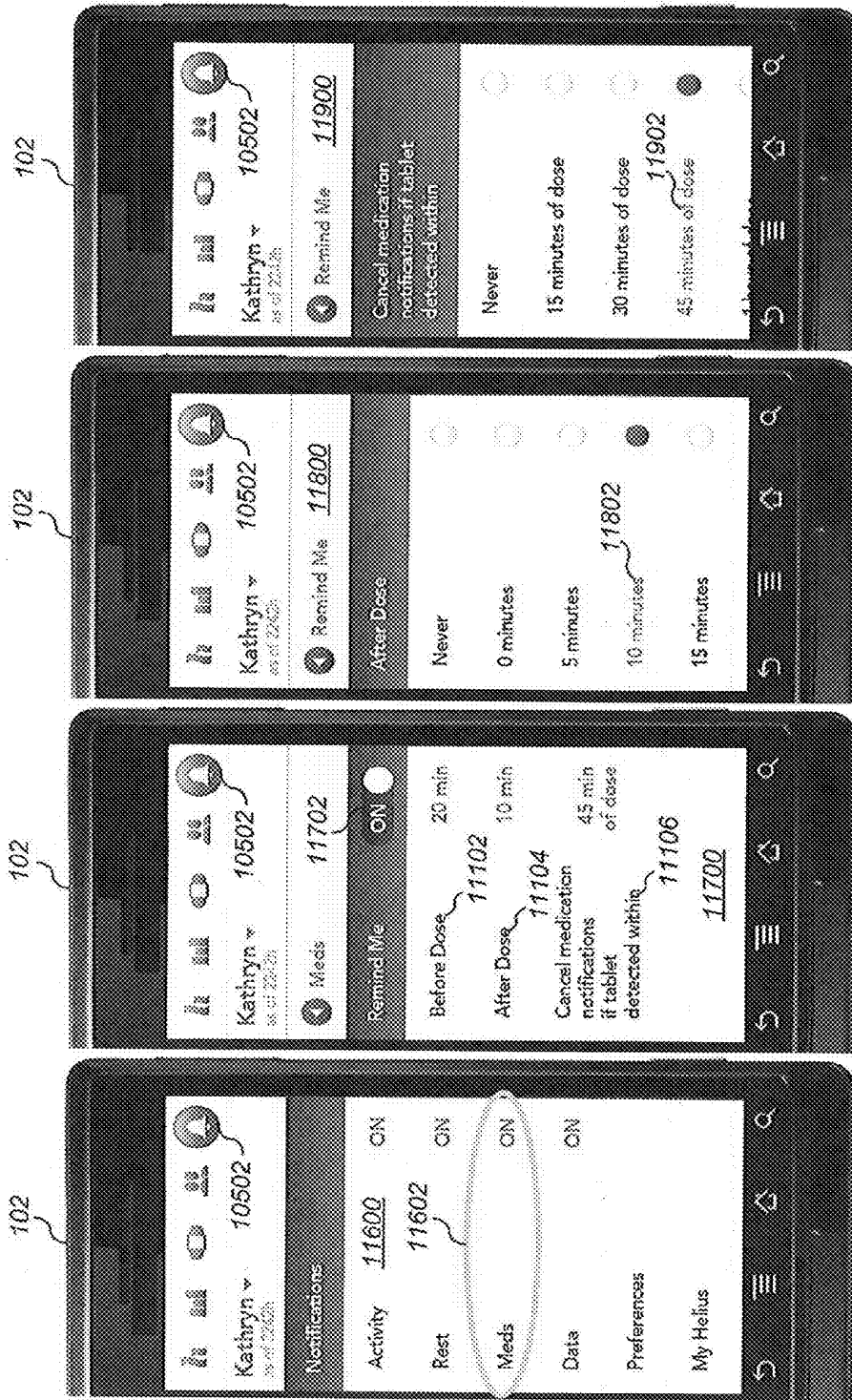


FIG. 116

FIG. 117

FIG. 118

FIG. 119

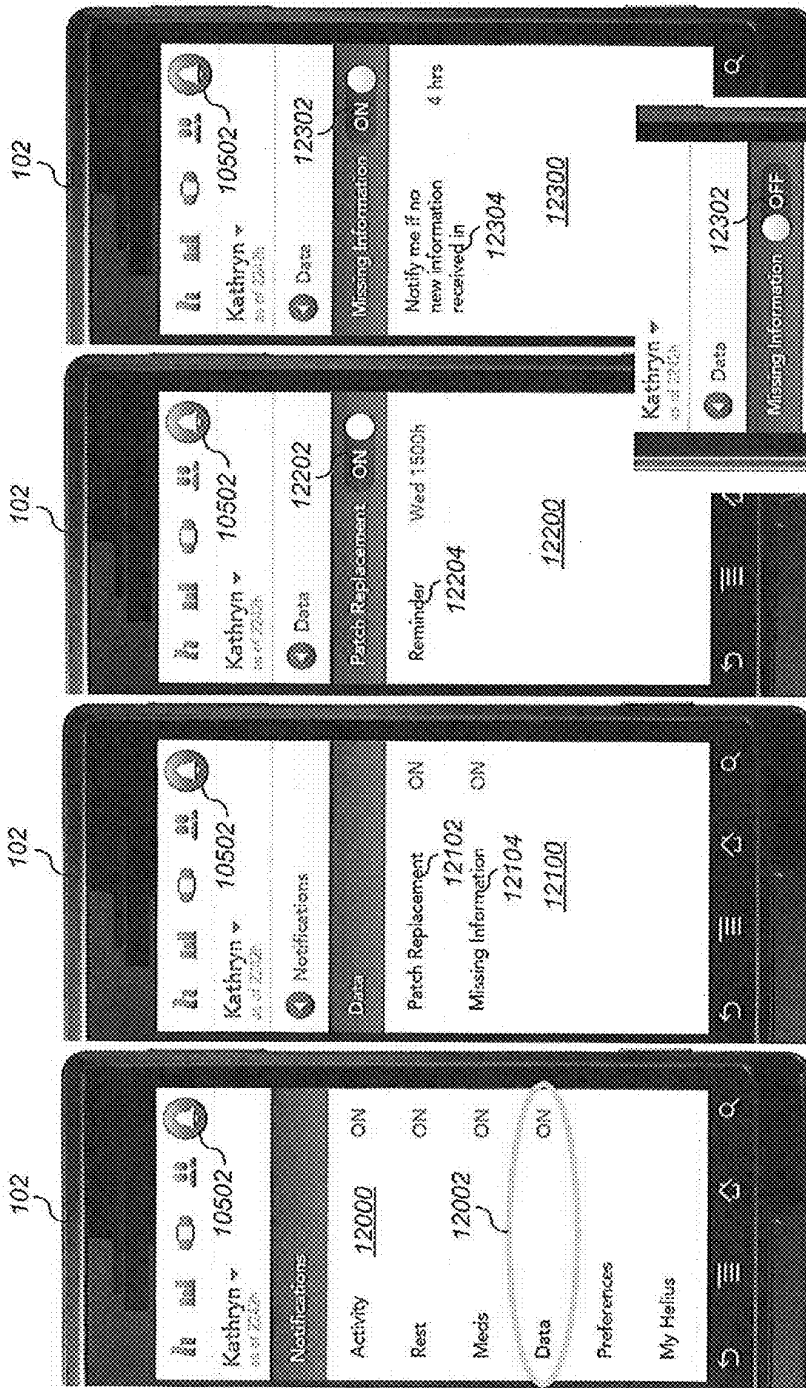


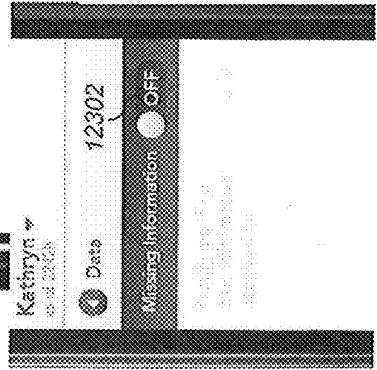
FIG. 123A

FIG. 122

FIG. 121

FIG. 120

FIG. 123B



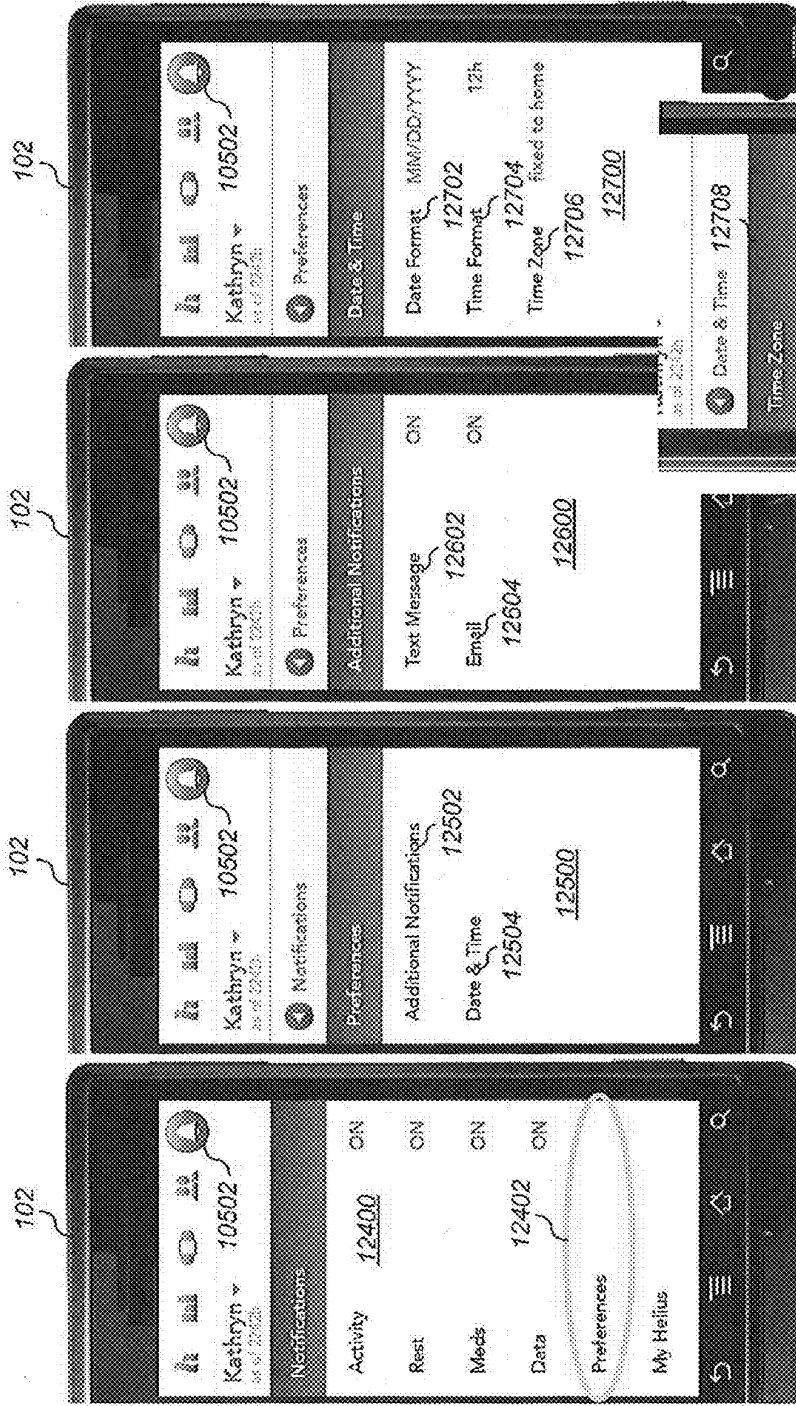


FIG. 127A

FIG. 126

FIG. 125

FIG. 124

FIG. 127B

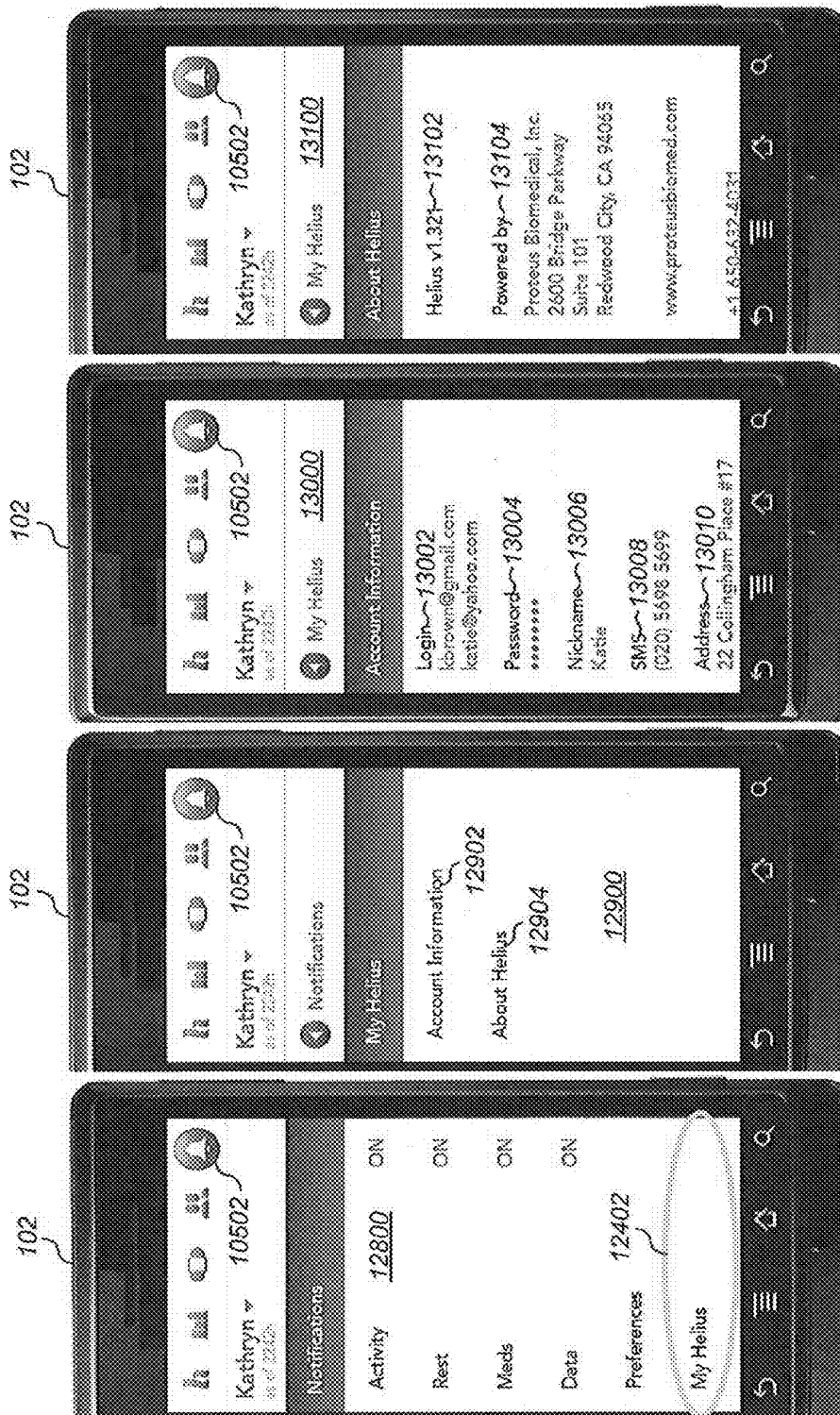


FIG. 131

FIG. 130

FIG. 129

FIG. 128

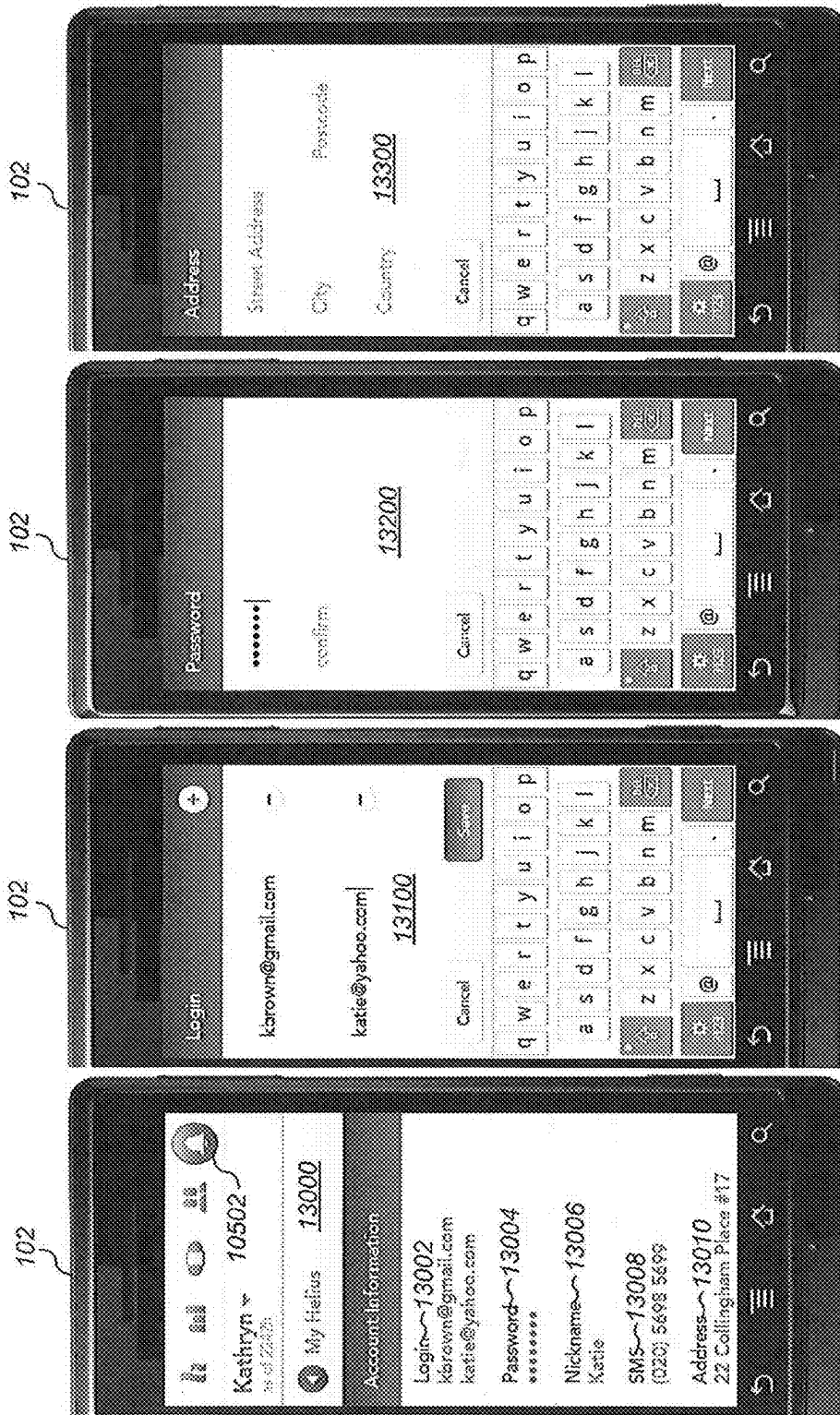


FIG. 132

FIG. 133

FIG. 134

FIG. 135

**APPARATUS, SYSTEM, AND METHOD FOR
MANAGING ADHERENCE TO A REGIMEN**

COPYRIGHT AND TRADEMARK NOTICE

A portion of the disclosure of this patent document contains material to which a claim for copyright and trademark is made. The copyright and trademark owner has no objection to the facsimile reproduction by anyone of the patent document or the patent disclosure, as it appears in the Patent and Trademark Office patent file or records, but reserves all other copyright and trademark rights whatsoever.

INTRODUCTION

The present disclosure is related generally to a healthcare subscription information system, apparatus, and method therefor. The subscription information system transforms existing medication adherence packaging into a digital tool for tracking activity, medication, and, trending metrics associated with the patient. The system assists patients in taking medications on schedule and managing activities of daily life by facilitating communication between patients and third parties such as caregivers, loved ones, spouses, family members, friends, physicians, pharmacists, among others, for example. A mobile device apparatus, system, and method may be employed for detecting a communication from a device such as an ingestible device, e.g., an ingestible event marker (IEM) device associated with a medication. In the case of an IEM device associated with a medication event, for example, a receiver, e.g., a wearable patch device worn by the person taking the medication, detects the ingestion of an IEM device embedded in a medicinal dose. The present disclosure is related to a mobile device such as a handheld portable device, computer, mobile telephone, sometimes referred to as a smartphone, tablet personal computer (PC), kiosk, desktop computer, or laptop computer, or any combination thereof, configured to, among other things, detect the ingestion of an ingestible device by a patient; receive communications related to the ingestible device, e.g., from a receiver; communicate the information to a back end processing system and/or assist the patient in managing ingestion of medication, physical activity, and communications with third parties.

Generally, detecting the ingestion of an IEM device is done by detection electronics provided in the form factor of a receiver, e.g., a wearable receiver (e.g., a patch). The wearable receiver may be worn on an outer surface of the skin; an implantable receiver; a partially implantable receiver; a receiver configured in or to be worn as apparel, (e.g., a wristband receiver). In alternative aspects, the receiver may be embodied as a mobile device, e.g., a mobile phone.

The patch, for example, may include wet or dry electrodes which are made to contact the skin. An adhesive layer may be provided on the patch to affix the entire patch arrangement to the patient. When an IEM device is ingested by the patient and comes into contact with stomach fluids, the IEM device initiates a communication which is detected by the detection circuitry of the patch to indicate that the particular IEM device was ingested by the patient.

To address various issues associated with medication adherence, a subscription information system described herein, layered above conventional adherence packaging products is needed. Currently, pharmacies provide medication adherence packages that are pre-filled by a pharmacist in a set of blister packs containing enough medication for pre-determined period such as, for example, several days, a week, or a month supply of medication at different dosage times.

What is needed is the addition of an ingestible device, e.g., an IEM device, associated with prescribed medication dose into each of the blister packs to identify ingestion and medication-related events and a processing system to track and manage the identified data and the medication process to document adherence and provide feedback, e.g., to the patient, to the caregiver, etc. A subscription information system layered on top of conventional adherence packaging is needed to assist a patient in taking the medication on schedule, managing activities of normal daily life, such as, getting up and moving around, taking medication, ensuring the patient is getting adequate rest. Assistance with these activities is provided by the system by facilitating communication between the patient, third parties, and a back end processing system that records and tracks the patient's medication and physical patterns and stores them in a database. In one aspect, a receiver (e.g., patch with electronic functionality) is worn by the patient to detect the ingestion of an IEM device. The wearable receiver then communicates the event to a mobile device. In another aspect, the IEM device may communicate directly with the mobile device without the need of a wearable receiver. In either aspect, the mobile device communicates the information received from the IEM device in a discreet private manner to a back end processing system. The backend processing system stores the information, analyzes the information, and provides feedback to the patient via the mobile device.

SUMMARY

In one aspect, a method of managing adherence to a regimen in a subscription based computer implemented healthcare information environment is provided. At a mobile device information is received from a receiver that a dose was ingested by a living subject. The mobile device comprises a processor, a memory coupled to the processor, and a display coupled to the processor. The information is wirelessly communicated over a wireless network to a backend computer processing system. A personal information stream is received from the computer at the backend processing system. The personal information stream characterizes behavior of the living subject based on the received information over a pre-determined period.

In one aspect, an adherence package is provided. The adherence package comprises a sheet with a plurality of tear-away strips associated with a personalized dose.

In one aspect, a system for managing adherence to a regimen in a subscription based computer implemented healthcare information environment is provided. The system comprises a mobile device configured to receive information from a receiver that a dose was ingested by a living subject. The mobile device comprises a processor, a memory coupled to the processor, and a display coupled to the processor. The information is wirelessly communicated over a wireless network to a backend computer processing system. A personal information stream is received from the computer at the backend processing system. The personal information stream characterizes behavior of the living subject based on the received information over a period.

FIGURES

The patent or application file contains at least one drawing executed in color. Copies of this patent or patent application publication with color drawing(s) will be provided by the Office upon request and payment of the necessary fee.

FIG. 1 illustrates one aspect of a system comprising a mobile device for detecting an electrical signal generated by an ingestible event marker (IEM) device and/or communicating data related thereto.

FIG. 2 illustrates one aspect of a weekly medication adherence package received by the patient.

FIG. 3 illustrates one aspect of a personal information stream graphical user interface (GUI) for a display screen of a mobile device.

FIG. 4 illustrates one aspect of a personal notification GUI for a display screen of a mobile device.

FIG. 5 illustrates one aspect of an activity trend GUI for a display screen of a mobile device.

FIG. 6 illustrates one aspect of an account creation GUI for a display screen of a mobile device.

FIG. 7 illustrates one aspect of a “Manage sharing” GUI for a display screen of a mobile device enabling a patient to select with whom to share data and what data to share.

FIG. 8 illustrates one aspect of a third party caregiver GUI for a display screen of a mobile device for sharing information with a patient.

FIGS. 9-11 illustrate various aspects of support GUIs for a display screen of a mobile device.

FIGS. 12-14 illustrate various aspects of GUIs for a display screen of a mobile device for creating an account.

FIGS. 15-18 illustrate various aspects of GUIs for a display screen of a mobile device for wearing and demonstrating the wearable receiver.

FIG. 19 illustrates one aspect of a home GUI for a display screen of a mobile device.

FIGS. 20-23 illustrate various aspects of timeline GUIs for a display screen of a mobile device characterizing a patient’s daily physical activity and medication ingestions.

FIG. 24 illustrates one aspect of an activity trend chart GUI for a display screen of a mobile device showing a patient’s activity trend over a one week period.

FIG. 25 illustrates one aspect of an activity trend chart GUI for a display screen of a mobile device showing a patient’s activity trend over a one month period.

FIG. 26 illustrates one aspect of a medication trend GUI for a display screen of a mobile device showing a patient’s medication trend over a one week period.

FIG. 27 illustrates one aspect of a “Send a Report” GUI for a display screen of a mobile device for sending a report.

FIG. 28 illustrates one aspect of a “Test System” GUI for a display screen of a mobile device for managing a wearable receiver (e.g., patch).

FIG. 29 illustrates one aspect of “Replace Patch” GUI for a display screen of a mobile device for replacing a wearable receiver (e.g., patch).

FIG. 30 illustrates one aspect of a “Manage sharing” GUI for a display screen of a mobile device for inviting caregivers to data sharing.

FIG. 31 illustrates one aspect of an “Invite” GUI for a display screen of a mobile device for inviting caregivers to share and controlling data sharing.

FIGS. 32-35 illustrate various aspects of utility tools GUIs for a display screen of a mobile device for tailoring the subscription information system based on personal needs and requirements of a patient.

FIGS. 36-39 illustrate various aspects of Utilities GUIs for a display screen of a mobile device for tailoring the subscription information system based on personal needs and requirements of the patient.

FIGS. 40-41 illustrate various aspects of GUIs for a display screen of a mobile device for tailoring the subscription information system based on personal needs of a patient.

FIGS. 42-45 illustrate various aspects of GUIs for a display screen of a mobile device for tailoring the subscription information system based on personal needs of a patient.

FIGS. 46-47 illustrate various aspects of GUIs for a display screen of a mobile device for tailoring the subscription information system based on personal needs of a patient.

FIGS. 48-51 illustrate various aspects of GUIs for a display screen of a mobile device for tailoring the subscription information system based on personal needs of a patient.

FIG. 52 illustrates one aspect of a mobile device.

FIG. 53 is a functional system diagram of one aspect of a mobile device.

FIG. 54 is a block functional diagram of one aspect of an integrated circuit component of a wearable receiver.

FIG. 55 illustrates a system corresponding to one aspect of an ingestible event marker device.

FIGS. 56-135 illustrate ornamental designs for various aspects of GUIs for a display screen of a mobile device, where:

FIGS. 56-58 illustrate the ornamental design for various GUIs for a display screen of a mobile device for creating an account.

FIGS. 59-61 illustrate ornamental designs for several additional “Onboarding” GUIs for a display screen of a mobile device for setting up a wearable receiver.

FIGS. 62-65 illustrate ornamental designs for several additional “Onboarding” GUIs for a display screen of a mobile device for demonstrating the healthcare subscription information system according to the present disclosure.

FIGS. 66-71 illustrate ornamental designs for several additional “Ribbon” GUIs for a display screen of a mobile device for viewing annotations.

FIGS. 72-74 illustrate ornamental designs for several additional “Ribbon” GUIs for a display screen of a mobile device for making annotations.

FIG. 75 illustrates an ornamental design for a charts selection GUI for a display screen of a mobile device.

FIGS. 76-78 illustrate ornamental designs for several additional “Charts” GUIs for a display screen of a mobile device for displaying charts associated with patient exertion periods.

FIGS. 79-81 illustrate ornamental designs for several additional “Charts” GUIs for a display screen of a mobile device for displaying charts associated with patient rest periods.

FIGS. 82-83 illustrate ornamental designs for several additional “Charts” GUIs for a display screen of a mobile device for displaying charts associated with patient rest periods.

FIGS. 84-86 illustrate ornamental designs for several additional “Charts” GUIs for a display screen of a mobile device for sending reports associated with patient via email.

FIGS. 87-89 illustrate ornamental designs for several additional “Charts” GUIs for a display screen of a mobile device for sending reports associated with patient via the post.

FIG. 90 illustrates the “Send Report” GUI shown in FIG. 87, with a series of address book GUI screens for a display screen of a mobile device for populating the “Send Report” GUI using a local address book.

FIGS. 91-96 illustrate ornamental designs for several “Patch” GUIs for a display screen of a mobile device for managing the wearable receiver communication system.

FIGS. 97-99 illustrate ornamental designs for several additional “Patch” GUIs for a display screen of a mobile device for replacing the wearable receiver.

FIGS. 100-104 illustrate ornamental designs for several “Share” GUIs for a display screen of a mobile device for managing permissions and adding/removing caregivers.

FIGS. 105-107 illustrate ornamental designs for several “Notifications” GUIs for a display screen of a mobile device for notifying patients of activity and rest information.

FIGS. 108-111 illustrate ornamental designs for several additional “Notifications” GUIs for a display screen of a mobile device for notifying patients of medication dosing times and reminders.

FIGS. 112-115 illustrate ornamental designs for several additional “Notifications” GUIs for a display screen of a mobile device for adding daily medications dose times.

FIGS. 116-119 illustrate ornamental designs for several additional “Notifications” GUIs for a display screen of a mobile device for adding daily medication reminders for taking medications.

FIGS. 120-123 illustrate ornamental designs for several additional “Notifications” GUIs for a display screen of a mobile device for providing data alerts.

FIGS. 124-127 illustrate ornamental designs for several additional “Notifications” GUIs for a display screen of a mobile device for setting notification preferences.

FIGS. 128-131 illustrate ornamental designs for several additional “Notifications” GUIs for a display screen of a mobile device for displaying information about the account and about the system.

FIGS. 132-135 illustrate ornamental designs for several additional “Notifications” GUIs for a display screen of a mobile device for editing account.

DESCRIPTION

In various aspects, the present disclosure is directed generally to an apparatus, system, and method for managing adherence to a regimen in a subscription based computer implemented healthcare information environment. For example, the regimen may be a medication regimen, an exercise regimen, a combination of medication and exercise regimen, etc. In accordance with the present disclosure, medication adherence packaging is transformed into a digital tool that assists in taking medications on schedule and managing activities of daily life by facilitating communication between users (e.g., patients) and third parties, such as, for example, personal caregivers (e.g., carers), loved ones, spouses, family members, friends, physicians, pharmacists, among others. In one aspect, a wearable receiver (e.g., electronic patch) is worn by a person taking medications. As used herein, the term “medication” includes ingestible preparations such as pharmaceuticals, such as prescribed or over-the-counter preparations; vitamins; placebos, etc. Medications may be provided in one or more form factors, e.g., pills, tablets, capsules, gel capsules, soft gel capsules, etc. The wearable receiver detects a communication from an ingestible device such as an implantable device, an implantable pulse generator such as a pacemaker, for example, a stent; an implantable transceiver; an ingestible device, such as an ingestible event marker (IEM) device, an ingestible RFID device, an ingestible coil or antenna device; among other devices. In the case of an IEM device, a microelectronic circuit is associated with a medication, e.g., a medicinal dose, to indicate the occurrence of a medication event, for example. The wearable patch device is worn by the person taking the medication to detect the ingestion of the medicinal dose comprising an IEM device embedded therein. The wearable receiver communicates the information to a mobile device. In one aspect, the present disclosure provides a system where the mobile device communicates over one or more than one wireless network to communicate information associated with medication dosing events to a back-end processing system that manages the

administration of medication and facilitates communication between the person taking the medication and third parties such as their caregivers, physicians, and/or pharmacists, for example. In one aspect, an adherence package according to the present disclosure comprises, in addition to the medication, a wearable receiver and an IEM device.

The subscription information system according to the present disclosure enables focus on care management of and communication with the patient. Various aspects of the system may be configured to convey trends in activities of daily life, including activity, rest, and medication taking. Also, in other aspects, the system may be configured to assist managing activities of daily life, including taking the appropriate medications on schedule and managing amount and timing of activity and rest. In various aspects, the system also may be configured to facilitate communication between patients and designated third parties. In various aspects, the system may be configured for patients who are primarily responsible for their own care, taking multiple medications, and who are candidates for adherence support. In other aspects, the system may be configured for patients with personal caregivers who assist with or oversee their care. In other aspects, the system may be configured for patients who are capable of using, or have a caregiver capable of using smartphone technology.

In one aspect, the subscription information system according to the present disclosure may be based on adherence packaging products already available on the market. Pharmacies may provide these adherence packages where the pharmacist pre-fills a set of blister packs with a person’s medications at different dosage times for a predetermined period such as a day, a week, a month, and so forth. The present disclosure adds one more component, an ingestible device, into at least one blister. For example, a medicinal dose (e.g., a tablet) is added into each of the existing blisters, where the medicinal dose includes an event marker or other ingestible device such as an IEM device, RFID device, etc. In another example, a placebo is added to at least one of the blisters, where the placebo includes an ingestible device such as an IEM device, RFID device, etc.

In one aspect, the subscription information system according to the present disclosure is based on a predetermined adherence packaging form factor and assists a person in taking medication on schedule and managing their activities of daily life. Activities of daily life, among other things, include getting up and moving around, taking medications, ensuring they get adequate rest. One way of assisting with these activities is by facilitating communication between the patient and their caregivers. It will be appreciated, that the subscription information system according to the present disclosure is not intended to replace other forms of communication between the patient and third parties. It is meant, however, to facilitate communication and to provide a layer of information that a patient, carer, etc., would not otherwise have and to focus on interpersonal communication with people on things that are not tactical, generally speaking. Thus, for example, when a relative calls an ill person, the conversation can focus on some normal daily activity such as the book she is reading rather than focusing on whether the person took their medications or whether they exercised for ten minutes on that day.

Once the information is communicated to a mobile device, the subscription information system according to the present disclosure provides a graphical user interface (GUI). In one aspect, the GUI is associated with the mobile device and provides a personal information stream which is effectively a timeline for any given day in the form of an activity indicator, e.g., displayed as an “activity ribbon,” that shows in a simple and concise manner how the person is spending each moment

of the day. For example, generally, people will spend a lot of time sleeping, then get up to run some errands, and maybe rest in their chair and watch television when they are done. Later they may get up and go for a walk that elevates their heart rate, get a little exercise, and then return home to sit, rest, and eventually go to sleep. In one aspect, an activity ribbon is provided to show how a person transitions between different states throughout a predetermined period such as day or night. Accordingly, at a glance, the person can readily tell if, in a given night, they have been really disruptive and getting up to go to the bathroom multiple times, or if they tossed and turned all night with really sleeping restfully. This information can be obtained just by looking at the state of an activity ribbon as displayed on a mobile device display GUIs. In addition, in one aspect, the medication events timeline associated with the person can be shown below the activity ribbon along a running time line. Accordingly, the subscription information system according to the present disclosure presents the scheduled medication times as one set of icons and the actual detected medication ingestion times by another set of icons. A person can visually correlate the scheduled versus actual medication times without judgment as presented by the GUI. In this manner, the absence of judgment may enhance usability of the system which, in turn, optimizes adherence to various regimens.

The subscription information system according to the present disclosure provides certain value propositions across the stakeholders, e.g., for the patient, the caregiver, the physician, and the pharmacy. For the patient, the subscription information system according to the present disclosure provides personalized data-driven feedback notifications to help the patient manage his or her daily life. The system further provides earlier detection of negative trends, easier communication with personal physicians, and decreased isolation via an enhanced sense of connectedness. Overall, the system may provide the patient with better quality relationships with caregivers and with less focus on tactical care needs. In addition, use of the system may result in significant cost savings as a result of adherence to medication regimens, e.g., costs otherwise incurred due to non-adherence such as the cost of treating escalated illnesses, etc.

For the caregiver, the subscription information system according to the present disclosure provides reassurance that a loved one is doing okay. Personalized data-driven notifications are set as per personal thresholds. This also leads to better quality relationships with patients with less focus on tactical care needs.

For the pharmacist, the subscription information system according to the present disclosure provides improved adherence to medication by the patient and to increased prescriptions. The system also provides consumer pay, subscription-based mobile phone applications, premium priced adherence packaging services, and increased share of care-at-home services. In addition, the system provides increased consumer loyalty, store traffic and retail cross-selling and new ways to partner with local trusts and health authorities, among other things.

For clarity of disclosure, these and other aspects of the present disclosure will now be described in conjunction with the associated figures. Also, prior to describing the subscription information system, the disclosure first turns to a description of an overall system in which the subscription information system may be practiced. Accordingly, turning now to FIG. 1, where one aspect of a system 100 is illustrated. The system 100 comprises a mobile device 102 (e.g., a first node), such as a mobile communication device, for detecting a communication associated with the ingestible event marker 104

(IEM), e.g., an electrical signal generated by the IEM 104; data associated with the electrical signal and communicated from a receiver to the mobile device 102, etc. As shown, a living subject such as a patient 106 has recently ingested an IEM device 104 and is holding a mobile device 102 in her hands. In one aspect, the patient 106 puts on a wearable receiver 108 (e.g., electronic patch) that senses a communication from the IEM device 104 via one or more electrodes and then communicates with the mobile device 102. The mobile device 102 is configured to communicate to a backend processing system such as a remote processing system 122 using a variety of techniques over a variety of wired or wireless communication networks as described in more detail hereinbelow.

Various aspects of an IEM device are disclosed in commonly assigned U.S. Patent Application Publication No. 2008-0284599 A1 entitled, "Pharma-Informatics System" filed on Apr. 28, 2006, which is herein entirely incorporated by reference.

The architecture and operation of a typical wearable receiver 108 and various related aspects are disclosed in commonly assigned U.S. Patent Application Publication No. 2010-0312188 A1 entitled "Body-Associated Receiver and Method" filed on Dec. 15, 2009, and is further explained in more detail below in connection with FIG. 54 whereas the architecture and operation of a typical IEM device 104 is explained in more detail below in connection with FIG. 55.

In one aspect, shortly after the patient 106 ingests an IEM device 104, the digestive fluids 114 in the stomach 116 activate the IEM device 104 to begin conducting a unique electrical current signature, which corresponds to various data. The data, for example, may include data identifying the IEM device 104, data identifying the medication, etc. In various aspects, for example, an IEM device 104 or components thereof may pass through the patient's system. In various aspects, the IEM device 104 may be partially or fully digestible. In various aspects, IEM devices 104 may be configured to communicate continuously or intermittently with the wearable receiver 108 after ingestion. In other aspects, an IEM device 104 may be configured to be selectively activated, deactivated, and/or reactivated.

The electrical current signature generated by the IEM device 104 while disintegrating in the digestive fluids 114 is detectable by a detection arrangement portion of the wearable receiver 108 coupled to the patient 106.

In use, after the patient 106 ingests the IEM device 104, the electrodes portion of the wearable receiver 108 contacting the skin of the patient 106 pick up the current signal generated by the activated IEM device 104. Once the detection arrangement is in place, an application is launched on the mobile device 102 and the patient 106 takes their medication from the blister pack, which includes the IEM device 104. The application may be launched automatically upon detection of a transmission from the wearable receiver 108 or may be launched by user selection using conventional techniques such as a mouse over and click, pushbutton switch activation, virtual pushbutton switch activation, voice recognition, vibration, tapping a GUI element, orientation of the device, for example.

With reference still to FIG. 1, the wearable receiver 108 acts as a first node for the detection of the unique current signature generated by the IEM 104 and the mobile device 102 acts as a second node for the detection of a communication from the wearable receiver 108. In response to a detection of the unique current signature generated by the IEM device 104 via the wearable receiver 108, the mobile device 102 may perform a number of functions. In one aspect, the mobile

device **102** may store the time and date when the communication was detected, which corresponds approximately to the time and date of ingestion of the IEM device **104** by the patient **106**. In addition, the mobile device **102** may store the information encoded in local memory. For example, the identity of the IEM device **104**, the type of medication associated with the IEM device **104**, the manufacturer of the medication and/or IEM device **104**, among other information, may be encoded by the unique electrical current signature, without limitation.

Generally, however, the mobile device **102** transmits the detected information associated with the IEM device **104** either to a wireless node **110** (e.g., a third node or local node) or to a cellular tower **124** in order to transmit the information to a remote processing system **122**, also known as a backend processing system. The wireless node **110** may comprise, for example, a mobile station or fixed station having wireless capabilities. Examples for the wireless node **110** may include any of the examples given for the mobile device **102**, and further may include a wireless access point, base station or node, base station radio/transceiver, router, switch, hub, gateway, and so forth. In one aspect, for example, the wireless node **110** may comprise a base station for a cellular radiotelephone communications system. Although some aspects may be described with the wireless node **110** implemented as a base station by way of example, it may be appreciated that other aspects may be implemented using other wireless devices as well. The wireless node **110** may be a communication hub, access point, another mobile device, and so on. Accordingly, the wireless node **110** may act as a local access point to wide area networks such as the Internet to communicate the information received from the IEM device **104** to a node **122**, which is remotely located from the first and second nodes, e.g., the mobile device **102** and the wireless node **110**, respectively. The remote node **122** may be a healthcare facility (physician's office, hospital, pharmacy), drug manufacturer, nutrition center, back end patient healthcare data processing facility, backend processing system, and the like.

In one aspect, the mobile device **102** communicates with the wireless node **110** over a wireless medium **134**. In various aspects, the mobile device **102** and the wireless node **110** may comprise or be implemented by a wireless device. The wireless device generally may comprise various physical or logical elements implemented as hardware, software, or any combination thereof, as desired for a given set of design parameters or performance constraints. In various aspects, the physical or logical elements may be connected by one or more communications media. For example, communication media may comprise wired communication media, wireless communication media, or a combination of both, as desired for a given implementation. In various implementations, the described aspects of the mobile device **102** and/or the wireless node **110** may comprise part of a cellular communication system to communicate with a cellular network **128** via cellular tower **124** over wireless medium **136**.

As shown in FIG. 1, the wireless node **110** is in communication with a remote node **122**, e.g., a backend processing system. The remote node **122** comprises a processing system **138** communicatively coupled to a database **140**. Information associated with patients, including identity and medication types and doses, may be stored in the database **140**. In one aspect, the processing system **138** receives information from the mobile device **102** via the wireless node **110** and accesses the information in the database **140** to provide information to the care provider through the wireless node **110** and/or the mobile device **102**. The remote node **122** can communicate various information; for example, identification information

such as a photo of the patient for identification, a photo of the IEM device **104** before it is ingested, the type of medication combined with the IEM device **104**, as well as confirmation of the type and dose of medication that the patient ingested. The wireless node **110** can communicate with the remote node **122** using any mode and frequency of communication that is available at the site, such as wireless, G2, G3, G4, real-time, periodically based on predetermined time delays, as well as store and forward at later time.

Vehicles of communication between the wireless node **110** and the remote node **122** include a network. In various aspects, the network may comprise a LAN as well as a WAN including without limitation Internet, wired channels, wireless channels, communication devices including telephones, computers, wire, radio, optical or other electromagnetic channels, and combinations thereof, including other devices and/or components capable of/associated with communicating data. For example, the communication environments include in-body communications, various devices, various modes of communications such as wireless communications, wired communications, and combinations of the same.

The processing system **138** at the remote node **122** may comprise servers configured as desired, e.g., to provide for subject directed permissions. For example, the servers may be configured to allow a family caregiver to participate in the subject's therapeutic regimen, e.g., via an interface (such as a web interface) that allows the family caregiver to monitor alerts and trends generated by the server, and provide support back to the patient. The servers also may be configured to provide responses directly to the subject, e.g., in the form of subject alerts, subject incentives, which are relayed to the subject via the communication device. The servers also may interact with a health care professional, e.g., RN, physician, which can use data processing algorithms to obtain measures of health and compliance of the subject, e.g., wellness index summaries, alerts, cross-patient benchmarks, and provide informed clinical communication and support back to the patient. The servers also may interact with pharmacies, nutrition centers, and drug manufactures.

In one aspect, the remote node **122** may store information received from the mobile device **102** in the database **140**. Such information may comprise the approximate time and date stamp when the IEM device **104** was ingested by the patient **106**. In addition, an identification number such as a serial number, for example, associated with the IEM device **104**, the individual patient identification, the source of the medication, and the expiration date or shelf life of the medication combined with the IEM device **104** may be stored in the database **140**.

Still with reference to FIG. 1, in one aspect, shortly after the IEM device **104** is ingested by the patient **106**, the IEM device **104** communicates information to the wearable receiver **108** via the detection arrangement, e.g., the electrodes. The wearable receiver **108**, in turn, communicates the information to the mobile device **102**, which may communicate the information either to the wireless local node **110** (e.g., via a Wi-Fi connection) or may communicate with a cellular tower **124** and base station **126** and can access the Internet **130** via a cellular network **128**. Accordingly, information received by the mobile device **102** from the IEM device **104** can be communicated to the remote node **122** via the Internet **130** through the cellular network **128**. The processing system **138** at the remote node **122** receives the information from the mobile device **102** and may store it in the database **140**.

In another aspect, the mobile device **102** communicates with a local wireless access point **110** (e.g., Wi-Fi), which is coupled to a LAN **112**. The LAN **112** is coupled to a WAN

such as the Internet 130, which is coupled to the remotely located remote node 122. Upon detecting the unique electrical current signature generated by the IEM device 104, (e.g., by way of receiving data/information associated with the electrical current signature from the wearable receiver 108), the mobile device 102 can communicate the information to the processing system 138 at the remote node 122 via the access point 110, LAN 112, and Internet 130. The processing system 138 stores the information in the database 140. The remote node 122 can access other networks 132 for additional processing of the information associated with the IEM device 104 stored in the database 140.

In another aspect, the mobile device 102 may transmit information associated with the IEM device 104 to another mobile device. The other mobile device then communicates with the cellular tower 124, base station 126, cellular network 128, and the Internet 130 to the remote node 122. In another aspect, the other mobile device communicates with the access point 110, LAN 112, and the Internet 130 to the remote node 122. Once communication is established with the remote node 112, the information associated with the IEM device 104 can be processed by the processing system and/or stored in the database 140. Additional details associated with the system 100 are described hereinbelow.

In connection with the description of FIGS. 2-51, for conciseness and clarity reference will also be made to the system 100 and elements thereof shown in FIG. 1. Having described a basic system, in which the subscription information system according to the present disclosure may be implemented, the description now turns to FIG. 2, which illustrates one aspect of a weekly adherence package 200 received by the patient 106. The adherence package 200 comprises, for example, a foldable sheet 202 that can be creased at various sections 214 and folded into a discreet and convenient package for the patient 106 to use. The contents of the adherence package 200 generally include a wearable receiver 108 (e.g., an electronic patch), a plurality of identification labels 206, and a plurality of blisters 208 containing a predetermined supply of medications located therein. Each blister 208 may be filled by the pharmacist and may include an IEM device 104 for tracking the medication events and generating a medication timeline as described in detail hereinbelow. It will be appreciated that each daily dosing section of the adherence package 200 may include any number of blisters 208 based on the medication needs and requirements of the patient 106. As shown, the adherence package 200 includes a weekly supply of medication where each day includes four dosing events, and therefore, there are twenty-eight separate blisters 208. The weekly blister pack supply of medications also includes a perforation 212 along a horizontal direction so that the patient 106 can remove one or more than one day's personalized supply of medication and take with him by simply tearing along the perforation 212. It will be appreciated that although the perforations are shown along a horizontal direction for tearing off a daily supply of medications, the perforations also can be provided along a vertical direction 216. In other aspects, the medication blister packs associated with various predetermined time periods, e.g., individual days of the week, may be configured in a vertical direction rather than a horizontal direction as shown in FIG. 2. In that aspect, the daily perforations would be provided along a vertical rather than horizontal direction.

In a general sense, the adherence package 200 comprises a sheet 202 with a plurality of tear-away strips associated with a personalized dose. At least one blister pack 208 may be coupled to the sheet for containing the personalized dose and a perforation 212 provided on the sheet 202 to enable removal

of the at the least one blister pack 208 from the sheet 202 by tearing along the perforation 212. In one aspect of the adherence package 200, at least one of the plurality of tear-away strips comprises an indicia thereon to correlate a time period with the at least one tear-away strip. As illustrated such indicia corresponds to days of the week, although the indicia also may correspond to times of the day, and so on. In another aspect of the adherence package 200, at least one of the plurality of tear-away strips comprises an indicia 206 thereon to correlate a personalized dose with the at least one tear-away strip. In one aspect, the adherence package 200 further comprises at least one receiver 108 configured to be associated with a living subject 106 and to receive a communication from an ingestible device 104. The receiver 108 comprises communication circuits to wirelessly communicate with a mobile device 102. In one aspect, the adherence package 200 further comprises a mobile device 102 configured to communicate with the at least one receiver. In one aspect, the adherence package 200 further comprises at least one ingestible device 104.

In various aspects, in order to receive the weekly medication adherence package 200, the patient 106 must enroll, subscribe, register, etc., to the subscription information system according to the present disclosure. Although initially, the patient 106 will receive a start-up kit, the patient 106 will eventually receive weekly medication adherence packages 200 on a weekly or monthly basis, for example. It will be appreciated, however, that a medication adherence package may be implemented in various forms based on whether it is part of an initial purchase, an ongoing weekly, monthly, or other subscription, or an alternative do-it-yourself configuration, which may simply include refill blister packs and wearable receivers, as described hereinbelow. For example, in one aspect, as part of the initial purchase, the patient 106 receives a start-up kit which includes a personal code, a wearable receiver 108 (e.g., electronic patch), several demonstration tablets, and instructions on how to get started using the kit. If the patient 106 does not own a mobile device 102, one may be provided with the initial purchase. Thus, in one aspect, the start-up kit also may comprise a pre-installed smartphone (e.g., Android) along with use instructions. As part of ongoing monthly subscription, for example, the patient 106 would receive a package similar to the weekly medication adherence package 200 shown in FIG. 2. A month's supply would include, for example, four weekly medication adherence packages 200. Each weekly adherence package 200 may include a box of six wearable receivers 108 and wipes and twenty-eight blisters 208 for storing a weekly supply of medication at four daily doses. Each daily dose would also comprise an IEM device 104. A do-it-yourself supply, may include a box of wearable receivers 108 (e.g., one or two or more and preferably six wearable receivers 108) and a multi-count blister pack, one box per daily dosing event.

Within minutes of receiving the initial start-up adherence package and opening it up, the patient 106 is able to install the appropriate applications on the mobile device 102 in order to start collecting data from the wearable receiver 108. The wearable receiver 108 starts collecting activity data after the patient ingests demonstration tablets. Eventually, the patient 106 will receive the actual weekly medication adherence package 200 which contains actual medications and a corresponding IEM device 104 for each medication blister 208 to track the medication events. Once the system is operational, a GUI application launched on the mobile device 102 can be configured to display a variety of personal information such activity and medication streams, personal notifications,

insights into activity and medication trends, among others, which are described in detail hereinbelow in connection with FIGS. 3-51, for example.

FIG. 3 illustrates one aspect of a personal information stream graphical user interface 300 (GUI) for a display screen of a mobile device 102. The left top portion of the personal information stream GUI 300 shows the patient's name "Kathryn" along with several GUI elements or icons displayed along the top horizontal portion of the GUI 300. These GUI elements, for example, may include a first GUI element 316 which corresponds to the display of an activity timeline, generally in the form of an activity ribbon 306 and a medication timeline. One skilled in the art will recognize that the display of an activity timeline may be embodied in various formats and, as such, is not limited to any particular expression thereof. A second GUI element 318 corresponds to the display of activity and/or medication trends. A third GUI element 320 corresponds to the display of configurations, initial set-up, management, and replacement of the wearable receiver 108. A fourth GUI element 322 corresponds to managing and control of data sharing functions such as invitations and control which data is being shared with the invitee. A fifth GUI element 324 corresponds to system utility tools to personalize and tailor the system to the needs and requirements of the patient 106.

To activate the GUI 300 the user selects the first GUI element 316 and the display screen of the mobile device 102 shows the activity timeline 302 and a medication timeline 304. In FIG. 3, the personal information stream comprising the activity timeline 302 and the medication timeline 304 corresponds to a single 24-hour day. The personal information stream however, may be customized to cover periods of one week, one month, or any suitable custom tailored period. The activity timeline 302 comprises an activity ribbon 306 that shows how the patient 106 is spending each moment of the day being tracked. The activity timeline 302 is shown along the bottom horizontal axis and the level of activity is shown along the vertical axis on the left side of the GUI 300. In the aspect shown in FIG. 3, the level of patient activity is displayed as four discrete increments, namely, sleep 308, rest 310, moderate physical activity 312, and elevated physical activity 314. The activity ribbon 306 scrolls over the timeline and tracks the patient's activities throughout the day. A comment bubble 326 is provided for the patient 106 to enter personal notes to clarify any particular recorded level of activity. Also shown along the bottom horizontal portion of the GUI 300 is the medication timeline 304, which is marked by an icon of a tablet 328 to indicate the time when a particular medication event occurred. The system displays the times when medications are scheduled to be taken as one set of icons and the actual ingestions corresponding to the detection of the IEM device 104, as detected by the wearable device 108, as another set of icons 328. Accordingly, the system 100 provides no judgment and allows the patient 106, or third party, to visually correlate daily physical activity levels and medication events by simply presenting the information on the personal information stream GUI 300.

Accordingly, generally, patients will spend a lot of time sleeping and then they will get up and run some errands and then maybe rest in their chair and watch television at mid-day. Later they may get up and go for a walk that elevates their heart rate, get a little exercise and then come back and sit and rest until they go to sleep. The activity ribbon 306 shows the patient how the patient 106 flows between all those different states throughout a day. Therefore, at a glance, the user can tell if the patient 106, in a given night, for example, has been really disruptive and has been getting up multiple times to go

to the bathroom or if they were tossing and turning and not really sleeping restfully. This can be seen by looking at the state of the activity ribbon 306. For example a sub-activity portion 330 of the activity ribbon 306 shows that the patient was restless during a period of time when they should have been sleeping.

FIG. 4 illustrates one aspect of a personal notification GUI 400 for a display screen of a mobile device 102. The personal notification GUI 400 is provided to the mobile device 102 of a third party that has been selected by the patient 106, such as the patient's caregiver, to notify the caregiver of the occurrence or lack of occurrence of a particular event. The personal notification GUI 400 also may be used to invite the third party to view the patient's data. This is referred to as the sharing function. The patient 106 has complete control over what data the third party can view. The illustrated personal notification GUI 400 provides a notification 402 that the system 100 has not detected any movement by the patient 106 even though at the stated time the patient 106 is usually up and about. The caregiver can then follow up with a suitable action. Other aspects of the personal notification functions are described hereinbelow.

FIG. 5 illustrates one aspect of an activity trend GUI 500 for a display screen of a mobile device 102. To activate the activity trends GUI 500 the second GUI element 318 is selected. As shown, the activity trends GUI 500 provides the patient's physical activity trend for a given week. The corresponding days of the week 502 are shown along the bottom horizontal portion of the GUI 500. A first button 514 shows the number of active hours 504 when selected. The corresponding number of hours 504 that the patient 106 is physically active during the course of a day is shown along the left vertical portion of the GUI 500 axis. The active hours 504 are graphed using a bar graph 510. A horizontal line 512 represents the usual number of hours 504 that the patient is active during the course of a day. A second button 516 shows the number of steps 506 taken by the patient when selected by the user. The number of steps 506 taken by the patient during the course of a day is provided along the right vertical axis. The number of steps 506 taken by a patient is graphed using icons 508 that look like a pair of footprints positioned within a circle. The number of steps 506 taken by the patient 106 is shown along the left vertical portion of the GUI 500.

Having described the subscription information system according to the present disclosure in general terms, one use aspect of the subscription information system is now described with reference to the foregoing FIGS. 1-5 and subsequent FIGS. 6-11. Accordingly, once a patient 106 decides to participate in a medication adherence program, they can purchase an adherence start-up kit from the pharmacist.

FIG. 6 illustrates one aspect of an account creation GUI 600 for a display screen of a mobile device 102. The subscription information system 100 is set up by first creating an account, pairing the wearable receiver 108 with a mobile device 102, ingesting some demonstration tablets provided in the start-up kit, launching an application, and then viewing the data shown on the display of the mobile device 102. The system 100 starts providing data to the mobile device 102 with activity capture as soon as the patient 106 sets up the start-up kit. The actual adherence package 200 is generally provided a few days after the start-up kit is set up. As shown in FIG. 6, after the patient 106 pairs the wearable receiver 108 with the mobile device 102, an application is launched by the mobile device 102 to create an account. In response, the account creation GUI 600 is shown by the mobile device 102 display. The patient 106 enters the required information in the

appropriate text box, such as, “first name,” “last name,” “user-name,” “password,” and “confirm password.”

FIG. 7 illustrates one aspect of a “Manage sharing” GUI 700 for a display screen of a mobile device 102a enabling a patient to select with whom to share data and what data to share. FIG. 8 illustrates one aspect of a third party caregiver GUI 710 for a display screen of a mobile device 102b for sharing information with a patient. FIGS. 7 and 8 illustrate a patient’s mobile device 102a and a third party mobile device 102b, respectively. The third party has been invited and approved for sharing information with the patient 106 as described hereinbelow. FIG. 7 illustrates a patient (Kathryn) mobile device 102a display showing a “Manage sharing” GUI 700 to enable the patient 106 to select with whom to share data and what data to share. As shown in FIG. 7, the “Manage sharing” GUI 700 shows several elements including the group of GUI elements 316, 318, 320, 322, 324 described in connection with FIG. 3 icons 702 displayed along the top horizontal portion of the GUI 700. Each GUI element corresponds to a different action including, for example, the first GUI element 316 corresponds to the display of activity and medication timelines, the second GUI element 318 corresponds to the display of activity and/or medication trends, the third GUI element 320 corresponds to the display of configurations, initial set-up, management, and replacement of the wearable receiver 108, the fourth GUI element 322 corresponds to managing and control of data sharing functions such as invitations and control which data is being shared with the invitee, and the fifth GUI element 324 corresponds to system utility tools to personalize and tailor the system to the needs and requirements of the patient 106.

In particular, as shown in FIG. 7, the fourth GUI element 322 has been selected to open and display the “Manage sharing” GUI 700. Using the “Manage sharing” GUI 700 the patient 106 can control who can share data and what data can be shared with an invitee. As shown, the “Manage sharing” GUI 700 displays (1) three caregivers named Anna, Jane, and Karl; (2) a pharmacist named Phillips and (3) a physician named Dr. Johnson. The patient 106 can control the information that can be viewed by each of these people separately by selecting the appropriate GUI element. For example, Anna has been enabled to view the personal information activity timeline by selection of element 716a; the activity trend chart by selecting element 716b; and the medication timeline by selecting element 716c. Phillipa (Pharmacist) is only able to view the activity trend chart and the medication timeline because only elements 716b and 716c were selected. Jane cannot share any data. Dr. Johnson (Physician) can only view the medication timeline because only element 716c was selected. Taking Karl as an example, section 704 shows that Karl has been enabled to share the activity timeline and the medication timeline based on selected corresponding elements 716a and 716c, but not the trend chart. Accordingly, Karl is able to monitor whether Kathryn is moving around and taking her medications. Since the trend chart element 716b is not selected, Kathryn has not granted Karl access to view her trend charts.

FIG. 8 illustrates one aspect of a third party caregiver (Karl) GUI 710 for a display screen of a mobile device 102b while sharing information with the patient 106 (Kathryn). The caregivers’ mobile device 102b display shows a third party sharing GUI 710. The GUI 710 displays only the data that the patient 106 has granted permission for. As previously discussed, the patient 106 (Kathryn) invited the caregiver (Karl) to share some of her data. Accordingly, the GUI 710 shows the patient’s name Kathryn in the upper left portion 712 of the GUI 710. Since the patient 106 Kathryn has

granted Karl permission to view her activity timeline 714 and medication timeline 718, Karl is able to view these elements by selecting the activity timeline GUI element 708 on the GUI 710.

FIGS. 9-11 illustrate various aspects of support GUIs for a display screen of a mobile device 102. FIG. 9 illustrates one aspect of a “Medication trends” GUI 720 for a display screen of a third party mobile device 102c. In the illustrated example, the third party mobile device 102c belongs to the patient’s physician. As shown, the “Medication trends” GUI 720 shows a daily medication trend chart 724 recorded events over a one week period. The physician is able to view the daily medication trend chart 724 if the patient 106 previously enabled this action using the “Manage sharing” GUI 700 as described in FIG. 7. Returning to FIG. 9, the physician can display the daily medication trend chart 724 by selecting the activity trend chart element 722. The medication trend chart 724 shows the number of doses taken by the patient 106 and at what time on a daily basis over a one week period. The days of the week are shown along a bottom horizontal portion of the “Medication trends” GUI 720 and dosing times are shown along the left vertical portion of the “Medication trends” GUI 720. As shown, the physician is able to see that the patient 106 often takes the mid-day dose along with the evening dose as shown by the tablet icon 726 with the number two located thereon.

FIG. 10 illustrates one aspect of an “Activity trends” GUI 730 for a display screen of a third party (e.g., physician) mobile device 102c. As illustrated in FIG. 10, if the physician was granted permission to view the patient’s activity trend chart, the physician simply selects the activity trend charts element 722 to display the activity trend charts 734, 736. The first activity trend chart 734 corresponds to the number of daily active hours over a one week period. Days of the week are shown along a bottom horizontal portion of the “Activity trends” GUI 730 and the hours 0-24 are shown along the left vertical portion of the “Activity trends” GUI 730. The second activity trend chart 736 corresponds to the number of steps taken by the patient 106 on a daily basis over a one week period. The number of steps from 0-2 k is shown along the right vertical portion of the “Activity trends” GUI 730. Accordingly, the physician is able to see the patient’s level of activity over the week period.

FIG. 11 illustrates one aspect of a custom notification GUI 740 for a display screen of a patient’s mobile device 102a. The custom notification GUI 740 is used by the patient to set notifications before or after a medication dose is due to be taken or to cancel medication notifications if an IEM device 104 is detected within a predetermined period of taking the medication (e.g., ingesting the IEM device 104). In particular, a drop-down list element 742 may be used to set a reminder at a predetermined time before the dose is due (e.g., 20 minutes). A second drop-down list element 744 may be used to set a reminder at a predetermined time after the dose is due (e.g., 40 minutes). A third drop-down list element 746 may be used to cancel medication notifications if an IEM device is detected within a predetermined time (e.g., 1 hours) of taking the dose.

In respect to sharing the patient’s data with a caregiver or other party, in one aspect, applications associated with the subscription information system according to the present disclosure whether they are executed on the mobile device 102 or the remote processing system 122, provide a mechanism to ensure that the person with whom the patient intends to share the data is really the intended person. It is the industry standard, for example with web sites like Google Health or Microsoft Health Vault, that such applications requests that the user enter their email address in twice and then press send.

It is very common, however, that a person incorrectly enters their email address both times. Therefore, in conventional applications there is no real guarantee that entering an email address twice assures that the intended party receives the information being shared by the patient. In accordance with one aspect, for security and privacy reasons, the present application requests that the user enter their email address once and then select the “send” button. The patient receives a personal code and an email from the remote system 122 saying that the patient has invited a caregiver, or other third party, to share the patient’s medical data. The patient then must communicate separately with the invitee either over the phone or separate email to disclose to the invitee the patient’s personal code. The caregiver must enter the personal code to accept the patient’s invitation to share data. The subscription information system according to the present disclosure does not replace any sort of interpersonal communication with the caregiver, but rather strengthens those relationships and opens up a different line of communication between patient and caregiver.

FIGS. 12-51 will now focus on a specific implementation of the mobile device 102 functionality from creating an account, pairing the wearable receiver with the mobile device, viewing timelines, managing and replacing the wearable receiver, setting up invitees to share data, and using tools to configure the system to the specifications of the patient. Accordingly, turning now to FIGS. 12-14, where a mobile device 102 display showing a series of GUIs for a display screen of a mobile device 102 that are displayed during the process of creating an account. Once the create account application is launched, the patient mobile device 102 display screen shows a “Sign In” GUI 1200 shown in FIG. 12. The “Sign In” GUI 1200 comprises a “username” text box 1202 as well as a “password” text box 1204 that enables the patient 106 to enter the appropriate information.

Once the appropriate information is entered into the “username” text box 1202 and the “password” text box 1204 and the “Create Account” button 1206 is selected, the display screen of the mobile device 102 shows the “Welcome” GUI 1300 as shown in FIG. 13. The “Welcome” GUI 1300 comprises a “personal code” text box 1302 for the patient to enter the personal code located on the start-up kit in before moving to the next screen by selecting the “Next” button 1304. As briefly mentioned above, the personal code comes with the start-up kit and for security reasons is communicated to an invitee to share data on a separate communication by the patient.

Upon entering the personal code from the start-up kit into the “personal code” text box 1302 and selecting the “Next” button 1302, the display screen of the mobile device 102 shows a “Create Account” GUI 1400 as shown in FIG. 14. The “Create Account” GUI 1400 comprises a “first name” text box 1402, a “last name” text box 1404, a “username” text box 1406, a “password” text box 1408, and a “confirm password” text box 1410. Selecting the “Next” button 1412 sends the information entered by the user to the remote processing system 122 (e.g., the backend processing system) and creates an account in the name of the patient.

FIGS. 15-18 illustrate various aspects of GUIs for a display screen of a mobile device 102 for wearing and demonstrating the wearable receiver. As shown in FIG. 15, a first GUI 1550 provides instructions to set up the wearable receiver (e.g., electronic patch). The GUI 1500 shows a wearable receiver element 1502 having a flashing button element 1504 and provides instructions to push the corresponding button on the actual wearable receiver 108 (patch) until the light blinks. Accordingly, at this time the patient removes the wearable

receiver from the start-up kit and pushes the button on the receiver 108. The patient then selects (taps) the “Next” button 1506 to proceed to the subsequent GUI.

FIG. 16 shows a subsequent GUI 1600 on the display screen of the mobile device 102. The GUI 1600 shows a wearable receiver element 1602, a mobile device element 1604, and a wireless element 1606 indicating that the mobile device 102 and the wearable receiver 108 are in the process of connecting. During the connecting process, the wearable receiver 108 is paired with the mobile device 102 so that the two devices can communicate with each other.

FIG. 17 shows a new GUI 1700 on the display screen of the mobile device 102 when the wearable receiver 108 and the mobile device 102 are connected. The GUI 1700 provides feedback that the mobile device 102 and the wearable receiver 108 are connected and provides instructions to place the wearable receiver 108 on the left side of the patient’s torso. The screen also displays a patient element 1702 with a wearable receiver element 1704 placed on the left side of the torso of the patient element 1702. Upon accomplishing this task, selecting the “Next” button 1706 launches the next GUI 1800.

FIG. 18 shows a GUI 1800 on the display screen of the display device 102. The GUI 1800 provides instructions for the patient 106 to take the two demonstration pills that were provided with the start-up kit and then select the “Done” button 1808. The GUI 1800 also displays two demonstration pill elements 1802, 1804 and a clock element 1806 to indicate to the patient that the remote processing system 122 will confirm that the system 100 will be ready to help the patient in a predetermined amount of time. As illustrated by the screen 1800, the patient 106 is advised that the remote processing system 122 will be ready to assist within 10 minutes, for example. It will be appreciated that additional GUIs may be provided to indicate to the patient 106 that the mobile device 102 is waiting for a response back from the remote processing system 122. Another GUI may be provided to inform the patient 106 that the remote processing system 122 has detected the two demonstration pills and further display two buttons: (1) A first button “See my data” and (2) a second button “Share my data,” for example. An additional GUI may be provided to indicate that the remote processing system 122 has not yet detected the demonstration pills and display an additional “Troubleshoot” button.

Once the patient 106 has completed the tasks associated with the wear and demonstrate phase as shown and described in connection with FIGS. 15-18 and the remote processing system 122 has successfully detected the ingestion of the demonstration pills, the display screen of the mobile device 102 shows a home GUI 1900 as shown in FIG. 19. The home GUI 1900 shows the timeline view that characterizes the patient’s daily activities and medication ingestions. The GUI 1900 is similar to the GUI 300 shown and described in connection with FIG. 3 and for the sake of conciseness will not be repeated here.

FIGS. 20-23 illustrate various aspects of timeline GUIs for a display screen of a mobile device 102 characterizing a patient’s daily physical activity and medication ingestions. FIG. 20 illustrates a GUI 2000 for a display screen of a mobile device 102 showing an activity timeline 2004 and a medication timeline 2008 that characterizes the patient’s daily physical activity and medication ingestions, respectively. The GUI 2000 is displayed when the timeline element first GUI element 316 corresponding to the display of activity and medication timelines is selected from a group of elements displayed along the top horizontal portion of the screen layout 2000. To enter a note that will be displayed either on the

activity timeline **2004** or the medication timeline **2008**, the lower portion of the screen **2006** where the text “Make a Note . . .” appears is selected.

Upon selecting the lower portion of the screen **2006**, the display screen of the mobile device **102** shows a “Make a Note” GUI **2100** to select whether the note will appear on the activity timeline **2004** or the medication timeline **2008**, as shown in FIG. **20**. As shown in FIG. **21**, selecting the “Meds” element **2104** will place the note in the medication timeline **2008** and selecting the “Activity” element **2106** will place the note in the activity timeline **2004**.

When the “Meds” element **2004** is selected in the “Make a Note” GUI **2100** of FIG. **21**, the display screen of the mobile device **102** shows a GUI **2200** as shown in FIG. **22**. A “text box” **2202** is provided to enter the note using the virtual keyboard **2204**. A medication element **2206** is shown along with the current date to reinforce that the note will be placed in the medication timeline rather than the activity timeline.

When the “Activity” element **2006** is selected in the “Make a Note” GUI **2100** of FIG. **21**, the display screen of the mobile device **102** shows a GUI **2300** as shown in FIG. **23**. A “text box” **2302** is provided to enter the note using the virtual keyboard **2304**. An activity timeline element **2306** is shown along with the current date to reinforce that the note will be associated in the activity timeline rather than the medication timeline.

FIG. **24** illustrates one aspect of an activity trend chart GUI **2400** for a display screen of a mobile device **102** showing a patient’s activity trend over a one week period. The activity trend chart **2402** can be customized to show the patient’s the patient’s metrics (e.g., activity trend) over any predetermined period. For example, as shown in FIG. **25**, the activity trend chart **2502** shown in GUI **2500** shows the patient’s activity trend over a one month period. The GUI **2400** may be opened by selecting the GUI element **318** corresponding to the display of activity and/or medication trends.

FIG. **26** illustrates one aspect of a medication trend GUI **2600** for a display screen of a mobile device **102** showing a patient’s medication trend over a one week period. The GUI **2600** may be opened by selecting the GUI element **318** corresponding to the display of activity and/or medication trends. The medication trend chart **2602** shows the time of day when medication was ingested by the patient **106**. The ingestion time and medication type are communicated by the IEM device **210** to the wearable receiver **108**, which is communicated to the mobile device **102** and eventually to the remote processing system **122**. The medication trend chart **2602** may be illustrated as follows, for example, on day 23/5 the patient **106** took medication in the morning as indicated by pill element **2602**, medication at mid-day as indicated by pill element **2604**, and medication in the evening as indicated by pill element **2606**. On day 19/5 the patient **106** entered a note in the medication trend chart **2602** as indicated by pill element **2608**. On day 22/5 the patient **106** took two doses of medication in the evening as indicated by pill element **2610**. Under “Today,” the medication trend chart **2602** shows that as of 10:42 pm, the patient **106** has not yet taken the evening medication. Overall, the medication trend chart **2602** shows that for the most part, the patient **106** has been taking their medication at the appropriate times and in the appropriate amounts.

FIG. **27** illustrates one aspect of a “Send a Report” GUI **2700** for a display screen of a mobile device **102** for sending a report. The GUI **2700** provides an email entry box **2702** for selecting or entering an email address where to send the report. The reporting period begin and end dates can be chosen by selecting the calendar elements **2704** and **2706**, respec-

tively. Alternatively, the reporting period begin and end dates can be entered into respective text boxes next to the calendar elements **2704**, **2706**. A resolution text box **2708** is provided to select the resolution of the report, e.g., single days, weeks, months, and so on. The email text box **2702** and the resolution text box **2708** are provided with a drop-down list option to make the selecting process more convenient.

FIG. **28** illustrates one aspect of a “Test System” GUI **2800** for a display screen of a mobile device for managing a wearable receiver (e.g., patch). FIG. **29** illustrates one aspect of “Replace Patch” GUI **2900** for a display screen of a mobile device for replacing a wearable receiver (e.g., patch). With reference to FIGS. **28** and **29**, the “Test System” GUI **2800** and “Replace Patch” GUI **2900**, respectively, are associated with a wearable receiver (e.g., patch) system management and a wearable receiver (e.g., patch) replacement. Both GUIs **2800**, **2900** can be opened by selecting the patch element **2802**, **2902** displayed on the top horizontal portion of the screen. As shown in FIG. **28**, the system can be tested by selecting the “Test System” button **2804**. Selecting the “Replace Patch” button **2806** opens the “Replace Patch” GUI **2900** shown in FIG. **29** for replacing the wearable receiver (e.g., patch). The “Replace Patch” GUI **2900** displays a patch element **2902** corresponding to the wearable receiver **108** and a flashing button element **2904**. The wearable receiver **108** can be replaced by pushing the button located on the wearable receiver **108** until the light blinks and then selecting (e.g., tap) the “Next” element **2906**.

FIG. **30** illustrates one aspect of a “Manage sharing” GUI **3000** for a display screen of a mobile device for inviting caregivers to data sharing. FIG. **31** illustrates one aspect of an “Invite” GUI **3100** for a display screen of a mobile device for inviting caregivers to share and controlling data sharing. With reference to FIGS. **30** and **31**, the “Manage sharing” GUI **3000** and “Invite” GUI **3100**, respectively, are employed for inviting caregivers and controlling data sharing. The “Manage sharing” GUI **3000** and the “Invite” GUI **3100** can be opened by selecting the respective share GUI element **322** displayed at the top horizontal portion of the GUIs **3000**, **3100**. Turning now to FIG. **30**, the “Manage sharing” GUI **3000** is used to manage the data sharing with third parties, such as caregivers, whom the patient **106** wishes to share their personal data. Both a person with whom to share the data as well as the type of data to be shared can be selected. The selected elements are highlighted. In the aspect illustrated in FIG. **30**, Anna has been selected to share data associated with the activity timeline **3004**, activity trend chart **3006**, and medication timeline **3008**. Chet, however, has been selected to share only data associated with the activity timeline **3002** and activity trend chart **3006**, but not data associated with the medication timeline **3008**. No data is being shared Jane. Karl has been selected to share only data associated with the activity timeline **3004** and the medication timeline **3008**, but not data associated with the activity trend chart **3006**. Larry has been selected to share only data associated with the medication timeline **3008**. A new person with whom to share data can be added by selecting the add element **3010**. As previously discussed, data can be shared with anyone who is trusted such as a caregiver, loved one, family member, physician, pharmacist, friend, among others.

In FIG. **31**, the “Invite” GUI **3100** for creating an invitation to share data provides several text boxes for the purpose of identifying the person to send the invitation such as the nickname text box **3104**, an email text box **3106** to enter the person’s email address, and a relationship text box **3108** to enter the relationship between the patient and the person they are about to invite to share data. As illustrated in FIG. **31**, both

the email text box **3106** and the relationship text box **3108** include a drop-down list element to select email addresses and relationship identifiers from a predetermined list. The type of data to share with the new person may be selected using the activity timeline element **3110**, the activity trending chart element **3112**, and/or the medication timeline element **3116**. All the data elements **3110**, **3112**, **3114**, a subset, or none at all may be selected. Toward the bottom portion of the “invite” GUI **3100**, the display provides a notification to protect the patient’s privacy along with a personal code. As shown in FIG. **31**, the privacy notification informs the patient that the recipient of the invitation will need to enter the personal code shown on the display, which in the present illustrative example is “1A2B3C.”

FIGS. **32-35** illustrate various aspects of utility tools GUIs **3200**, **3300**, **3400**, and **3500** for a display screen of a mobile device for tailoring the subscription information system based on personal needs and requirements of the patient **106**. Turning now to FIG. **32**, the utilities GUI **3200** may be opened by selecting the tool element **324** displayed at the top horizontal portion of the GUI **3200**. The display then shows a menu of four selectable elements: “My Notification,” “My Information,” “Date & Time,” and “Help.” Selecting any of these menu items results in a different function to be executed and opens a new GUI. As shown in FIG. **32**, the “My Notifications” element **3204** is encircled to illustrate that it has been selected. In actual operation, the selected is not encircled, but rather may be highlighted.

When the “My Notifications” element **3204** is selected, the display screen of the mobile device **102** shows the “My Notifications” GUI **3300** as shown in the FIG. **33**. The “My Notifications” GUI **3300** shows several elements that may be selected for notification: “Activity” notification element, “Rest” notification element, “Meds” notification element, “Patch” notification element, and “Preferences” notification element. When the Activity notification element **3302** is selected, the display screen of the mobile device **102** shows the “Activity” GUI **3400** as shown in FIG. **34**. Now specific regarding the “Activity” notification can be entered into the system. For example, a notification will be sent to the mobile device **102** if no activity has been detected for 4 hours, as indicated in the text box **3402**. A drop-down list element may be employed to select from various predetermined values. Also, a window of time when the “No Activity” notification should be sent can be entered using text boxes **3404** and **3406**. As shown, the selected notification window is between the hours of 8:00 am and 10:00 pm. These times may be selected using the respective drop-down lists. Finally, a notification may be requested if no activity is detected by a certain time as indicated in the text box **3408**. Again, a drop-down list element may be employed to select from predetermined values. A virtual slide switch element **3410** may be used to toggle the Activity notification function ON and OFF.

When the Rest notification element **3304** is selected the display screen of the mobile device **102** shows the “Rest” GUI **3500**. A “Rest” notification can be sent to the mobile device **102** if the daily rest is less than a selected amount of time (e.g., 4 hours) as shown in text box **3502**. Also, a “Rest” notification may be sent to the mobile device **102** if daily rest is more than a selected amount of time (e.g., 10 hours) as shown in text box **3504**. In the aspect illustrated in FIG. **35**, each of the text boxes **3502**, **3504** also include a drop-down list element to simplify the selection process.

FIGS. **36-39** illustrate various aspects of Utilities GUIs **3600**, **3700**, **3800**, and **3900** for a display screen of a mobile device **102** for tailoring the subscription information system based on the personal needs and requirements of the patient

106. In FIG. **36**, the display screen of the mobile device **102** shows the “My Notifications” screen **3600** with the Meds element **3602** selected.

When the Meds element **3602** is selected the display screen of the mobile device **102** shows the “Meds” notification screen **3700** as shown in FIG. **37**. From within the “Meds” notification screen **3700**, the number of daily medication doses can be selected via “My Doses” element **3702** and whether to be reminded of taking the medication doses can be selected via the “Remind Me” element **3704**. As shown, the four medication doses have been selected and the “Remind Me” element is set to ON.

Selecting the “My Doses” element **3702** in FIG. **37** opens the “My Doses” notification screen **3800** shown in FIG. **38**. For each of the daily medication doses selected in the “Meds” notification screen **3700** shown in FIG. **37**, the “My Doses” notification screen **3800** displays a corresponding text box in which a scheduled time for taking the medication is entered. Control buttons **3810** and **3812** can be used to change the times.

Selecting the “Remind Me” element **3704** in FIG. **37** opens the “Remind Me” notification screen **3900** shown in FIG. **39**. The screen **3900** enables setting both a reminder before the scheduled medication time in text box **3902** (e.g., 20 min) and after the scheduled medication time in text box **3904** (e.g., 40 min). In addition, the medication notification can be cancelled if the ingestion of an IEM device **114** (FIG. **1**) is detected within the time indicated in text box **3906**. Each of the text boxes **3902**, **3904**, **3906** may include a drop-down list element for selecting times from a predetermined list. Also, a virtual slide switch element **3908** may be used to toggle the Remind Me notification function ON and OFF.

FIGS. **40-41** illustrate various aspects of GUIs **4000**, **4100** for a display screen of a mobile device **102** for tailoring the subscription information system based on the personal needs of the patient **106**. In FIG. **40**, the display screen of the mobile device **102** shows the “My Notifications” screen **4000**, similar to the “My Notifications” screen **3300** shown in FIG. **33**, except that the “My Notifications” screen **4000** in FIG. **40** shows that the Patch notification element **4002** has been selected. Upon selecting the Patch notification element **4002**, the display screen of the mobile device **102** shows a Patch notification screen **4100** in FIG. **41**. A weekly replacement reminder for the patch may be set by selecting the Patch notification reminder element **4102**. A virtual slide switch element **4104** may be used to toggle the weekly patch replacement notification function ON and OFF.

FIGS. **42-45** illustrate various aspects of GUIs **4200**, **4300**, **4400**, **4500** for a display screen of a mobile device **102** for tailoring the subscription information system based on the personal needs of the patient. In FIG. **42**, the display screen of the mobile device **102** shows the “My Notifications” screen **4200**, similar to the “My Notifications” screen **3300** shown in FIG. **33**, except that the “My Notifications” screen **4000** in FIG. **40** shows that the Preferences notification element **4202** has been selected. Upon selecting the Preferences notification element **4202**, the display screen of the mobile device **102** shows a Preferences notification screen **4300** in FIG. **43**, where additional notification delivery services can be set. Upon selecting the additional notification delivery **4302** element, an Additional Notification Delivery screen **4400** is opened as shown in FIG. **44**, where either Short Message Service (SMS) **4402** or Email **4404** can be selected as an additional notification delivery service if email notification had been previously selected. Otherwise, if the SMS had been previously selected, the Email notification service may be selected as an additional notification delivery service. If SMS

4402 is selected, the display screen of the mobile device 102 shows the SMS screen 4500 shown in FIG. 45. A text box 4502 can be used to enter the telephone number where to send the SMS notification. The text box 4502 may include a drop-down list element for selecting telephone numbers associated with SMS notification from a predetermined list. Also, a virtual slide switch element 4504 may be used to toggle the SMS additional notification function ON and OFF.

FIGS. 46-47 illustrate various aspects of GUIs 4600 and 4700 for a display screen of a mobile device 102 for tailoring the subscription information system based on the personal needs of the patient 106. In FIG. 46, the display screen of the mobile device 102 shows the tools screen 4600 similar to the tools screen shown in FIG. 32, which may be opened by selecting the tool element 3202 displayed at the top horizontal portion of the screen 4600. The display then shows four selectable menu items: "My Notification," "My Information," "Date & Time," and "Help." As shown in FIG. 46, the "My Information" tool 4602 is encircled to illustrate that it has been selected. Upon selecting the "My Information" tool 4602, the mobile device 102 application opens the My Information screen 4700 shown in FIG. 47. As shown in FIG. 47, the My Information screen 4700 provides several text boxes for entering personal information such as a Login text box 4702 to enter an email address, a Password text box 4704 to enter a user password, a Nickname text box 4706 to enter a nickname, an SMS text box 4708 to enter an SMS telephone number, and an Address text box 4710 to enter an address. A sharer code 4712 is provided at the bottom portion of the My information screen 4700 (e.g., 1A2B3C), which is the code that the patient communicates to a person invited to share the patient's information. As previously discussed, after receiving an invitation to share personal data from the patient, for security and privacy reasons the sharer must enter the sharer code 4712 before being able to share any information. The sharer code 4712 may be communicated to the sharer by the patient using any suitable means.

FIGS. 48-51 illustrate various aspects of GUIs 4800, 4900, 5000, 5100 for a display screen of a mobile device 102 for tailoring the subscription information system based on the personal needs of the patient. In FIG. 48, the display screen of the mobile device 102 shows the tools screen 4800 similar to the tools screen shown in FIG. 32, which may be opened by selecting the tool element 3202 displayed at the top horizontal portion of the screen 4800. The display then shows four selectable menu items: "My Notification," "My Information," "Date & Time," and "Help." As shown in FIG. 48, the "Date & Time" tool 4802 is encircled to illustrate that it has been selected. Upon selecting the "Date & Time" tool 4802, the mobile device 102 application opens the Date & Time screen 4900 shown in FIG. 49. As shown in FIG. 49, the Date Format 4902, Time Format 4904, and Time Zone 4906 may be selected within the Date & Time screen 4900. In addition, the time zone may be "fixed to home" 4908, which may be useful when the patient travels in different time zones and wants to keep the home time zone as a reference time frame for ingestions their medications. As shown in FIG. 50, selecting the Time Zone element 4906 opens the Time Zone screen 5000. Therein, selecting the top radio button 5002, fixes displays and notifications to the home time zone, whereas selecting the bottom radio button 5004 changes the display and notifications may be fixed to the home time zone. If the bottom radio button 5004 is selected, the displays and notifications are changed to match the location of the mobile device 102, e.g., using the GPS location based function available in most modern smartphones. As a matter of convenience, the Home Time Zone is displayed toward the bottom portion of the Time Zone

screen 5000. As shown in FIG. 50, the Home Time Zone is London. This may be changed by selecting the Home Time Zone element 5006 and invoking the Home Time Zone selection screen 5100 as shown in FIG. 51 where a new Home Time Zone may be selected.

With reference now back to FIG. 1, in one aspect, the mobile device 102 and/or the wireless node 110 may provide voice and/or data communications functionality in accordance with different types of cellular radiotelephone systems. Examples of cellular communication systems may include Code Division Multiple Access (CDMA) cellular radiotelephone communication systems, Global System for Mobile Communications (GSM) cellular radiotelephone systems, North American Digital Cellular (NADC) cellular radiotelephone systems, Time Division Multiple Access (TDMA) cellular radiotelephone systems, Extended-TDMA (E-TDMA) cellular radiotelephone systems, Narrowband Advanced Mobile Phone Service (NAMPS) cellular radiotelephone systems, third generation (3G) systems such as Wide-band CDMA (WCDMA), CDMA-2000, Universal Mobile Telephone System (UMTS) cellular radiotelephone systems compliant with the Third-Generation Partnership Project (3GPP), fourth generation systems (4G), and so forth.

In addition to voice communication services, the mobile device 102 and the wireless node 110 may be arranged to communicate using a number of different wireless wide area network (WWAN) data communication services. Examples of cellular data communication systems offering WWAN data communication services may include GSM with General Packet Radio Service (GPRS) systems (GSM/GPRS), CDMA/1xRTT systems, Enhanced Data Rates for Global Evolution (EDGE) systems, Evolution Data Only or Evolution Data Optimized (EV-DO) systems, Evolution For Data and Voice (EV-DV) systems, High Speed Downlink Packet Access (HSDPA) systems, and so forth.

In one aspect, the wireless node 110 may be connected by wired communications medium to additional nodes and connections to other networks, including a voice/data network such as the Public Switched Telephone Network (PSTN), a packet network such as the Internet, a local area network (LAN), a metropolitan area network (MAN), a wide area network (WAN), an enterprise network, a private network, and so forth. In one aspect, for example, network 130 may be arranged to communicate information in accordance with one or more Internet protocols as defined by the Internet Engineering Task Force (IETF), such as the Transmission Control Protocol/Internet Protocol (TCP/IP), for example. The network also may include other cellular radio telephone system infrastructure and equipment, such as base stations, mobile subscriber centers, central offices, and so forth.

In various aspects, the mobile device 102 and the wireless node 110 also may be capable of voice and/or data communications. Communications between the mobile device 102 and the wireless node 110 may be performed over wireless shared media 134 in accordance with a number of wireless protocols. Examples of wireless protocols may include various wireless local area network (WLAN) protocols, including the Institute of Electrical and Electronics Engineers (IEEE) 802.xx series of protocols, such as IEEE 802.11a/b/g/n, IEEE 802.16, IEEE 802.20, and so forth. Other examples of wireless protocols may include various WWAN protocols, such as GSM cellular radiotelephone system protocols with GPRS, CDMA cellular radiotelephone communication systems with 1xRTT, EDGE systems, EV-DO systems, EV-DV systems, HSDPA systems, and so forth. Further examples of wireless protocols may include wireless personal area network (PAN) protocols, such as an Infrared protocol, a protocol from the

Bluetooth Special Interest Group (SIG) series of protocols, including Bluetooth Specification versions v1.0, v1.1, v1.2, v2.0, v2.0 with Enhanced Data Rate (EDR), as well as one or more Bluetooth Profiles, and so forth. In one aspect, the Bluetooth wireless technology uses short wavelength radio transmissions in the industrial, scientific, and medical (ISM) radio band from 2400-2480 MHz) from fixed and mobile devices, creating personal area networks (PANs) with high levels of security. Yet another example of wireless protocols may include near-field communication techniques and protocols, such as electro-magnetic induction (EMI) techniques. An example of EMI techniques may include passive or active radio-frequency identification (RFID) protocols and devices. Other suitable protocols may include Ultra Wide Band (UWB), Digital Office (DO), Digital Home, Trusted Platform Module (TPM), Zig Bee, and other protocols.

In various aspects, the mobile device **102** may have one or more application client modules. In one aspect, an application client module receives information from the detection arrangement **108** and process the information to confirm that the patient **106** has ingested the IEM device **104**. The application client module records a time and date that the IEM device **104** was detected, which corresponds approximately to the time and date when the IEM device **104** was ingested by the patient **106**. In addition, client application module may store information encoded in the unique electrical current signature such as the identity of the IEM device **104**, the type of medication associated with the IEM device **104**, the manufacturer of the medication and/or IEM device **104**, among other information. In some aspects, the client application module may implement a data logging function tracking the ingestible events associated with the patient **106**. The client application module can initiate communication with other devices and/or networks.

Other client application modules may be arranged to retrieve and process information from a network (e.g., servers) and display the information on a display or audibly announce the information by way of speaker. The mobile device **102** may be implemented as an open platform adaptable to execute one or more application client programs and integrate with third party software application client programs. The application client modules may provide the necessary interface to existing data sources or backend services, such as web related and wireless services, support GPS navigation modules, process browser based content, and operate with one or more wireless mobile computing devices and web applications, for example. In one aspect, the application client modules may integrate with third party application client programs via APIs to retrieve location information, such as, for example, geographic coordinates, map interfaces, queries for search engines, interfaces to third party location based services (LBS), and any other services provided via servers, and the like. The application client modules may include a GUI layer to process search queries, search results, display maps (e.g., zoom/pan), provide turn-by-turn directions, provide voice activated turn-by-turn directions, and provide permission based interface for LBS type location information, among others. The application client modules also may include an interface layer to process local information, point of interface (POI) data, and a data abstraction layer to process map data, for example. The application client modules also may process data from various data sources or backend services distributed throughout a network (e.g., servers) such as, for example, GPS integrated circuits located either on or off the mobile device **500**, carrier AGPS, various prolific search engines (e.g., GOOGLE, YAHOO, and the like), vector data, tile data, among others, for example. It will be appreciated by

those skilled in the art that tile data may be defined as a spatial unit representing a sub-region of an image, usually of rectangular nature, by which geographic data is organized, subdivided, and stored in a map library.

In one aspect, for example, the mobile device **102** may employ a software architecture for retrieving and processing information from a communications network. The software architecture may enable the mobile device **102** to communicate and process information from the network and servers, for example. The software architecture includes component implementations and specifies standard programmatic interfaces such as APIs to assist in the common requirements of retrieving information wirelessly between an application client and multiple data source servers. As a result, the software architecture may provide a method to enable application clients to interact with disparate data providers.

In one aspect, for example, the software architecture may be implemented using object-oriented programming (OOP) techniques. OOP is a computer programming paradigm. OOP assumes that a computer program is composed of a collection of individual units, or objects, as opposed to a traditional assumption that a program is a list of instructions to the computer. Each object is capable of receiving messages, processing data, and sending messages to other objects. Almost any concept may be represented as an object. Examples of an object may include menu objects, image objects, frame objects, title objects, border objects, tab objects, list objects, color blue objects, button objects, scroll bar objects, input field objects, text and image objects, and so forth. Although the software architecture may be described in the context of OOP by way of example, it may be appreciated that other software paradigms may be used as desired for a given implementation. For example, the software architecture may be implemented using a model-view-controller (MVC) architecture as well. The aspects are not limited in this context.

In various aspects, a node may comprise an optional display. The display may be implemented using any type of visual interface such as a liquid crystal display (LCD), capacitive touch screen panel, and the like.

In various aspects, a node may comprise a memory. In various aspects, the memory may comprise any machine-readable or computer-readable media capable of storing data, including both volatile and non-volatile memory. For example, memory may include read-only memory (ROM), random-access memory (RAM), dynamic RAM (DRAM), Double-Data-Rate DRAM (DDR-RAM), synchronous DRAM (SDRAM), static RAM (SRAM), programmable ROM (PROM), erasable programmable ROM (EPROM), electrically erasable programmable ROM (EEPROM), flash memory (e.g., NOR or NAND flash memory), content addressable memory (CAM), polymer memory (e.g., ferroelectric polymer memory), phase-change memory (e.g., ovonic memory), ferroelectric memory, silicon-oxide-nitride-oxide-silicon (SONOS) memory, disk memory (e.g., floppy disk, hard drive, optical disk, magnetic disk), or card (e.g., magnetic card, optical card), or any other type of media suitable for storing information.

The various aspects, a node may comprise a processor such as a central processing unit (CPU). In various aspects, the processor may be implemented as a general purpose processor, a chip multiprocessor (CMP), a dedicated processor, an embedded processor, a digital signal processor (DSP), a network processor, a media processor, an input/output (I/O) processor, a media access control (MAC) processor, a radio baseband processor, a co-processor, a microprocessor such as a complex instruction set computer (CISC) microprocessor, a reduced instruction set computing (RISC) microprocessor,

and/or a very long instruction word (VLIW) microprocessor, or other processing device. The processor also may be implemented by a controller, a microcontroller, an application specific integrated circuit (ASIC), a field programmable gate array (FPGA), a programmable logic device (PLD), and so forth.

In various aspects, the processor may be arranged to run an operating system (OS) and various mobile applications. Examples of an OS include, for example, operating systems generally known under the trade name of Microsoft Windows OS, and any other proprietary or open source OS. Examples of mobile applications include, for example, a telephone application, a camera (e.g., digital camera, video camera) application, a browser application, a multimedia player application, a gaming application, a messaging application (e.g., e-mail, short message, multimedia), a viewer application, and so forth.

In various aspects, the processor may be arranged to receive information through a communications interface. The communications interface may comprise any suitable hardware, software, or combination of hardware and software that is capable of coupling a node **110** to one or more networks and/or devices. In one aspect, the wireless node **110** is in wireless communication with the mobile device **102** via the wireless medium **134**. The wireless node **110** also may communicate with the remote node **122** via a wired communication medium **134** or a wireless communication medium **120**. The communications interface may be arranged to operate using any suitable technique for controlling information signals using a desired set of communications protocols, services or operating procedures. The communications interface may include the appropriate physical connectors to connect with a corresponding communications medium, whether wired or wireless.

Vehicles of communication include a network. In various aspects, the network may comprise LANs as well as WANs including without limitation Internet, wired channels, wireless channels, communication devices including telephones, computers, wire, radio, optical or other electromagnetic channels, and combinations thereof, including other devices and/or components capable of/associated with communicating data. For example, the communication environments include in-body communications, various devices, various modes of communications such as wireless communications, wired communications, and combinations of the same.

Wireless communication modes include any mode of communication between points that utilizes, at least in part, wireless technology including various protocols and combinations of protocols associated with wireless transmission, data, and devices. The points include, for example, wireless devices such as wireless headsets, audio and multimedia devices and equipment, such as audio players and multimedia players, telephones, including mobile telephones and cordless telephones, and computers and computer-related devices and components, such as tablet computers, printers.

Wired communication modes include any mode of communication between points that utilizes wired technology including various protocols and combinations of protocols associated with wired transmission, data, and devices. The points include, for example, devices such as audio and multimedia devices and equipment, such as audio players and multimedia players, telephones, including mobile telephones and cordless telephones, and computers and computer-related devices and components, such as tablet computers, printers.

Accordingly, in various aspects, the communications interface may comprise one or more interfaces such as, for

example, a wireless communications interface, a wired communications interface, a network interface, a transmit interface, a receive interface, a media interface, a system interface, a component interface, a switching interface, a chip interface, a controller, and so forth. When implemented by a wireless device or within wireless system, for example, the wireless node **110** may include a wireless communication interface comprising one or more antennas, transmitters, receivers, transceivers, amplifiers, filters, control logic, and so forth.

In various aspects, the wireless node **110** may comprise the functionality to wirelessly receive and/or wirelessly transmit data received from the mobile device **102** and transmit that data to other nodes, such as the external node **122** or other nearby nodes, for example. Further, in various aspects, the wireless node **110** may incorporate and/or be associated with, e.g., communicate with, various devices. Such devices may generate, receive, and/or communicate data, e.g., physiologic data. The devices include, for example, "intelligent" devices such as gaming devices, e.g., electronic slot machines, handheld electronic games, electronic components associated with games and recreational activities.

In addition to the standard voice function of a telephone, various aspects of mobile telephones may support many additional services and accessories such as short message service (SMS) for text messaging, email, packet switching for access to the Internet, java gaming, wireless, e.g., short range data/voice communications, infrared, camera with video recorder, and multimedia messaging system (MMS) for sending and receiving photos and video. Some aspects of mobile telephones connect to a cellular network of base stations (cell sites), which is, in turn, interconnected to the public switched telephone network (PSTN) or satellite communications in the case of satellite phones. Various aspects of mobile telephones can connect to the Internet, at least a portion of which can be navigated using the mobile telephones.

Some aspects may be implemented, for example, using a machine-readable medium or article which may store an instruction or a set of instructions that, if executed by a machine, may cause the machine to perform a method and/or operations in accordance with the aspects. Such a machine may include, for example, any suitable processing platform, computing platform, computing device, processing device, computing system, processing system, computer, processor, or the like, and may be implemented using any suitable combination of hardware and/or software. The machine-readable medium or article may include, for example, any suitable type of memory unit, memory device, memory article, memory medium, storage device, storage article, storage medium and/or storage unit, for example, memory, removable or non-removable media, erasable or non-erasable media, writeable or re-writable media, digital or analog media, hard disk, floppy disk, Compact Disk Read Only Memory (CD-ROM), Compact Disk Recordable (CD-R), Compact Disk Rewritable (CD-RW), optical disk, magnetic media, magneto-optical media, removable memory cards or disks, various types of Digital Versatile Disk (DVD), a tape, a cassette, or the like. The instructions may include any suitable type of code, such as source code, compiled code, interpreted code, executable code, static code, dynamic code, and the like. The instructions may be implemented using any suitable high-level, low-level, object-oriented, visual, compiled and/or interpreted programming language, such as C, C++, Java, BASIC, Perl, Matlab, Pascal, Visual BASIC, arrangement language, machine code, and so forth.

In one aspect, the wireless node **110** may be configured as a communication hub and may include any hardware device, software, and/or communications component(s), as well as

systems, subsystems, and combinations of the same which generally function to communicate information received from the mobile device 102 to the remote node 122. Communication of the information includes receiving, storing, manipulating, displaying, processing, and/or transmitting the data to the remote node 122 via wired or wireless media 118, 120.

In various aspects, the wireless node 110 also functions to communicate, e.g., receive and transmit, non-physiologic data. Example of non-physiologic data include gaming rules and data generated by a separate cardiac-related device such as an implanted pacemaker and communicated to the hub (wireless node 110) directly or indirectly, e.g., via the mobile device 102.

Broad categories of each of the mobile device 102 and/or the wireless node 110 include, for example, base stations, personal communication devices, handheld devices, mobile telephones, and mobile computing devices having wireless capabilities generally known as smartphones capable of executing computer applications, as well as voice communications and/or data communications. Examples of mobile computing devices include any type of wireless device, mobile station, or portable computing device with a self-contained power source, e.g., battery. Examples of smartphones include, for example, products generally known under the trade designations Palm, Blackberry, iPhone, Android, Windows Phone, among others. In various aspects, the mobile device 102 and/or the wireless node 110 may comprise, or be implemented as, a PDA, laptop computer, ultra-laptop computer, combination cellular telephone/PDA, mobile unit, subscriber station, user terminal, portable computer, handheld computer, palmtop computer, wearable computer, media player, messaging device, data communication device, a laptop computer, ultra-laptop computer, portable computer, handheld computer, palmtop computer, tablet computer, e-book reader, cellular telephone, pager, one-way pager, two-way pager, messaging device, data communication device, and so forth. Examples of a mobile device 102 and/or wireless node 110 also may include computers that are arranged to be worn by a person, such as a wrist computer, finger computer, ring computer, eyeglass computer, belt-clip computer, arm-band computer, shoe computers, clothing computers, and other wearable computers. A fixed computing device, for example, may be implemented as a desk top computer, workstation, client/server computer, and so forth.

The mobile device 102 and/or wireless node 110 may comprise personal communication devices including, for example, devices having communication and computer functionality and typically intended for individual use, e.g., mobile computers, sometimes referred to as "handheld devices." Base stations comprise any device or appliance capable of receiving data such as physiologic data. Examples include computers, such as desktop computers and laptop computers, and intelligent devices/appliances. Intelligent devices/appliances include consumer and home devices and appliances that are capable of receipt of data such as physiologic data. Intelligent devices/appliances may also perform other data-related functions, e.g., transmit, display, store, and/or process data. Examples of intelligent devices/appliances include refrigerators, weight scales, toilets, televisions, door frame activity monitors, bedside monitors, bed scales. Such devices and appliances may include additional functionality such as sensing or monitoring various physiologic data, e.g., weight, heart rate. Mobile telephones include telephonic communication devices associated with various mobile technologies, e.g., cellular networks.

FIG. 52 illustrates one aspect of a mobile device 102. The mobile device 102 comprises a housing 5206, a display 5208, an input/output (I/O) system 5210 (e.g., a touch sensitive screen), an aperture 5212 for capturing digital images, and an antenna 5214. The functional modules of the mobile device 102 are described below in connection with FIG. 52.

The display 5208 may comprise any suitable display unit for displaying information appropriate for a mobile device 102. The I/O system 5210 may comprise any suitable I/O device for entering information into the mobile device 102. Examples for the I/O system 5210 may include an alphanumeric keyboard, a numeric keypad, a touch pad, a capacitive touch screen panel, input keys, buttons, switches, rocker switches, voice recognition device and software, and so forth. The I/O system 5210 may comprise a microphone and speaker, for example. Information also may be entered into the mobile device 102 by way of the microphone. Such information may be digitized by a voice recognition device. As used throughout the present disclosure the term "button" may be used to refer to a mechanical type switch, an electromechanical switch, or a "virtual button" that may be selected using a simple touch over a touch sensitive screen or a point/click with a mouse pointer.

FIG. 53 illustrates a system diagram of one aspect of a mobile device 102 for detecting an electrical signal generated by an ingestible event marker, such as the IEM device 104 (FIG. 1), for example, configured to couple to an external detection arrangement. FIG. 53 illustrates a more detailed block diagram of the mobile computing device 102 described with reference to FIG. 1. As shown in FIG. 53, for example, the mobile device 102 may comprise multiple elements. Although FIG. 53 shows a limited number of elements in a certain topology by way of example, it can be appreciated that additional or fewer elements in any suitable topology may be used in the mobile device 102 as desired for a given implementation. Furthermore, any element as described herein may be implemented using hardware, software, or a combination of both, as previously described with reference to node implementations. Aspects of the mobile device 102, however, are not limited in this context.

In various aspects, the mobile device 102 comprises a housing 5206, an antenna 5214, a radio subsystem 5314, and a processing subsystem 5312 connected to the radio subsystem 5314 via a bus. The radio subsystem 5314 may perform voice and data communications operations using wireless shared media for the mobile device 102. The processing subsystem 5312 may execute software for the mobile device 102. A bus may comprise a universal serial bus (USB), micro-USB bus, dataport, and appropriate interfaces, as well as others. In one aspect the radio subsystem 5314 may be arranged to communicate voice information and control information over one or more assigned frequency bands of the wireless shared media.

In one aspect, the mobile device 102 may comprise an imaging subsystem 5308 for processing images captured through the aperture 5212. A camera may be coupled (e.g., wired or wirelessly) to the processing subsystem 5312 and is configured to output image data (photographic data of a person or thing, e.g., video data, digital still image data) to the processing subsystem 5312 and to the display 5208. In one aspect, the imaging subsystem 5208 may comprise a digital camera implemented as an electronic device used to capture and store images electronically in a digital format. Additionally, in some aspects the digital camera may be capable of recording sound and/or video in addition to still images.

In one aspect, the imaging subsystem 5208 may comprise a controller to provide control signals to components of a

digital camera, including lens position component, microphone position component, and a flash control module, to provide functionality for the digital camera. In some aspects, the controller may be implemented as, for example, a host processor element of the processing subsystem **5312** of the mobile device **102**. Alternatively, the imaging controller may be implemented as a separate processor from the host processor.

In various aspects, the imaging subsystem **5308** may comprise memory either as an element of the processing subsystem **5312** of the mobile device **102** or as a separate element. It is worthy to note that in various aspects some portion or the entire memory may be included on the same integrated circuit as the controller. Alternatively, some portion or the entire memory may be disposed on an integrated circuit or other medium (e.g., hard disk drive) external to the integrated circuit of the controller.

In various aspects, the imaging subsystem **5308** may comprise an aperture **5212** with a lens component and a lens position component. The lens component may consist of a photographic or optical lens or arrangement of lenses made of a transparent material such as glass, plastic, acrylic or Plexiglass, for example. In one aspect, the one or more lens elements of the lens component may reproduce an image of an object and allow for zooming in or out on the object by mechanically changing the focal length of the lens elements. In various aspects, a digital zoom may be employed in the imaging subsystem **5308** to zoom in or out on an image. In some aspects, the one or more lens elements may be used to focus on different portions of an image by varying the focal length of the lens elements. The desired focus can be obtained with an autofocus feature of the digital imaging subsystem **5308** or by manually focusing on the desired portion of the image, for example.

A navigation subsystem **5310** supports navigation using the mobile device **102**. In various aspects the mobile device **102** may comprise location or position determination capabilities and may employ one or more location determination techniques including, for example, Global Positioning System (GPS) techniques, Cell Global Identity (CGI) techniques, CGI including timing advance (TA) techniques, Enhanced Forward Link Trilateration (EFLT) techniques, Time Difference of Arrival (TDOA) techniques, Angle of Arrival (AOA) techniques, Advanced Forward Link Trilateration (AFTL) techniques, Observed Time Difference of Arrival (OTDOA), Enhanced Observed Time Difference (EOTD) techniques, Assisted GPS (AGPS) techniques, hybrid techniques (e.g., GPS/CGI, AGPS/CGI, GPS/AFTL or AGPS/AFTL for CDMA networks, GPS/EOTD or AGPS/EOTD for GSM/GPRS networks, GPS/OTDOA or AGPS/OTDOA for UMTS networks), among others.

In one aspect, the mobile device **102** may be configured to operate in one or more location determination modes including, for example, a standalone mode, a mobile station (MS) assisted mode, and/or a MS-based mode. In a standalone mode, such as a standalone GPS mode, the mobile device **102** may be configured to determine its position without receiving wireless navigation data from the network, though it may receive certain types of position assist data, such as almanac, ephemeris, and coarse data. In a standalone mode, the mobile device **102** may comprise a local location determination circuit such as a GPS receiver which may be integrated within the housing **5206** configured to receive satellite data via the antenna **5214** and to calculate a position fix. Local location determination circuit may alternatively comprise a GPS receiver in a second housing separate from the housing **5206** but in the vicinity of the mobile device **102** and configured to

communicate with the mobile device **102** wirelessly (e.g., via a PAN, such as Bluetooth). When operating in an MS-assisted mode or an MS-based mode, however, the mobile device **102** may be configured to communicate over a radio access network (e.g., UMTS radio access network) with a remote computer (e.g., a location determination entity (LDE), a location proxy server (LPS) and/or a mobile positioning center (MPC), among others).

In various aspects, the mobile device **102** also may comprise a power management subsystem (not shown) to manage power for the mobile device **102**, including the radio subsystem **5314**, the processing subsystem **5312**, and other elements of the mobile device **102**. For example, the power management subsystem may include one or more batteries to provide direct current (DC) power, and one or more alternating current (AC) interfaces to draw power from a standard AC main power supply.

In various aspects, the radio subsystem **5314** may include an antenna **5214**. The antenna **5214** may broadcast and receive RF energy over the wireless shared media **120** (FIG. 1). Examples for the antenna **5214** may include an internal antenna, an omni-directional antenna, a monopole antenna, a dipole antenna, an end fed antenna, a circularly polarized antenna, a micro-strip antenna, a diversity antenna, a dual antenna, an antenna array, a helical antenna, and so forth. The aspects are not limited in this context.

In various aspects, the antenna **5214** may be connected to a multiplexer. The multiplexer multiplexes signals from a power amplifier for delivery to the antenna **5214**. The multiplexer demultiplexes signals received from the antenna for delivery to an RF chipset.

In various aspects, the multiplexer may be connected to a power amplifier, where the power amplifier may be used to amplify any signals to be transmitted over the wireless shared media **120** (FIG. 1). The power amplifier may work in all assigned frequency bands, such as four (4) frequency bands in a quad-band system. The power amplifier also may operate in various modulation modes, such as Gaussian Minimum Shift Keying (GMSK) modulation suitable for GSM systems and 8-ary Phase Shift Keying (8-PSK) modulation suitable for EDGE systems.

In various aspects, the power amplifier may be connected to an RF chipset. The RF chipset also may be connected to the multiplexer. In one aspect, the RF chipset may comprise an RF driver and an RF transceiver. The RF chipset performs all of the modulation and direct conversion operations required for GMSK and 8-PSK signal types for quad-band E-GPRS radio. The RF chipset receives analog in-phase (I) and quadrature (Q) signals from a baseband processor, and converts the I/Q signals to an RF signal suitable for amplification by the power amplifier. Similarly, the RF chipset converts the signals received from the wireless shared media **120** (FIG. 1) via the antenna **5214** and the multiplexer to analog I/Q signals to be sent to the baseband processor. Although the RF chipset may use two chips by way of example, it may be appreciated that the RF chipset may be implemented using more or less chips and still fall within the intended scope of the aspects. In addition, other aspects of amplification are in commonly owned application bearing U.S. Publication No. 2008-0316020 A1, titled "RFID Antenna for In-Body Device," published Dec. 25, 2008 which is incorporated by reference in its entirety.

In various aspects, the RF chipset may be connected to the baseband processor, where the baseband processor may perform baseband operations for the radio subsystem **5314**. The baseband processor may comprise both analog and digital baseband sections. The analog baseband section includes I/Q

filters, analog-to-digital converters, digital-to-analog converters, audio circuits, and other circuits. The digital baseband section may include one or more encoders, decoders, equalizers/demodulators, GMSK modulators, GPRS ciphers, transceiver controls, automatic frequency control (AFC), automatic gain control (AGC), power amplifier (PA) ramp control, and other circuits.

In various aspects, the baseband processor also may be connected to one or more memory units via a memory bus. In one aspect, for example, the baseband processor may be connected to a flash memory unit and a secure digital (SD) memory unit. The memory units may be removable or non-removable memory. In one aspect, for example, the baseband processor may use approximately 1.6 megabytes of static read-only memory (SRAM) for E-GPRS and other protocol stack needs.

In various aspects, the baseband processor also may be connected to a subscriber identity module (SIM). The baseband processor may have a SIM interface for the SIM, where the SIM may comprise a smart card that encrypts voice and data transmissions and stores data about the specific user so that the user can be identified and authenticated to the network supplying voice or data communications. The SIM also may store data such as personal phone settings specific to the user and phone numbers. The SIM can be removable or non-removable.

In various aspects, the baseband processor may further include various interfaces for communicating with a host processor of the processing subsystem **5312**. For example, the baseband processor may have one or more universal asynchronous receiver-transmitter (UART) interfaces, one or more control/status lines to the host processor, one or more control/data lines to the host processor, and one or more audio lines to communicate audio signals to an audio subsystem of processing subsystem **5314**. The aspects are not limited in this context.

In various aspects, the processing subsystem **5314** may provide computing or processing operations for the mobile device **102**. For example, the processing subsystem **5314** may be arranged to execute various software programs for the mobile device **102**. Although the processing subsystem **5314** may be used to implement operations for the various aspects as software executed by a processor, it may be appreciated that the operations performed by the processing subsystem **5314** also may be implemented using hardware circuits or structures, or a combination of hardware and software, as desired for a particular implementation.

In various aspects, the processing subsystem **5312** may include a processor implemented using any processor or logic device, such as a complex instruction set computer (CISC) microprocessor, a reduced instruction set computing (RISC) microprocessor, a very long instruction word (VLIW) microprocessor, a processor implementing a combination of instruction sets, or other processor device. In one aspect, for example, a processor may be implemented as a general purpose processor, such as a processor made by Intel Corporation, Santa Clara, Calif. The processor also may be implemented as a dedicated processor, such as a controller, microcontroller, embedded processor, a digital signal processor (DSP), a network processor, a media processor, an input/output (I/O) processor, a media access control (MAC) processor, a radio baseband processor, a field programmable gate array (FPGA), a programmable logic device (PLD), and so forth.

In one aspect, the processing subsystem **5314** may include a memory to connect to the processor. The memory may be implemented using any machine-readable or computer-read-

able media capable of storing data, including both volatile and non-volatile memory. For example, the memory may include ROM, RAM, DRAM, DDRAM, SDRAM, SRAM, PROM, EPROM, EEPROM, flash memory, polymer memory such as ferroelectric polymer memory, ovonic memory, phase change or ferroelectric memory, silicon-oxide-nitride-oxide-silicon (SONOS) memory, magnetic or optical cards, or any other type of media suitable for storing information. It is worthy to note that some portion or all of the memory may be included on the same integrated circuit as the processor thereby obviating the need for a memory bus. Alternatively some portion or all of the memory may be disposed on an integrated circuit or other medium, for example a hard disk drive, that is external to the integrated circuit of the processor, and the processor may access the memory via a memory bus, for example.

In various aspects, the memory may store one or more software components (e.g., application client modules). A software component may refer to one or more programs, or a portion of a program, used to implement a discrete set of operations. A collection of software components for a given device may be collectively referred to as a software architecture or application framework. A software architecture for the mobile device **500** is described in more detail below.

A software architecture suitable for use with the mobile device **500** may include a GUI module, an interface module, a data source or backend services module (data source), and a third party API module. An optional LBS module may comprise a user based permission module, a parser module (e.g., National Maritime Electronic Association or NMEA), a location information source module, and a position information source module. In some aspects, some software components may be omitted and others added. Further, operations for some programs may be separated into additional software components, or consolidated into fewer software components, as desired for a given implementation. The mobile device **500** software architecture may comprise several elements, components or modules, collectively referred to herein as a "module." A module may be implemented as a circuit, an integrated circuit, an application specific integrated circuit (ASIC), an integrated circuit array, a chipset comprising an integrated circuit or an integrated circuit array, a logic circuit, a memory, an element of an integrated circuit array or a chipset, a stacked integrated circuit array, a processor, a digital signal processor, a programmable logic device, code, firmware, software, and any combination thereof.

FIG. **54** is a system diagram of one aspect of a wearable receiver **108**. The wearable receiver is configured to detect an electrical signal generated by an ingestible event marker, such as the IEM device **104** (FIG. **1**), for example. FIG. **54** is a block functional diagram of one aspect of an integrated circuit component. As shown in FIG. **54**, the wearable receiver **108** comprises an electrode input circuit **5400**, which receives the electrical current signature generated by the IEM device **104**. In one aspect, electrically coupled to the electrode input circuit **5400** is a transbody conductive communication module **5402** and, in another aspect, a physiological sensing module **5404** optionally may be coupled to the electrode input circuit **5400**. In one aspect, the transbody conductive communication module **5402** may be implemented as a first, e.g., high, frequency (HF) signal chain and the physiological sensing module **5404** may be implemented as a second, e.g., low, frequency (LF) signal chain. In one aspect, the wearable receiver **108** also may include a temperature sensing module **5406** for detecting ambient temperature and a 3-axis accelerometer **5408**. In one aspect, the temperature sensing module **5406** may be implemented using complementary oxide semi-

conductor (CMOS) circuit elements. In various aspects, additional modules may be provided for sensing of the environment around the IEM device **104**, for example, including, without limitation, Ph sensing, impedance sensing. The wearable receiver **108** also may comprise a memory **5410** for data storage (similar to any of the previously discussed memory elements), and a wireless communication module **5412** to receive data from and/or transmit data to another device, for example in a data download/upload action, respectively. In various aspects, the sensors **5414** and the feedback modules **5416** also may be included in the wearable receiver **108**. In one aspect, as shown in FIG. **54**, the various functional modules are coupled to the processing subsystem **5418** of the mobile device **102** (FIGS. A, B). In other aspects, a detection subsystem may comprise its own dedicated processing engine. For example, in one aspect, the wearable receiver **108** may comprise a dedicated processing engine, for example, a microcontroller or a digital signal processor that is separate from the processing subsystem **5418** of the mobile device **102**.

With reference back to FIG. **54**, in various aspects, the transbody conductive communication module **5402** and the wireless communication module **5412** each may comprise one or more transmitters/receivers (“transceiver”) modules. As used herein, the term “transceiver” may be used in a very general sense to include a transmitter, a receiver, or a combination of both, without limitation. In one aspect, the transbody conductive communication module **5402** is configured to communicate with the IEM device **104** (FIG. **1**). In one aspect, the wireless communication module **5412** may be configured to communicate with the wireless access point **110** (FIG. **1**). In another aspect, the wireless communication module **5412** may be configured to communicate with other mobile devices.

In various aspects, the sensors **5414** typically contact the patient **106** (FIG. **1**), e.g., can be removably attached to the torso. In various other aspects, the sensors **5414** may be removably or permanently attached to the wearable receiver **108**. For example, the sensors **5414** may be removably connected to the wearable receiver **108** by snapping metal studs. The sensors **5414** may comprise, for example, various devices capable of sensing or receiving the physiologic data. The types of sensors **5414** include, for example, electrodes such as wet or dry biocompatible electrodes. The sensors **5414** may be configured, for example, as a pressure sensor, a motion sensor, an accelerometer **5408**, an electromyography (EMG) sensor, an IEM device **104** (FIG. **1**), a biopotential sensor, an electrocardiogram sensor, a temperature sensor, a tactile event marker sensor, an impedance sensor, among other sensors.

In various aspects, the feedback module **5416** may be implemented with software, hardware, circuitry, various devices, and combinations thereof. The function of the feedback module **5416** is to provide communication with the patient **106** (FIG. **1**) in a discreet, tactful, circumspect manner as described above. In various aspects the feedback module **5416** may be implemented to communicate with the patient **106** using techniques that employ visual, audio, vibratory/tactile, olfactory, and taste.

FIG. **55** illustrates a system **5500** corresponding to one aspect of an ingestible event marker device. In various aspects the IEM devices **104** shown in FIG. **1**, for example, may be implemented in accordance with the system **5500** shown in FIG. **55**. The system **5500** can be used in association with any medication product, as mentioned above, to determine the origin of the medication and to confirm that at least one of the right type and the right dosage of medication was delivered to

the patient and in some aspects to determine when a patient takes the medication product. The scope of the present disclosure, however, is not limited by the environment and the medication product that may be used with the system **5500**. For example, the system **5500** may be activated either in wireless mode, in galvanic mode by placing the system **5500** within a capsule and then placing the capsule within a conducting fluid, or a combination thereof, or exposing the system **5500** to air. Once placed in a conducting fluid, for example, the capsule would dissolve over a period of time and release the system **5500** into the conducting fluid. Thus, in one aspect, the capsule would contain the system **5500** and no product. Such a capsule may then be used in any environment where a conducting fluid is present and with any product. For example, the capsule may be dropped into a container filled with jet fuel, salt water, tomato sauce, motor oil, or any similar product. Additionally, the capsule containing the system **5500** may be ingested at the same time that any pharmaceutical product is ingested in order to record the occurrence of the event, such as when the product was taken. Such pharma products and methods of encapsulating such pharma products are described in the commonly owned applications U.S. Publication No. 2008-0284599 A1, titled “Pharma Informatics System,” published Nov. 20, 2008, U.S. Publication No. 2011-0054265 A1, titled “Highly Reliable Ingestible Event Markers and Methods for using the Same,” published Mar. 3, 2011 and U.S. Application No. 61/416,150, titled: “Ingestible Device with Pharmaceutical Product,” filed Nov. 22, 2010 which applications are incorporated by reference in their entirety.

In the specific example of the system **5500** shown in FIG. **55**, when the system **5500** is combined with a medication or pharmaceutical product, as the product or pill is ingested, or exposed to air, the system **5500** is activated in galvanic mode. The system **5500** controls conductance to produce a unique electrical current signature that is detected by the electrode assemblies (e.g., wet or dry electrodes), for example, thereby signifying that the pharmaceutical product has been taken. When activated in wireless mode, the system controls modulation of capacitive plates to produce a unique voltage signature associated with the system **5500** that is detected. Various aspects of the system **2100** are described in commonly assigned U.S. Pat. No. 7,978,064, issued Jul. 12, 2011 titled “Communication System with Partial Power Source, and U.S. patent application Ser. No. 13/153,312 titled “Communication System with Partial Power Source” filed Jun. 3, 2011, and U.S. patent application Ser. No. 13/180,516, titled “Communication System With Remote Activation,” filed Jul. 11, 2011; and U.S. patent application Ser. No. 13/180,498, titled “Communication System with Multiple Sources of Power,” filed Jul. 11, 2011; and U.S. patent application Ser. No. 13/180,539, titled “Communication System Using an Implantable Device,” filed Jul. 11, 2011; and U.S. patent application Ser. No. 13/180,525, titled “Communication System With Enhanced Partial Power And Method Of Manufacturing Same,” filed Jul. 11, 2011; and U.S. patent application Ser. No. 13/180,538, titled “Communication System using Polypharmacy Co-packaged Medication Dosing Unit,” filed Jul. 11, 2011; and U.S. patent application Ser. No. 13/180,507, titled “Communication System Incorporated in an Ingestible Product,” filed Jul. 11, 2011, U.S. Publication No. 2010-0214033 A1 titled “In-vivo Low Voltage Oscillator for Medical Devices Stable Output With Varying Supply Voltage,” published Aug. 26, 2010, U.S. Publication No. 2011-0065983 A1, titled “Ingestible Circuitry,” published Mar. 17, 2011 and U.S. Publication No. 2010-0239616 A1, titled:

“Controlled Activation Ingestible Identifier,” published Sep. 23, 2010 all of which are entirely herein incorporated by reference.

In one aspect, the system D includes a framework 5502. The framework 5502 is a chassis for the system 5500 and multiple components are attached to, deposited upon, or secured to the framework 5502. In this aspect of the system 5500, a digestible material 5504 is physically associated with the framework 5502. The material 5504 may be chemically deposited on, evaporated onto, secured to, or built-up on the framework all of which may be referred to herein as “deposit” with respect to the framework 5502. The material 5504 is deposited on one side of the framework 5502. The materials of interest that can be used as material 5504 include, but are not limited to: Cu, CuCl, or CuI. The material 5504 is deposited by physical vapor deposition, electrodeposition, or plasma deposition, among other protocols. The material 5504 may be from about 0.05 to about 500 μm thick, such as from about 5 to about 100 μm thick. The shape is controlled by shadow mask deposition, or photolithography and etching. Additionally, even though only one region is shown for depositing the material, each system 5500 may contain two or more electrically unique regions where the material 5504 may be deposited, as desired.

At a different side, which is the opposite side as shown in FIG. 55, another digestible material 5506 is deposited, such that the materials 5504, 5506 are dissimilar and insulated from each other. Although not shown, the different side selected may be the side next to the side selected for the material 5504. The scope of the present disclosure is not limited by the side selected and the term “different side” can mean any of the multiple sides that are different from the first selected side. In various aspects, the dissimilar material may be located at different positions on a same side. Furthermore, although the shape of the system is shown as a square, the shape may be any geometrically suitable shape. The materials 5504, 5506 are selected such that they produce a voltage potential difference when the system 5500 is in contact with conducting liquid, such as body fluids. The materials of interest for material 5506 include, but are not limited to: Mg, Zn, or other electronegative metals. As indicated above with respect to the material 5504, the material 5506 may be chemically deposited on, evaporated onto, secured to, or built-up on the framework. Also, an adhesion layer may be necessary to help the material 5506 (as well as material 5504 when needed) to adhere to the framework 2102. Typical adhesion layers for the material 2106 are Ti, TiW, Cr or similar material. Anode material and the adhesion layer may be deposited by physical vapor deposition, electrodeposition or plasma deposition. The material 5506 may be from about 0.05 to about 500 μm thick, such as from about 5 to about 100 μm thick. The scope of the present disclosure, however, is not limited by the thickness of any of the materials nor by the type of process used to deposit or secure the materials to the framework 5502.

According to the disclosure set forth, the materials 5504, 5506 can be any pair of materials with different electrochemical potentials. Additionally, in the aspects wherein the system 5500 is used in-vivo, the materials 5504, 5506 may be vitamins that can be absorbed. More specifically, the materials 5504, 5506 can be made of any two materials appropriate for the environment in which the system 5500 will be operating. For example, when used with an ingestible product, the materials 5504, 5506 are any pair of materials with different electrochemical potentials that are ingestible. An illustrative example includes the instance when the system 5500 is in contact with an ionic solution, such as stomach acids. Suit-

able materials are not restricted to metals, and in certain aspects the paired materials are chosen from metals and non-metals, e.g., a pair made up of a metal (such as Mg) and a salt (such as CuCl or CuI). With respect to the active electrode materials, any pairing of substances—metals, salts, or intercalation compounds—with suitably different electrochemical potentials (voltage) and low interfacial resistance are suitable.

Materials and pairings of interest include, but are not limited to, those reported in TABLE 1 below. In one aspect, one or both of the metals may be doped with a non-metal, e.g., to enhance the voltage potential created between the materials as they come into contact with a conducting liquid. Non-metals that may be used as doping agents in certain aspects include, but are not limited to: sulfur, iodine, and the like. In another aspect, the materials are copper iodine (CuI) as the anode and magnesium (Mg) as the cathode. Aspects of the present disclosure use electrode materials that are not harmful to the human body.

TABLE 1

	Anode	Cathode
Metals	Magnesium, Zinc	
Salts	Sodium, Lithium Iron	Copper salts: iodide, chloride, bromide, sulfate, formate, (other anions possible) Fe ³⁺ salts: e.g. orthophosphate, pyrophosphate, (other anions possible) Oxygen or Hydrogen Ion (H+) on platinum, gold or other catalytic surfaces
Intercalation compounds	Graphite with Li, K, Ca, Na, Mg	Vanadium oxide Manganese oxide

Thus, when the system 5500 is in contact with the conducting fluid, a current path is formed through the conducting fluid between the dissimilar materials 5504, 5506. A control device 5508 is secured to the framework 5502 and electrically coupled to the materials 5504, 5506. The control device 5508 includes electronic circuitry, for example control logic that is capable of controlling and altering the conductance between the materials 5504, 5506.

The voltage potential created between the dissimilar materials 5504, 5506 provides the power for operating the system as well as produces the current flow through the conducting fluid and the system 5500. In one aspect, the system 5500 operates in direct current mode. In an alternative aspect, the system 5500 controls the direction of the current so that the direction of current is reversed in a cyclic manner, similar to alternating current. As the system reaches the conducting fluid or the electrolyte, where the fluid or electrolyte component is provided by a physiological fluid, e.g., stomach acid, the path for current flow between the dissimilar materials 5504, 5506 is completed external to the system 5500; the current path through the system 5500 is controlled by the control device 5508. Completion of the current path allows for the current to flow and in turn a receiver, not shown, can detect the presence of the current and recognize that the system 2100 has been activate and the desired event is occurring or has occurred.

In one aspect, the two dissimilar materials 5504, 5506 are similar in function to the two electrodes needed for a direct current power source, such as a battery. The conducting liquid acts as the electrolyte needed to complete the power source. The completed power source described is defined by the

physical chemical reaction between the dissimilar materials **5504**, **5506** of the system **5500** and the surrounding fluids of the body. The completed power source may be viewed as a power source that exploits reverse electrolysis in an ionic or a conduction solution such as gastric fluid, blood, or other bodily fluids and some tissues. Additionally, the environment may be something other than a body and the liquid may be any conducting liquid. For example, the conducting fluid may be salt water or a metallic based paint.

In certain aspects, the two dissimilar materials **5504**, **5506** are shielded from the surrounding environment by an additional layer of material. Accordingly, when the shield is dissolved and the two dissimilar materials **5504**, **5506** are exposed to the target site, a voltage potential is generated.

In certain aspects, the complete power source or supply is one that is made up of active electrode materials, electrolytes, and inactive materials, such as current collectors, packaging. The active materials are any pair of materials with different electrochemical potentials. Suitable materials are not restricted to metals, and in certain aspects the paired materials are chosen from metals and non-metals, e.g., a pair made up of a metal (such as Mg) and a salt (such as CuI). With respect to the active electrode materials, any pairing of substances—metals, salts, or intercalation compounds—with suitably different electrochemical potentials (voltage) and low interfacial resistance are suitable.

A variety of different materials may be employed as the materials that form the electrodes. In certain aspects, electrode materials are chosen to provide for a voltage upon contact with the target physiological site, e.g., the stomach, sufficient to drive the system of the identifier. In certain aspects, the voltage provided by the electrode materials upon contact of the metals of the power source with the target physiological site is 0.001 V or higher, including 0.01 V or higher, such as 0.1 V or higher, e.g., 0.3 V or higher, including 0.5 volts or higher, and including 1.0 volts or higher, where in certain aspects, the voltage ranges from about 0.001 to about 10 volts, such as from about 0.01 to about 10 V.

Still referring to FIG. **55**, the dissimilar materials **5504**, **5506** provide the voltage potential to activate the control device **5508**. Once the control device **5508** is activated or powered up, the control device **2108** can alter conductance between the first and second materials **5504**, **5506** in a unique manner. By altering the conductance between the first and second materials **5504**, **5506**, the control device **5508** is capable of controlling the magnitude of the current through the conducting liquid that surrounds the system **5500**. This produces a unique current signature that can be detected and measured by a receiver (not shown), which can be positioned internal or external to the body. The receiver is disclosed in greater detail in U.S. patent application Ser. No. 12/673,326 entitled "BODY-ASSOCIATED RECEIVER AND METHOD" filed on Dec. 15, 2009, and published as 2010/0312188 A1 dated Dec. 9, 2010 which is incorporated herein by reference in its entirety. In addition to controlling the magnitude of the current path between the materials, non-conducting materials, membrane, or "skirt" are used to increase the "length" of the current path and, hence, act to boost the conductance path, as disclosed in the U.S. Publication No. 2009-0082645 A1, titled "In-Body Device With Virtual Dipole Signal Amplification," published Mar. 26, 2009, and U.S. Publication No. 2009-0256702 A1, titled "Multi-Mode Communication Ingestible Event Markers, and Methods of Using the Same" published Oct. 15, 2009, the entire content of which is incorporated herein by reference. Alternatively, throughout the disclosure herein, the terms "non-conducting material," "membrane," and "skirt" are inter-

changeably used with the term "current path extender" without impacting the scope or the present aspects and the claims herein. The skirt, shown in portion at **5505**, **5507**, respectively, may be associated with, e.g., secured to, the framework **5502**. Various shapes and configurations for the skirt are contemplated as within the scope of the various aspects of the present invention. For example, the system **5500** may be surrounded entirely or partially by the skirt and the skirt maybe positioned along a central axis of the system **5500** or off-center relative to a central axis. Thus, the scope of the present disclosure as claimed herein is not limited by the shape or size of the skirt. Furthermore, in other aspects, the dissimilar materials **5504**, **5506** may be separated by one skirt that is positioned in any defined region between the dissimilar materials **5504**, **5506**.

The system **5500** may be grounded through a ground contact. The system **5500** also may include a sensor module. In operation, ion or current paths are established between the first material **5504** to the second material **5506** and through a conducting fluid in contact with the system **5500**. The voltage potential created between the first and second materials **5504**, **5506** is created through chemical reactions between the first and second materials **5504**, **5506** and the conducting fluid. In one aspect, the surface of the first material **5504** is not planar, but rather an irregular surface. The irregular surface increases the surface area of the material and, hence, the area that comes in contact with the conducting fluid.

In one aspect, at the surface of the first material **5504**, there is chemical reaction between the material **5504** and the surrounding conducting fluid such that mass is released into the conducting fluid. The term mass as used herein refers to protons and neutrons that form a substance. One example includes the instant where the material is CuCl and when in contact with the conducting fluid, CuCl becomes Cu (solid) and Cl— in solution. The flow of ions into the conduction fluid is via ion paths. In a similar manner, there is a chemical reaction between the second material **5506** and the surrounding conducting fluid and ions are captured by the second material **5506**. The rate of ionic exchange and, hence the ionic emission rate or flow, is controlled by the control device **5508**. The control device **5508** can increase or decrease the rate of ion flow by altering the conductance, which alters the impedance, between the first and second materials **5504**, **5506**. Through controlling the ion exchange, the system **5500** can encode information in the ionic exchange process. Thus, the system **5500** uses ionic emission to encode information in the ionic exchange.

The control device **5508** can vary the duration of a fixed ionic exchange rate or current flow magnitude while keeping the rate or magnitude near constant, similar to when the frequency is modulated and the amplitude is constant. Also, the control device **5508** can vary the level of the ionic exchange rate or the magnitude of the current flow while keeping the duration near constant. Thus, using various combinations of changes in duration and altering the rate or magnitude, the control device **5508** encodes information in the current flow or the ionic exchange. For example, the control device **5508** may use, but is not limited to any of the following techniques namely, Binary Phase-Shift Keying (PSK), Frequency Modulation (FM), Amplitude Modulation (AM), On-Off Keying, and PSK with On-Off Keying.

Various aspects of the system **5500** may comprise electronic components as part of the control device **5508**. Components that may be present include but are not limited to: logic and/or memory elements, an integrated circuit, an inductor, a resistor, and sensors for measuring various parameters. Each component may be secured to the framework

and/or to another component. The components on the surface of the support may be laid out in any convenient configuration. Where two or more components are present on the surface of the solid support, interconnects may be provided.

The system 5500 controls the conductance between the dissimilar materials and, hence, the rate of ionic exchange or the current flow. Through altering the conductance in a specific manner the system is capable of encoding information in the ionic exchange and the current signature. The ionic exchange or the current signature is used to uniquely identify the specific system. Additionally, the system 5500 is capable of producing various different unique exchanges or signatures and, thus, provides additional information. For example, a second current signature based on a second conductance alteration pattern may be used to provide additional information, which information may be related to the physical environment. To further illustrate, a first current signature may be a very low current state that maintains an oscillator on the chip and a second current signature may be a current state at least a factor of ten higher than the current state associated with the first current signature.

FIGS. 56-58 illustrate various aspects of ornamental designs for various GUIs for a display screen of a mobile device 102. FIGS. 56-58 illustrate the ornamental design for various "Onboarding" GUIs for a display screen of a mobile device for creating an account. FIG. 56 shows a GUI 5600 for creating an account. A "New User" button 5602 launches a "Welcome" GUI 5700, as shown in FIG. 57, when the "New User" button 5602 is selected. The "Welcome" GUI 5700 requests that the user enter the personal code from the start-up kit to begin. A text box 5702 is provided for entering the personal code. In FIG. 58, a "Create Account" GUI 5800 is displayed for entering the user's First Name, Last Name, Username, Password, and to Confirm Password.

FIGS. 59-61 illustrate ornamental designs for several additional "Onboarding" GUIs for a display screen of a mobile device 102 for setting up a wearable receiver 108, e.g., a patch. FIG. 59 shows a GUI 5900 for setting up the wearable receiver 108. A GUI element 5902 of the wearable receiver 108 is displayed with a blinking button 5904 along with text instructing the user to press and hold the button on the patch (wearable receiver 108) until the light blinks. FIG. 60 shows a GUI 6000 that is displayed while the wearable receiver 108 and the mobile device 102 are connecting. A GUI 6100 shown in FIG. 61 is displayed when the wearable receiver 108 and the mobile device 102 are connected. The GUI 6100 also instructs the user to place the wearable receiver 108 patch on the left side of the torso and also displays a silhouette of a person 6102 wearing a receiver 6104 on the left side of the torso as indicated.

FIGS. 62-65 illustrate ornamental designs for several additional "Onboarding" GUIs for a display screen of a mobile device 102 for demonstrating the healthcare subscription information system according to the present disclosure. FIG. 62 shows a GUI 6200 for instructing to the user to take the two demonstration tablets 6202, 6204 located in the starter kit and then tap the "Done" button 6206. The healthcare subscription information system will confirm that it is ready to help within 10 minutes, for example, to set up the wearable receiver 108. While waiting for a confirmation from the healthcare subscription information system, a GUI 6300 is displayed, as shown in FIG. 63. When the healthcare subscription information system successfully detects the ingestion of the demonstration tablets, a GUI 6400, as shown in FIG. 64, is displayed. A silhouette of a person 6402 is displayed in conjunction with a check mark element 6404. At this point, the user can select a "View Data" button 6406 or a "Share

Data" button 6408 to view or share data, respectively. When the healthcare subscription information system fails to detect the ingestion of the demonstration tablets, a GUI 6500, as shown in FIG. 65, is displayed. The GUI 6500 displays a silhouette 6502 of a person with a question mark element 6506 to indicate that it has been over ten minutes and the healthcare subscription information system has not yet detected the ingestion of the demonstration tablets. A "Troubleshoot" button 6508 is provided to troubleshoot the situation.

FIGS. 66-71 illustrate ornamental designs for several additional "Ribbon" GUIs for a display screen of a mobile device 102 for viewing annotations. FIG. 66 shows a GUI 6600 for displaying an activity ribbon 6602 and a medication timeline 6604 with several annotations 6606. A pop-up text bubble 6700 is displayed to provide additional information about the activity ribbon 6602 is shown in FIG. 67, where the user entered "Ran to catch bus" at "1519 h." Another pop-up text bubble 6800 is displayed to provide additional information about the activity ribbon 6602 is shown in FIG. 68 where the user entered "Extra TV time" at "1811 h" and "Waited for repairmen" at "1816 h." FIG. 69 shows a pop-up text bubble 6900 that is displayed to provide additional information about the medication timeline 6604 to indicate that a "dose" was taken by the patient 108 at "0819 h." Another pop-up text bubble 7000 is displayed to provide additional information about the medication timeline 6604 is shown in FIG. 70 to indicate "Dose entered manually" at "1616 h." FIG. 71 shows another pop-up text bubble 7100 displayed to provide additional information about the medication timeline 6604 to indicate that at "0366 h" the patient took "3 Doses."

FIGS. 72-74 illustrate ornamental designs for several additional "Ribbon" GUIs for a display screen of a mobile device 102 for making annotations. FIG. 72 shows a GUI 7202 for entering an annotation on the activity ribbon 6602 or the medication timeline 6604. To display the annotation GUI 7202, the user taps the activity ribbon/medication timeline GUI element 7208. When the "Annotation" element 7206 is selected, the display screen of the mobile device 102 shows a GUI 7303 for entering annotation text in a text box 7304 associated with the activity ribbon 6602 as indicated by highlighted GUI element 7308. The annotation on the activity ribbon 6602 can be saved by tapping on the "Save" button 7306. FIG. 74 shows a GUI 7402 for entering an annotation 7406 associated with the medication timeline 6604 to manually record a dose as indicated by highlighted GUI element 7406. To save the manually recorded dose, the user taps the "Save" button 7408.

FIG. 75 illustrates an ornamental design for a charts selection GUI 7500 for a display screen of a mobile device 102. The charts selection GUI 7500 is displayed by tapping or selecting the charts GUI element 7504. A charts selection box 7502 includes several GUI elements for opening corresponding display screens associated with charts: "Exertion" chart GUI element 7506, "Moving" chart GUI element 7508, "Sitting" chart GUI element 7510, "Resting" chart GUI element 7512, and "Meds" chart GUI element 7514. Each of these elements open corresponding "Charts" GUIs as described hereinbelow.

FIGS. 76-78 illustrate ornamental designs for several additional "Charts" GUIs for a display screen of a mobile device 102 for displaying charts associated with patient exertion periods. FIG. 76 shows an exertion chart GUI 7600 displaying a bar graph 7602 for tracking and quantifying patient exertion periods on a daily basis. The exertion chart GUI 7600 can be displayed by selecting or tapping the charts GUI element 7504 and the "Exertion" chart GUI element 7506 (FIG.

75). The bar graph **7602** quantifies the patient's daily active hours along the vertical axis. The patient's active hours over a one week period (seven days) including the present day **7606** are displayed along the horizontal axis. A usual level **7608** of active hours per day is shown for comparison purposes. The GUI **7700** shown in FIG. **77** is displayed after tapping or selecting the Steps GUI element **7702** to show the number of steps taken by the patient per day. The number of daily steps taken by the patient is shown for a week along the horizontal axis. FIG. **78** shows a GUI **7800** displaying a bar graph **7802** for tracking and quantifying patient exertion on a daily basis where the patient exertion in terms of active hours is quantified along the vertical axis over a period of one month along the horizontal axis. Tapping or selecting the "Exertion" button **7610** displays the charts selection box **7502** as shown in FIG. **75**.

FIGS. **79-81** illustrate ornamental designs for several additional "Charts" GUIs for a display screen of a mobile device **102** for displaying charts associated with patient rest periods. FIG. **79** shows a rest chart GUI **7900** displaying a bar graph **7902** for tracking and quantifying patient rest periods on a daily basis. The rest chart GUI **7900** is can be displayed by selecting or tapping the charts GUI element **7504** and the "Resting" chart GUI element **7512** (FIG. **75**). The bar graph **7902** quantifies the patient's daily resting hours along the vertical axis. The patient's resting hours over a one week period (seven days) including the present day **7906** is displayed along the horizontal axis. A usual level **7908** of active hours per day is shown for comparison purposes. The GUI **8000** shown in FIG. **80** is displayed after tapping or selecting the moon GUI element **8002**, which shows the quality of rest by the patient per day. The quality of daily rest is indicated by a variety of face elements **8004** along the horizontal axis. A face element **8004** with a smile indicates good quality rest. A face element **8004** with a neutral face indicates average rest. A face element **8004** with a yawning face indicates poor quality rest. FIG. **81** shows a GUI **8100** displaying a pop-up text bubble **8102** to provide additional information about the day such as the number of resting hours for a given day. As shown in FIG. **81**, on day "19/5" the patient rested for "8 h 04 m." Tapping or selecting the "Resting" button **7904** displays the charts selection box **7502** as shown in FIG. **75**.

FIGS. **82-83** illustrate ornamental designs for several additional "Charts" GUIs for a display screen of a mobile device **102** for displaying charts associated with patient rest periods. FIG. **82** shows a meds GUI **8200** displaying a medications chart **8202** for tracking and quantifying patient medication periods on a daily basis. The med chart GUI **8200** can be displayed by selecting or tapping the charts GUI element **7504** and the "Meds" chart element **7512** (FIG. **75**). The medications chart **8202** tabulates daily times and doses of medication taken by the patient along the vertical axis. The medications chart **8202** shown in FIG. **82** tracks medication doses over a one week period (seven days) including the present day **8204** is displayed along the horizontal axis. The GUI **8300** shown in FIG. **83** is displayed after tapping or selecting the zone near the day of the week along the horizontal axis. A pop-up text bubble **8302** is displayed to provide additional information about the selected day such as day of the week ("18 May 2011"), times of the day when the doses were taken, and special notes such as multiple doses detected, early dosing, and the like. Tapping or selecting the "Meds" button **8206** displays the charts selection box **7502** as shown in FIG. **75**.

FIGS. **84-86** illustrate ornamental designs for several additional "Charts" GUIs for a display screen of a mobile device **102** for sending reports associated with patient via email.

FIG. **84** shows a "Send Report" GUI **8400** displaying a destination email address input field **8402**. FIG. **85** shows the "Send Report" GUI **8400** with the destination email address field **8401** filled in. Tapping or selecting the "Next" button **8502** opens the "Send Report" GUI **8600** shown in FIG. **86**. The "Send Report" GUI **8600** displays the date range **8602** for the reporting period and a "Send" button **8604** for sending the report via email.

FIGS. **87-89** illustrate ornamental designs for several additional "Charts" GUIs for a display screen of a mobile device **102** for sending reports associated with patient via the post. FIG. **87** shows a "Send Report" GUI **8700** displaying destination Name, Street, City, Postcode, and Country input fields. FIG. **88** shows the "Send Report" GUI **8700** with the destination address fields filled in. Tapping or selecting the "Next" button **8702** opens the "Send Report" GUI **8900** shown in FIG. **89**. The "Send" button **8902** sends the paper report to the printer so that it can be sent to the destination via post.

FIG. **90** illustrates the "Send Report" GUI **8700** shown previously in FIG. **87**, with a series of address book GUI screens for a display screen of a mobile device **102** for populating the "Send Report" GUI **8700** using a local address book. A first address book GUI **9002** is displayed by selecting an address book element **9000** in "Send Report" GUI **8700**. The GUI **9002** provides an alphabetical list of names of contacts stored in a locally or remotely stored address book database. Tapping or selecting the second name on the list **9004** "Alethea C. Pettey" displays the next address book GUI **9006**, which displays both a "home" address element **9008** associated with the contact's home address and a "work" address element **9010** associated with the contact's work address. The corresponding home and work addresses also are displayed. Tapping or selecting the "home" address element **90**, for example, displays the next address book GUI **9012**, which shows the contact's home address populated in the address fields **9018**. Also displayed within the address book GUI **9012** is an "email" GUI element **9014** and a "postal" GUI element **9016** to enable the user to select the mode of send the report. Tapping or selecting the "postal" GUI element **9016** displays the next address book GUI **9014**, which enables the user to select the date range **9018** of the report and the increment, e.g., single days or others such weekly, monthly, etc., by tapping or selecting the resolution GUI element **9020**.

FIGS. **91-96** illustrate ornamental designs for several "Patch" GUIs for a display screen of a mobile device **102** for managing the wearable receiver **108** communication system. FIGS. **91-93** show "Patch" GUIs **9100**, **9200**, **9300** that are displayed when the receiver communication system is functioning properly. FIGS. **94-96** show "Patch" GUIs **9400**, **9500**, **9600** that are displayed when the receiver communication system is not functioning properly and an error occurs during a system test.

Turning now to FIG. **91**, the "Patch" GUI **9100** can be displayed by selecting the wearable receiver (e.g., patch) GUI element **9102** when the communication system is functioning properly. The GUI **9100** displays an icon of the patient **9116** and a wearable receiver element **9104** shown connected to the patient **9116** via connection **9118**. The wearable receiver element **9104** is shown connected to a mobile device element **9106** via connection **9110** indicating that the wearable receiver **108** is paired with the mobile device **102**. The mobile device element **9106** is shown connected to a network element **9108** via connection **9112** indicating that the mobile device **102** is connected to an external network such as the Internet, for example. If the wearable receiver **108** is connected to the network "System OK" is displayed by the GUI

9100. Additional information in regards to the wearable receiver 108 or the mobile device 102 may be obtained by tapping or selecting the corresponding element 9104 or 9106. FIG. 92 shows a GUI 9200 that is displayed after tapping the wearable receiver element 9104. In response, the GUI 9200 displays a pop-up text bubble 9202 to provide additional information about the wearable receiver 108 such as the serial number of the wearable receiver 108 (Helius Patch [02256]), battery charge level (Battery: 87%), skin contact (Skin Contact: GOOD), last update (Updated: Today 1622 h). Additional information about the mobile device 102 can be obtained by tapping or selecting the mobile device element 9106 which displays the GUI 9300 shown in FIG. 93. As shown, a pop-up text bubble 9302 is displayed to provide additional information about the mobile device 102 such as the mobile device type and model number (Motorola Droid 2), mobile device battery level (Battery: 99%), communication network (Network: 3G). When it is time to replace the wearable receiver 108, the "Replace Patch" button 9114 is tapped or selected.

Turning now to FIG. 94, the "Patch" GUI 9400 can be displayed by selecting the wearable receiver (e.g., patch) GUI element 9102 when the communication system is not functioning properly. The GUI 9400 displays an icon of the patient 9116 and a wearable receiver element 9104 shown connected to the patient 9116 via connection 9118. The wearable receiver element 9104, however, is not connected to the mobile device element 9106 as shown by arrow 9402 indicating that the wearable receiver 108 is not paired with the mobile device 102. Also, the mobile device element 9106 is not connected to the network element 9108 as shown by arrow 9404 indicating that the mobile device 102 is not connected to an external network such as the Internet, for example. If the wearable receiver 108 is not connected to the mobile device 102 and/or the network, "Patch Connection Error" is displayed by the GUI 9400. Additional information in regards to the wearable receiver 108 or the mobile device 102 may be obtained by tapping or selecting the wearable receiver element 9104. FIG. 95 shows a GUI 9500 that is displayed after tapping the wearable receiver element 9104 when there is a connection error. In response, the GUI 9500 displays a pop-up text bubble 9504 to provide additional information about the wearable receiver 108 connection error. In one aspect, the pop-up text bubble 9504 provides additional information such as "Patch Connection Error—There is no patch paired with your phone. Push the button on the patch until it blinks." In other words, the pop-up text box 9504 provides instructions to pair the wearable receiver 108 with the mobile device 102. To check network connectivity, the share GUI element 9602 may be selected. Since, the GUI 9600 presents instructional text such as "Your device is not connected to the network to download the latest information. Please check your device's network connection."

FIGS. 97-99 illustrate ornamental designs for several additional "Patch" GUIs for a display screen of a mobile device 102 for replacing the wearable receiver 108. As shown in FIGS. 91-95, to replace the wearable receiver 108, the "Replace Patch" button 9114 is tapped or selected. Upon selecting the "Replace Patch" button 9114, the "Patch" GUI 9700 shown in FIG. 7 is shown. The replace patch GUI 9700 provides textual instructions 9702 to "Press and hold the button on your old patch until the light blinks . . ." on the old wearable receiver 108. A wearable receiver GUI element 9704 includes a blinking GUI element 9706 and text to indicate that the wearable receiver GUI element 9704 is associated with the old patch receiver. Once the light on the wearable receiver 108 blinks, the GUI 9700 instructs to ". . . then

tap "Next." Accordingly, upon tapping or selecting the "Next" button 9708 the replace patch GUI 9800 shown in FIG. 98 is shown to indicate that the mobile device 102 is uploading the information to the remote processing system 122. FIG. 99 shows a replace patch GUI 9900 that provides instructional text 9902 to "Press and hold the button on your new patch until the light blinks . . ." on the new wearable receiver 108. The GUI 9900 also displays a wearable receiver GUI element 9904 that includes a blinking GUI element 9906 and text to indicate that the wearable receiver GUI element 9904 is associated with the new patch receiver.

FIGS. 100-104 illustrate ornamental designs for several "Share" GUIs for a display screen of a mobile device 102 for managing permissions and adding/removing caregivers. FIG. 100 illustrates one aspect of a "Manage Sharing" GUI 10000 for a display screen of a mobile device 102 for viewing the current data sharing status of caregivers. The "Manage sharing" GUI 10000 is displayed when the sharing GUI element 9602 is tapped or selected. The GUI 10000 shows a list of caregivers Anna, Dr. Rinderknecht, Jane, Karl, Megan and their current data sharing permission status indicated by the activity timeline element 10002, the activity trend chart element 10004, and the medication timeline element 10006. Permission is indicated by the any of these elements 10002, 10004, 10006 is highlighted. As shown by the GUI 10000, for example, Anna has permission for sharing activity timeline data as indicated by the highlighted element 10002. Dr. Rinderknecht has permission for sharing activity timeline data, activity trend chart data, and medication timeline data as indicated by the highlighted elements 10002, 10004, 10006. Jane has permission only for sharing medication timeline data as indicated by highlighted element 10006. Karl has permission for sharing activity timeline data and activity trend chart data as indicated by highlighted elements 10002, 10004. Megan's permissions are not visible because they appear below the screen. To view Megan's permissions, the touch sensitive display screen of the mobile device 102 can be tapped and dragged upwardly using a commonly employed gesturing technique in modern smart phone and touch pad computer technology. Tapping or selecting the edit (pencil) GUI element 10008 displays the "Add/Remove" GUI 10100. The "Add/Remove" GUI 10100 can be used to add a new caregiver by tapping or selecting the plus ("+") element 10102 or to remove a caregiver by tapping or selecting the minus ("-") element 10104 associated with a current caregiver. For example, to remove Karl, the minus ("-") element 10104 to the right of Karl's name can be tapped or selected. The "Remove" GUI 10200 as shown in FIG. 102 is then displayed along with a confirmatory query "Remove Karl?" 10202. In response either the "No" button 10204 or the "Yes" button 10206 can be selected. To invite a new caregiver, or add a new giver, the plus ("+") element in GUI 10100 is selected and then "Invite to Helius" GUI 10300 is displayed as shown in FIG. 103. The GUI 10300 provides a "nickname" field 10302, an "email" field 10304, and a "relationship" field 10306 for entering corresponding information associated with the caregiver being invited to share data. In addition, the type of data 10308 to be shared is displayed such as activity timeline data, activity trend chart data, and medication timeline data as indicated by the highlighted elements 10002, 10004, 10006 by tapping or selecting the corresponding element 1002, 10004, 10006. The security code 10310 (e.g., "1A2B3C"), which is to be shared with the invitee is also displayed along with the text "For your protection, the recipient will be required to enter the above code." The transaction can be cancelled by tapping or selecting the "Cancel" button 10312 or the invitation can be sent by tapping or selecting the

“Invite” button **10314**. Once the invitation is sent, the caregiver invitee sees a “Caregiver View” GUI **10400** as shown in FIG. **104**. The new caregiver has been invited to share the activity timeline data as indicated by the highlighted element **10002**.

FIGS. **105-107** illustrate ornamental designs for several “Notifications” GUIs for a display screen of a mobile device **102** for notifying patients of activity and rest information. FIG. **105** illustrates one aspect of a “Notifications” GUI **10500** for a display screen of a mobile device **102** for displaying which notifications have been enabled for sharing. The GUI **10500** is displayed by tapping or selecting the notifications GUI element **10502**. As shown, activity, rest, medications, and data have been turned ON for notifications. Selecting the “Activity” element **10504** displays the “Activity” GUI **10600** shown in FIG. **106**, which provides an “inactivity” button **10602** and a “Delayed Daily Activity” button **10604** that can be turned “ON” or “OFF.” As shown both buttons **10602**, **10604** are both turned “ON” and will provide notifications if no activity is detected for 4 hours between the hours of 1800 h and 2200 h, for example. These values are user selectable. In one aspect, the no activity value can be selected from 4-24 hours with 4 hour increments, then 36 hours and 48 hours, and so on. The inactivity period can be selected from any time between 0000 h-2300 h with 1 hour increments to any time between 0000 h-2300 h in 1 hour increments. Notification in regards to delayed daily activity can be sent anytime between 0500 h-1800 h with 1 hour increments. Selecting the “Activity” element **10504** displays the “Activity” GUI **10600** shown in FIG. **106**, which provides an “inactivity” button **10602** and a “Delayed Daily Activity” button **10604** that can be turned “ON” or “OFF.” Selecting the “Rest” element **10506** in FIG. **105** displays the “Rest” GUI **10700** shown in FIG. **107**, which provides a “rest” button **10702** that can be turned “ON” or “OFF.” The GUI **10700** provides a first portion **10704** where notification is provided if daily rest is less than a predetermined time from 1 hour-1 hours with 1 hour increments, e.g., 4 hrs as shown, and a second portion **10706** where notification is provided if daily rest is more than a predetermined time from 8 hours-20 hours with 1 hour increments, e.g., 10 hrs as shown.

FIGS. **108-111** illustrate ornamental designs for several additional “Notifications” GUIs for a display screen of a mobile device **102** for notifying patients of medication dosing times and reminders. FIG. **108** illustrates one aspect of a “Notifications” GUI **10800** for a display screen of a mobile device **102**. Selecting element **10802** displays the “Meds Notification” GUI **10900** shown in FIG. **109**. The GUI **10900** provides two options, a first option **10902** to notify the patient when to take the daily medication doses and a second option **10904** to remind the patient when to take the daily medication doses. As shown in GUI **10900**, the patient is currently taking 4 daily doses and the reminder option is set to “ON.” Tapping or selecting the first option **10902** displays the “My Doses” GUI **11000**, which indicates the times when the patient is scheduled to take their medications. Since 4 doses were selected in GUI **10900** in FIG. **109**, the GUI **11000** displays the four times of the day when the patient is scheduled to take their medications. As shown, the first scheduled medication time **11002** is due at 0800 h, the second scheduled medication time **11004** is due at 1200 h, the third scheduled medication time **11006** is due at 1600 h, and the fourth scheduled medication time **11008** is 2000 h. A new medication time may be added or removed by tapping or selecting the plus (“+”) GUI element **11010** or the minus (“-”) GUI element **11012**, respectively. Tapping or selecting the second option **10904** in GUI **10900** displays the “Remind Me” GUI **11100**, which

indicates the times when the patient is scheduled to be reminded about taking their medications. Since the “Remind Me” option was turned “ON” in GUI **10900**, the “Remind Me” GUI **11100** shows the “ON” button **11108**. The GUI **11100** also shows a “Before Dose” reminder **11102**. In one aspect, the “Before Dose” reminder **11102** can be selected from a drop down menu, for example, such as: never, 2 hours, 1 hour, 45 minutes, 30 minutes, 15 minutes, 10 minutes, 5 minutes, or zero minutes. In other aspects, other suitable times may be provided for selection. An “After Dose” reminder **11104** can be selected from a drop down menu, for example, such as: never, 0 minutes, 5 minutes, 15 minutes, 30 minutes, 45 minutes, 1 hour, 2 hours. In other aspects, other suitable times may be provided for selection. A “Cancel medication notifications if tablet detected within” **11106** a predetermined time from a pull down menu, for example, such as: never, 0 minutes, 15 minutes, 30 minutes, 45 minutes, 1 hour, 2 hours. In other aspects, other suitable times may be provided for selection.

FIGS. **112-115** illustrate ornamental designs for several additional “Notifications” GUIs for a display screen of a mobile device **102** for adding daily medications dose times. FIG. **112** illustrates one aspect of a “Notifications” GUI **11200** for a display screen of a mobile device **102**. Selecting element **11202** displays GUI **11300** as shown in FIG. **113**. Selecting the plus (“+”) GUI element **11010** displays the “Add Dose” GUI **11400** shown in FIG. **114**. Setting the medication dosing time can be done by tapping or selecting the plus (“+”) or minus (“-”) GUI elements **11402**, **11404**, respectively, to increase or decrease, respectively, the hour portion of the time and tapping or selecting the plus (“+”) or minus (“-”) GUI elements **11406**, **11408**, respectively, to increase or decrease, respectively, the minutes portion of the time. Once the clock time is set, the clock time can be cancelled by tapping or selecting the “Cancel” button **11410** or can be saved by tapping or selecting the “Save” button **11410**. FIG. **115** shows “Edit Dose” GUI **11500** for editing the dosing time. As shown, editing the medication dosing time can be done by tapping or selecting the plus (“+”) or minus (“-”) GUI elements **11502**, **11504**, respectively, to increase or decrease, respectively, the hour portion of the time and tapping or selecting the plus (“+”) or minus (“-”) GUI elements **11506**, **11508**, respectively, to increase or decrease, respectively, the minutes portion of the time. Once the revised clock time is set, the clock time can be cancelled by tapping or selecting the “Cancel” button **11510** or can be saved by tapping or selecting the “Save” button **11510**.

FIGS. **116-119** illustrate ornamental designs for several additional “Notifications” GUIs for a display screen of a mobile device **102** for adding daily medication reminders for taking medications. FIG. **116** illustrates one aspect of a “Notifications” GUI **11600** for a display screen of a mobile device **102**. Selecting element **11602** displays the “Remind Me” GUI **11700** as shown in FIG. **117**. As shown in FIG. **117**, the GUI **11700** provides a “Remind Me” button element **11702**, which indicates that reminders are enabled or turned “ON.” As shown, the “Before Dose” reminder **11704** is set for 20 min, the “After Dose” reminder **11706** is set for 10 min, and the “Cancel medication notifications if tablet detected within” reminder **11708** is set for 45 min of dose. As discussed previously, the “Before Dose” **11704** reminder can be selected from a drop down menu, for example, such as: never, 2 hours, 1 hour, 45 minutes, 30 minutes, 15 minutes, 10 minutes, 5 minutes, or zero minutes. The “After Dose” reminder **11706** can be selected from a drop down menu, for example, such as: never, 0 minutes, 5 minutes, 10 minutes, 15 minutes, 30 minutes, 45 minutes, 1 hour, 2 hours. The “Cancel” reminder

11708 can be selected from a pull down menu, for example, such as: never, 0 minutes, 15 minutes, 30 minutes, 45 minutes, 1 hour, 2 hours. An “After Dose” GUI **11800** shown in FIG. **118** is for selecting the “After Dose” reminder time from a menu list. As shown, “10 minutes” **11802** was selected. A “Cancel” reminder GUI **11900** shown in FIG. **19** is for selecting when to cancel medication notifications if a tablet is detected within a predetermined period. As shown, the reminder is cancelled if the tablet is detected within “45 minutes of dose” **11902**.

FIGS. **120-123** illustrate ornamental designs for several additional “Notifications” GUIs for a display screen of a mobile device **102** for providing data alerts. FIG. **120** illustrates one aspect of a “Notifications” GUI **12000** for a display screen of a mobile device **102**. Selecting element **12002** displays the “Data” GUI **12100** as shown in FIG. **121**. The GUI **12100** displays a “Patch Replacement” GUI element **12102** and a “Missing Information” GUI element **12104**. Selecting the “Patch Replacement” GUI element **12102** displays the “Patch Replacement” GUI **12200** shown in FIG. **122**. A “Patch Replacement” button **12202** is set to “ON” indicating the patch notification function is enabled. A “Reminder” **12204** to replace the patch is scheduled to be delivered on Wednesday (Wed) at 1500 h. Selecting the “Missing Information” GUI element **12104** in FIG. **121** displays the “Missing Information” GUI **12300** as shown in FIG. **123A**. A “Missing Information” button **12302** is set to “ON” indicating that the missing information notification function is enabled. As shown in FIG. **123A**, a notification of missing information **12304** is sent if no new information is received in a predetermined time, such as, for example, 4 hrs. The notification can be set to any predetermined time. In one aspect, the notification can be sent if no new information is received in 12 hours, 24 hours, 36 hours, 48 hours, 72 hours, for example. FIG. **123B** shows the “Missing Information” button **12302** is set to “OFF” to indicate that the missing information notification function is disabled.

FIGS. **124-127** illustrate ornamental designs for several additional “Notifications” GUIs for a display screen of a mobile device **102** for setting notification preferences. FIG. **124** illustrates one aspect of a “Notifications” GUI **12400** for a display screen of a mobile device **102**. Selecting element **12402** displays the “Preferences” GUI **12500** as shown in FIG. **125**. The GUI **12500** displays an “Additional Notifications” GUI element **12502** and a “Date & Time” GUI element **12504**. Selecting the “Additional Notifications” GUI element **12502** displays the “Additional Notifications” GUI **12600**, which indicates how the additional notifications will be sent such as by “Text Message” **12602** or “Email” **12604**, which can be turned “ON” or “OFF.” Selecting the “Date & Time” GUI element **12504** in FIG. **125** displays the “Date & Time” GUI **12700** in FIG. **127A**. The “Date & Time” GUI **12700** enables the selection of the “Date Format” **12702**, the “Time Format” **12704**, and the “Time Zone” **12706**. The “Date Format” **12702** can be selected, for example, as “MM/DD/YYYY” or “DD/MM/YYYY” among other formats. The “Time Format” **12704** can be selected, for example, as “12 h” or “24 h” among other formats. The “Time Zone” **12706** can be fixed to home, for example, as shown in FIG. **127A**. The “Time Zone” GUI **12708** in FIG. **127B** shows the location of the “Home Time Zone” **12710**, for example, London. The “Time Zone” GUI **12708** also shows that the data is shown and notifications are sent based on the home time zone.

FIGS. **128-131** illustrate ornamental designs for several additional “Notifications” GUIs for a display screen of a mobile device **102** for displaying information about the account and about the system. FIG. **128** illustrates one aspect

of a “Notifications” GUI **12800** for a display screen of a mobile device **102**. Selecting element **12802** displays information about the system (e.g., Helius) in the “My Helius” GUI **12900** as shown in FIG. **129**. The GUI **12900** displays an “Account Information” GUI element **12902** and an “About Helius” GUI element **12904**. Selecting the “Account Information” GUI element **12902** displays the “Account Information” GUI **13000**, which provides the “Login” **13002**, “Password” **13004**, “Nickname” **13006**, “SMS” **13008**, “Address” **13010**. Selecting the “About Helius” GUI element **12904** in FIG. **129** displays the “About Helius” GUI **13100** in FIG. **131**. The “About Helius” GUI **13100** provides the software version **13102** and the underlying powering and supporting system **13104**.

FIGS. **132-135** illustrate ornamental designs for several additional “Notifications” GUIs for a display screen of a mobile device **102** for editing account. FIG. **132** illustrates one aspect of the “Account Information” GUI **13000** for a display screen of a mobile device **102**. Selecting the “Login” element **13002** displays the “Login” GUI **13300** as shown in FIG. **133** to enable editing the login email account. Selecting the “Password” element **13004** displays the “Password” GUI **13400** as shown in FIG. **134** to enable editing the password. Selecting the “Address” element **13010** displays the “Address” GUI **13500** as shown in FIG. **135** to enable editing the address.

It will be appreciated that the term “mobile device” may refer generally to any device which can be configured as a communication node for receiving a first communication from a first device and transmitting a second communication to a second device. In one aspect, the mobile device may comprise various physical or logical elements implemented as hardware, software, or any combination thereof, as desired for a given set of design parameters or performance constraints. In various aspects, the physical or logical elements may be connected by one or more communications media. For example, communication media may comprise wired communication media, wireless communication media, or a combination of both, as desired for a given implementation.

In various aspects, the mobile device or elements of the mobile device such as the physical or logical elements of the device may be incorporated in any suitable device including, without limitation, a personal digital assistant (PDA), laptop computer, ultra-laptop computer, combination cellular telephone/PDA, smartphone, mobile unit, subscriber station, user terminal, portable computer, handheld computer, palm-top computer, wearable computer, media player, messaging device, data communication device, a laptop computer, ultra-laptop computer, portable computer, handheld computer, palmtop computer, pager, one-way pager, two-way pager, messaging device, data communication device, computers that are arranged to be worn by a person, such as a wrist computer, finger computer, ring computer, eyeglass computer, belt-clip computer, arm-band computer, shoe computers, clothing computers, and other wearable computers, media or multimedia controllers (e.g., audio and/or visual remote control devices), intelligent devices/appliances such as consumer and home devices and appliances that are capable of receipt of data such as physiologic data and perform other data-related functions, e.g., transmit, display, store, and/or process data, refrigerators, weight scales, toilets, televisions, door frame activity monitors, bedside monitors, bed scales, mobile telephones, portable telephones, eyeglasses, hearing aids, head-wear (e.g., hats, caps, visors, helmets, goggles, earmuffs, headbands), wristbands, jewelry, furniture, and/or any suitable object that may be configured to incorporate the appro-

priate physical and/or logical elements for implementing the mobile device and to receive a first communication from a first device and transmit a second communication to a second device.

It will be appreciated that the term “medication” or “medicinal dose” as used throughout this disclosure may include, without limitation, various forms of ingestible, inhalable, injectable, absorbable, or otherwise consumable medicaments and/or carriers therefor such as, for example, pills, capsules, gel caps, placebos, over capsulation carriers or vehicles, herbal, over-the-counter (OTC) substances, supplements, prescription-only medication, and the like, to be taken in conjunction with an IEM. Such carriers are described in commonly owned applications U.S. application Ser. No. 12/673,150 titled “Pharmaceutical Dosages Delivery System,” filed Feb. 11, 2010 which is incorporated by reference in its entirety.

It also will be appreciated that as described in the present disclosure, that the mobile devices that incorporate an image capture device (e.g., a digital camera) may be used to capture an image of the IEM device, medication, container in which the medication, among others. Once the image is captured it can be used to verify the patient taking the medication, the medication itself, expiration dates on the package, among other information. The digitally captured image can be stored, compressed, transmitted over local and wide area networks (such as the Internet), and so on.

It is worthy to note that any reference to “one aspect” or “an aspect” means that a particular feature, structure, or characteristic described in connection with the aspect is included in at least one aspect. Thus, appearances of the phrases “in one aspect” or “in an aspect” in various places throughout the specification are not necessarily all referring to the same aspect. Furthermore, the particular features, structures or characteristics may be combined in any suitable manner in one or more aspects.

Some aspects may be described using the expression “coupled” and “connected” along with their derivatives. It should be understood that these terms are not intended as synonyms for each other. For example, some aspects may be described using the term “connected” to indicate that two or more elements are in direct physical or electrical contact with each other. In another example, some aspects may be described using the term “coupled” to indicate that two or more elements are in direct physical or electrical contact. The term “coupled,” however, also may mean that two or more elements are not in direct contact with each other, but yet still co-operate or interact with each other.

While certain features of the aspects have been illustrated as described herein, many modifications, substitutions, changes and equivalents will now occur to those skilled in the art. It is therefore to be understood that the appended claims are intended to cover all such modifications and changes as fall within the true spirit of the aspects.

The invention claimed is:

1. A method of managing adherence to a regimen in a subscription based computer implemented healthcare information environment, the method comprising:

automatically receiving a first wireless transmission, at a mobile device, the first wireless transmission including dosage ingestion information detected from a marker embedded within a corresponding dose of medicine ingested by a living subject, the mobile device comprising a processor, a memory coupled to the processor, and a display coupled to the processor, wherein the mobile device automatically receives the dosage ingestion information from one or more wireless, wearable receive-

ers coupled to a body of the living subject, wherein the mobile device continuously receives the dosage ingestion information as the dose of medicine is ingested by the living subject;

automatically addressing a second wireless transmission to a backend computer processing system, the second wireless transmission including the dosage ingestion information;

receiving, from a computer at the backend computer processing system, a personal information stream characterizing behavior of the living subject based at least in part on the dosage ingestion information sent to the computer over a predetermined period;

displaying a graphical user interface screen on the display; displaying, within the graphical user interface screen, a plurality of selectable graphical user interface elements, wherein selection of one of the plurality of selectable graphical user interface elements causes the graphical user interface screen to display information associated with the living subject,

wherein the plurality of selectable graphical user interface elements comprises at least one graphical user interface element which corresponds to the display of an activity timeline based at least in part on the personal information stream;

receiving by the mobile device an input selecting the at least one graphical user interface element;

in response to the input selecting the at least one graphical user interface element, displaying, within the graphical user interface screen, the activity timeline, wherein the activity timeline comprises an activity ribbon showing the level of activity of the living subject over the predetermined period; and

displaying the ingestion of the dose within the graphical user interface screen relative to the activity ribbon and the activity timeline,

wherein the graphical user interface screen presents scheduled medication times as one set of icons and actual detected medication ingestion times based on the dosage ingestion information by another set of icons along the activity timeline such that scheduled versus actual medication times are visually correlated by the graphical user interface screen.

2. The method of claim 1, further comprising: continuously tracking the level of activity of the living subject over the predetermined period; and displaying the activity ribbon.

3. The method of claim 1, further comprising displaying a comment bubble on the activity ribbon.

4. The method of claim 1, further comprising displaying a sub-activity element within the activity ribbon to indicate a first level of activity when a second level of activity is expected.

5. The method of claim 1, wherein the plurality of selectable graphical user interface elements comprises at least one other graphical user interface element which corresponds to the display of a dose timeline based on the personal information stream, the method further comprising:

receiving by the mobile device an input selecting the at least one other graphical user interface element; and

in response to the input selecting the at least one other graphical user interface element, displaying, within the graphical user interface screen, the dose timeline, wherein the dose timeline indicates a time during when a dose was ingested by the living subject over a predetermined period.

6. The method of claim 5, comprising:
tracking the dose timeline over the predetermined period;
and
displaying dose events.
7. The method of claim 5, further comprising displaying a comment bubble in the dose timeline.
8. The method of claim 1, wherein the plurality of selectable graphical user interface elements comprises at least a one other graphical user interface element which corresponds to the display of a physical activity trend of the living subject based on the personal information stream, the method further comprising:
receiving by the mobile device an input selecting the at least one other graphical user interface element; and
in response to the input selecting the at least one other graphical user interface element, displaying, within the graphical user interface screen, a physical activity trend timeline,
wherein the physical activity trend timeline comprises the level of physical activity over a first predetermined period and wherein the physical activity trend timeline extends over a second predetermined period.
9. The method of claim 8, wherein the first predetermined period is a 24-hour day and the second predetermined period is a week, the method further comprising:
displaying a bar graph element to show the level of activity over the 24-hour period; and
displaying additional bar graph elements over the week for each additional 24-hour period, wherein each of the additional bar graph elements show corresponding levels of activity for each of the additional 24-hour period over the week.
10. The method of claim 8, wherein the first predetermined period is a 24-hour day and the second predetermined period is a week, the method further comprising:
displaying an icon element to show the number of steps taken by the living subject over the 24-hour period; and
displaying icon elements over the week for each additional 24-hour period, wherein each of the additional icon elements graph elements show corresponding number of steps taken by the living subject for each of the additional 24-hour periods over the week.
11. The method of claim 1, wherein the plurality of selectable graphical user interface elements comprises at least one other graphical user interface element which corresponds to the display of a dose trend of the living subject based on the personal information stream, the method further comprising:
receiving by the mobile device an input selecting the at least one other graphical user interface element; and
in response to the input selecting the at least one other graphical user interface element, displaying, within the graphical user interface screen, a dose trend timeline,
wherein the dose trend timeline comprises a number of doses ingested by the living subject and a time stamp associated with the ingestion of the dose over a first predetermined period and wherein the dose trend timeline extends over a second predetermined period.
12. The method of claim 11, wherein the first predetermined period is a 24-hour day and the second predetermined period is a week, the method further comprising:
displaying an element to show when over the 24-hour period the dose was ingested by the living subject; and
displaying additional elements over the week for each additional 24-hour period, wherein each of the additional elements show corresponding times when the dose was ingested by the living subject for each of the additional 24-hour period over the week.

13. The method of claim 11, further comprising displaying the number of doses ingested at the same time on the element.
14. The method of claim 11, further comprising displaying a note on the element.
15. The method of claim 1, wherein the plurality of selectable graphical user interface elements comprises at least one other graphical user interface element which corresponds to the display of configurations, initial set-up, management, and replacement of the receiver, the method further comprising:
receiving by the mobile device an input selecting the at least one other graphical user interface element; and
in response to the input selecting the at least one other graphical user interface element, displaying, within the graphical user interface screen, a button element.
16. The method of claim 15, further comprising:
receiving by the mobile device a second input associated with the button element, wherein the button element is associated with testing the operation of the receiver, mobile device, and backend computer processing system; and
in response to the second input, testing the operation of the receiver, the mobile device, and the backend computer processing system.
17. The method of claim 15, further comprising: receiving by the mobile device a second input associated with the button element, wherein the button element is associated with replacing the receiver; and in response to the second input, replacing the receiver.
18. The method of claim 1, wherein the plurality of selectable graphical user interface elements comprises at least one other graphical user interface element which corresponds to managing and controlling data sharing functions such as invitations and control of which data is shared with at least one invitee, the method further comprising:
receiving by the mobile device an input selecting the at least one other graphical user interface element;
in response to the input selecting the at least one other graphical user interface element, displaying, within the graphical user interface screen, a manage sharing screen comprising elements associated with the at least one invitee and at least one selection element associated with the at least one invitee, wherein the at least one element corresponds to any of an activity timeline element, an activity trend chart element, and a dose timeline element;
receiving by the mobile device a second input associated with selecting one of the elements associated with the invitee;
in response to the second input, selecting one of the elements associated with the at least one invitee; and
sending an invitation to the at least one invitee for sharing data associated with the selected element.
19. The method of claim 18, further comprising:
receiving by the mobile device a communication from the at least one invitee, wherein the communication comprises a personal code associated with the living subject; and
enabling sharing data associated with the selected element only when the personal code is received and verified by the backend computer processing system.
20. The method of claim 1, further comprising receiving a communication from an ingestible device.
21. The method of claim 1, wherein the mobile device further comprises an application stored on the mobile device that is configured to automatically receive the first wireless transmission.

22. The method of claim 1, wherein the dosage ingestion information includes data about the dose of medicine ingested by the living subject and the data is selected from the group consisting of: a first identity of the dose of medicine, a second identity of a manufacturer of the dose of medicine, a unique identity of the marker, and a combination thereof.

23. The method of claim 1, further comprising determining a time when the dosage ingestion information is received, wherein the wireless transmission to the backend computer further includes the time.

24. The method of claim 1, wherein the personal information stream is further based on data stored at a memory of the computer in association with a unique identity of the marker.

25. The method of claim 1, further comprising addressing a third wireless transmission to a second mobile device, the third wireless transmission including the personal information stream.

26. The method of claim 1, further comprising addressing a third wireless transmission to the backend computer processing system, third wireless transmission including subscription information associated with the living subject.

27. A system for managing adherence to a regimen in a subscription based computer implemented healthcare information environment, the system comprising:

a mobile device comprising a processor, a memory coupled to the processor, and a display coupled to the processor, the mobile device configured to:

automatically receive a first wireless transmission including dosage ingestion information detected from a marker embedded within a corresponding dose of medicine ingested by a living subject, wherein the mobile device automatically receives the dosage ingestion information from one or more wireless, wearable receivers coupled to the living subject's body and wherein the mobile device continuously receives the dosage ingestion information as the dose of medicine is ingested by the living subject;

in response to automatically receiving the first wireless transmission, automatically and wirelessly communicate the dosage ingestion information over a wireless network to a computer at a backend computer processing system;

receive from the computer at the backend processing system a personal information stream characterizing behavior of the living subject based at least in part on the received dosage ingestion information over a predetermined period,

display a graphical user interface screen on the display; display within a graphical user interface screen, a plurality of selectable graphical user interface elements, wherein selection of one of the plurality of graphical user interface elements causes the graphical user interface screen to display information associated with the living subject; wherein the plurality of selectable graphical user interface elements comprises at least one graphical user interface element which corresponds to the display of an activity timeline based at least in part on the personal information stream;

receive an input selecting the at least one graphical user interface element;

in response to the input selecting the at least one graphical user interface element, display, within the graphical user interface screen, the activity timeline, wherein the activity timeline comprises an activity ribbon showing the level of activity of the living subject over the predetermined period, and

display the ingestion of the dose within the graphical user interface screen relative to the activity ribbon and the activity timeline; wherein the graphical user interface presents scheduled medication times as one set of icons and actual detected medication ingestion times by another set of icons along the activity timeline such that scheduled versus actual medication times are visually correlated by the graphical user interface screen.

28. A method comprising the steps of:

automatically receiving a first wireless transmission, at a mobile device, the first wireless transmission including dosage ingestion information detected from a marker embedded within a corresponding dose of medicine ingested by a subject, the mobile device comprising a processor, a memory coupled to the processor, and a display coupled to the processor, wherein the mobile device automatically receives the dosage ingestion information from one or more wireless, wearable receivers coupled to the subject's body and wherein the mobile device continuously receives the dosage ingestion information as the dose of medicine is ingested by the subject; in response to automatically receiving the first wireless transmission, automatically addressing a second wireless transmission to a computer, the second wireless transmission including the dosage ingestion information;

receiving, from the computer, a personal information stream characterizing behavior of the subject based at least in part on the dosage ingestion information sent to the computer over a predetermined period;

displaying, on the mobile device, the personal information stream characterizing the level of activity of the subject over a predetermined period of time based on the received information,

displaying a graphical user interface screen on the display; displaying within the graphical user interface screen, a plurality of selectable graphical user interface elements, wherein selection of one of the plurality of graphical user interface elements causes the graphical user interface screen to display information associated with the subject,

wherein the plurality of selectable graphical user interface elements comprises at least one graphical user interface element which corresponds to the display of an activity timeline based on a personal information stream;

receiving an input selecting the at least one graphical user interface element; and

in response to the input selecting the at least one graphical user interface element, displaying, within the graphical user interface screen, the activity timeline,

wherein the activity timeline comprises an activity ribbon showing the level of activity of the subject over the predetermined period, and

displaying the ingestion of the dose within the graphical user interface screen relative to the activity ribbon and the activity timeline;

wherein the graphical user interface screen presents scheduled medication times as one set of icons and actual detected medication ingestion times by another set of icons along the activity timeline such that scheduled versus actual medication times are visually correlated by the graphical user interface screen.