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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

NOVO NORDISK A/S)
)
Opposer,)
)
v.)
)
INNOJECT, INC.,)
)
Applicant.)
)
_____)

Opposition No.: 125,203
Serial No. 78/059,125
Filed: April 18, 2001



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BRIEF FOR OPPOSER

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I. STATEMENT OF THE CASE

Opposer, Novo Nordisk A/S ("Opposer"), filed a Notice of Opposition against the registration of the mark INNOJECT for "medical syringes" in International Class 10. This mark is the subject of Application Serial No. 78/059,125, and was filed as an intent-to-use application on April 18, 2001, by Innoject, Inc. ("Applicant").

As grounds for opposition, Opposer asserts that, prior to the filing date of Applicant's application for INNOJECT, Opposer registered the mark INNOLET for "medical disposable hypodermic syringes" in International Class 10 and the mark INNOVO for "syringes for injecting insulin." Opposer made of record the registrations for INNOLET and INNOVO marks pursuant to a Notice of Reliance under 37 C.F.R. § 2.122(d)(2). The two pleaded registrations are valid and subsisting.

Opposer asserts that Applicant's mark INNOJECT for "medical syringes" so resembles Opposer's previously registered INNOLET and INNOVO marks also for "medical disposable hypodermic syringes" and "syringes for injecting insulin" as to be likely to cause confusion, mistake, or deception under Section 2(d) of the Trademark Act, 15 U.S.C. § 1052(d).

Applicant, in its answer, has denied the salient allegations.

Both Opposer and Applicant served and answered written discovery in this proceeding. The parties also agreed to extensions of time to serve discovery responses and to extend the testimony periods.

On January 6, 2003, prior to the opening of Opposer's testimony period, Opposer filed a motion to extend its testimony period. Opposer requested the extension because, under the timing of the parties' last stipulation, Applicant's discovery responses would not be served until January 13, 2003, during the middle of Opposer's

testimony period. Opposer recognized that it would need additional time to review Applicant's discovery responses and prepare for trial based upon those responses.

On January 23, 2003, during Opposer's testimony period, Applicant filed a brief in response to Opposer's motion to extend and a cross-motion to dismiss under 37 C.F.R. § 2.132. At that time, Opposer believed that the Board would suspend proceedings under 37 C.F.R. § 2.127(d) pending disposition of Applicant's potentially dispositive motion. Although suspension of proceedings is not automatic, Opposer was aware of the Board's practice to consider proceedings suspended as of the filing date of a potentially dispositive motion (in this case as of January 23, 2003).¹ In an abundance of caution, however, and because Opposer's testimony period was soon to close, Opposer made a good faith effort to review Applicant's discovery responses and file two Notices of Reliance all the while preparing Opposer's brief in response to Applicant's motion to dismiss.

On March 23, 2003, after the close of Opposer's testimony period, the Board issued an order suspending proceedings pending disposition of Applicant's motion to dismiss. A month later on April 23, 2003, the Board issued an order denying Applicant's motion to dismiss and denying Opposer's motion to extend the testimony period. The Board's April 23, 2003 order closed Opposer's testimony period and resumed proceedings commencing with Applicant's testimony period. The Board's order made no mention of the suspension of proceedings under 37 C.F.R. § 2.127(d), or the act that

¹ See Electronic Industries Association v. Patrick H. Potega DBA Lifestyle Technologies, 50 USPQ2d 1775, 1780 n. 4 (TTAB 1999) ("Upon filing of a potentially dispositive motion, the Board will suspend proceedings...When such a motion is filed, proceedings are not automatically suspended.... Nonetheless, the Board usually treats the case as if it had been suspended as of the filing date of the motion and the trial schedule will be resumed at the point it had reached when the potentially dispositive motion was filed.). Thus, Opposer reasonably believed that proceedings would be resumed with the number of days remaining in Opposer's testimony period as of the filing date of Applicant's motion.

several days were remaining in Opposer's testimony period as of the filing date of Applicant's motion to dismiss.

On May 5, 2003, Applicant's testimony period opened. However, Applicant did not present any testimony in this case, and thus Opposer did not offer any rebuttal testimony.

II. THE RECORD BEFORE THE BOARD

The record consists of the pleadings, Opposer's Notice of Reliance on its registrations for the marks INNOLET and INNOVO, and Opposer's Notice of Reliance on Applicant's Interrogatory Responses.

A. Opposer's Evidence

1. Notice of Reliance on Registrations

Opposer filed a Notice of Reliance on valid and subsisting registrations for the marks INNOLET and INNOVO. The first of these registrations issued on May 16, 2000, Registration No. 2,349,403, for the mark INNOLET for "medical disposable hypodermic syringes" in International Class 10. Registration No. 2,378,343, for the mark INNOVO for "syringes for injecting insulin" issued on August 22, 2000.² Although both registrations issued under Section 44(e), Opposer has now commenced use of the INNOLET mark in commerce at least as early as May 13, 2002, and use of the INNOVO mark in commerce at least as early as October 8, 2001.

2. Notice of Reliance on Applicant's Interrogatory Responses

Opposer also submits a Notice of Reliance under 37 CFR § 2.120(j)(3)(i) on certain of Applicant's Responses to Opposer's First Set of Interrogatories.

² Opposer may rely upon its pleaded registrations, properly submitted under Notice of Reliance, as its primary evidence to meet its burden of proof by a preponderance of the evidence in a likelihood of confusion case. See Merritt Foods v. Associated Citrus Packers, Inc., 222 USPQ 255, 256 (TTAB 1984).

3. Dictionary Evidence

Opposer also submits copies of dictionary definitions for the words "parenteral" and "insulin" attached as Exhibit A. While evidence submitted with a party's trial brief is ordinarily not considered by the Board, the Board may take judicial notice of dictionary definitions that are relevant to the issue of likelihood of confusion. See University of Notre Dame du Lac v. J.C. Gourmet Food Imports Co., 213 USPQ 594 (TTAB 1982), aff'd, 701 F.2d 1372, 217 USPQ 505 (Fed. Cir. 1983).

B. Applicant's Evidence

Applicant has taken no testimony and has offered no evidence.

III. ISSUE PRESENTED

The only issue before the Board is whether Applicant's INNOJECT mark for "medical syringes," is likely to cause confusion under Section 2(d) with Opposer's previously registered marks INNOLET and INNOVO for "medical disposable hypodermic syringes" and "syringes for injecting insulin," respectively.

IV. ARGUMENT

In an opposition brought on the ground of likelihood of confusion, Opposer must establish: (1) standing to bring and maintain the proceeding, and (2) a valid ground for opposition, namely, priority and likelihood of confusion. See Cunningham v. Laser Golf Corp., 222 F.3d 943, 945, 55 USPQ2d 1842, 1844 (Fed. Cir. 2000).

A. Opposer Has Standing

Section 13(a) of the Trademark Act, 15 U.S.C. §1063(a), provides in relevant part that "any person who believes that he would be damaged by the registration of a mark upon the principal register... may, upon payment of the prescribed fee, file an opposition

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stating the grounds therefor." A plaintiff may show that it has standing to bring a likelihood of confusion opposition under Section 2(d) by alleging and proving at trial that it has a real commercial interest in its own mark, plus a reasonable basis for its belief that it would be damaged by the registration of the mark in question. See Ritchie v. Simpson, 170 F.3d 1090, 50 USPQ2d 1023 (Fed. Cir. 1999), citing Lipton Indus., Inc. v. Ralston Purina Co., 670 F.2d 1024, 1028, 213 USPQ 185, 189 (CCPA 1982); and Selva and Sons, Inc. v. Nina Footwear, Inc., 705 F.2d 1316, 217 USPQ 641 (Fed. Cir. 1983).

Opposer has established standing by submitting a Notice of Reliance on status and title copies of its valid and subsisting registrations for the marks INNOLET and INNOVO both for "medical disposable hypodermic syringes" and "syringes for injecting insulin," respectively. The ownership of these registrations is sufficient to establish Opposer's direct commercial interest and its standing to oppose Applicant's INNOJECT mark for "medical syringes." See Cunningham, 222 F.3d at 945, 55 USPQ2d at 1844.

B. Opposer Has Priority

Opposer has properly made of record by Notice of Reliance, and is entitled to rely upon, the two valid and subsisting registrations for its INNOLET and INNOVO marks. Accordingly, there is no question that Opposer has priority with respect the goods recited in the registrations. See King Candy Company v. Eunice King's Kitchen, Inc., 496 F.2d 1400, 182 USPQ 108 (CCPA 1974); McDonald's Corp. v. McClain, 37 USPQ2d 1274 (TTAB 1995); and Humana Inc. v. Humanomics Inc., 3 USPQ2d 1696 (TTAB 1987).

C. There is a Likelihood of Confusion Between Opposer's INNOLET and INNOVO Marks and Applicant's INNOJECT mark for Identical Goods

A likelihood of confusion determination under Section 2(d) is based on an analysis of all of the probative facts in evidence that are relevant to the thirteen factors set forth in In re E.I. DuPont DeNemours & Co., 476 F.2d 1357, 1361, 177 USPQ 563, 567 (CCPA 1973). The Board need not consider all thirteen DuPont factors in each case. Rather, the Board may consider those factors that are relevant to the case at hand. See In re Dixie Restaurants, Inc., 105 F.3d 1405, 1406, 41 USPQ2d 1531, 1533 (Fed. Cir. 1997); Kimberly-Clark Corp. v. H. Douglas Enterprises, Ltd., 774 F.2d 1144, 1146, 227 USPQ 541, 542 (Fed. Cir. 1985). Moreover, the weight given each factor depends on the particular circumstances of the case. See Dixie Restaurants, 105 F.3d at 1407, 41 USPQ2d at 1553.

The relevant DuPont factors in this case are: (1) the similarity or dissimilarity of the marks in their entireties as to appearance, sound, connotation, and commercial impression; (2) the similarity or dissimilarity and nature of the goods and/or services as described in an application or registrations or in connection with which a prior mark is in use; (3) the similarity or dissimilarity of established, likely-to-continue trade channels; (4) the conditions under which and buyers to whom sales are made, i.e., "impulse" vs. careful, sophisticated purchasing; (6) the number and nature of similar marks in use on similar goods; and (7) the nature and extent of any actual confusion.

Moreover, it has been held that a stricter or higher standard of likelihood of confusion should be applied in the case of pharmaceuticals and medical devices. See McLeod v. Hosmer-Dorrance, Inc., 192 USPQ 683 (N.D. Cal. 1976); see also J. T. McCarthy, McCarthy on Trademarks and Unfair Competition, § 23.32 (4th ed. 2000) and cases cited therein. When the relevant Du Pont factors are considered in relation to

Opposer's marks INNOLET and INNOVO and Applicant's INNOJECT mark, and in view of the higher likelihood of confusion standard, each factor weighs in favor of Opposer.

1. The Marks are Similar in Appearance, Sound, Connotation, and Overall Commercial Impression

Similarity between the marks is determined by comparing the marks in appearance, sound, and connotation. See In re White Swan Ltd., 8 USPQ2d 1534, 1535 (TTAB 1988); In re Lamson Oil Co., 6 USPQ2d 1041 (TTAB 1987). The marks need not be identical for likelihood of confusion to be found. McCarthy, McCarthy on Trademark and Unfair Competition, § 23:20. Moreover, the test is not whether the marks can be distinguished when subjected to a side-by-side comparison. Rather, the test is whether the marks are sufficiently similar in terms of their overall commercial impression. The focus is on the recollection of the average purchaser, who normally retains a general rather than a specific impression of trademarks. See Sealed Air Corp. v. Scott Paper Co., 190 USPQ 106 (TTAB 1975).

a. The Marks are Substantially Similar in Appearance

With respect to the similarities in appearance, Opposer's INNOLET and INNOVO marks and Applicant's INNOJECT mark are substantially similar. Both Opposer's marks and Applicant's mark share the same first four letters "INNO." This Board has observed that it is often the first part of the mark that is most likely to be impressed upon the mind of purchasers and remembered. See Presto Products, Inc. v. Nice-Pak Products, Inc., 9 USPQ2d 1895 (TTAB 1988). Further, both Applicant's INNOJECT mark and Opposer's INNOLET mark share the same end letters "E" and "T." These marks are so similar overall that consumers viewing the marks will not notice the minor differences between them. This is especially true where, as here, the only differences between INNOLET and INNOJECT are two letters buried in the middle of the marks.

More important, as noted above, both the Board and the courts have applied a stricter or higher standard of likelihood of confusion in the case of pharmaceuticals and medical devices. See McLeod, 192 USPQ 683. In those cases, the similarities between the marks need not be as close in order to find a likelihood of confusion. Glenwood Laboratories, Inc. v. American Home Products Corp., 455 F.2d 1384, 173 USPQ 19 (CCPA 1972) (MYOCHOLINE and MYSOLINE for different pharmaceutical preparations found confusingly similar); Clifton v. Plough, Inc., 341 F.2d 934, 144 USPQ 599 (CCPA 1965) (NUMOL and NUJOL for different medicinal products found confusingly similar); see also Borden Co. v. Baxter Lab. Inc., 149 USPQ 304 (TTAB 1966) (confusion found between DERMASE for dermatological preparation and DERMABASE for pharmaceutical ointment). In this case, Applicant's mark INNOJECT is just as similar, and Opposer submits even more similar, to Opposer's marks INNOLET and INNOVO.

b. The Marks Have a Substantially Similar Pronunciation and Cadence

The substantial similarities in the appearance and lettering of the marks naturally results in a similar pronunciation and cadence. As noted above, all of the marks share the same first four letters "INNO," and both INNOJECT and INNOLET contain the same end letters. Thus, the marks present a highly similar stress pattern, with primary accent on the first two syllables (i.e., "INNO"). Also, as noted above, the INNOLET and INNOJECT marks share the same end letters "E" and "T" that results in a similar sound for the end syllables "LET" and "JECT." As a result, these marks have the same overall structure, sound, and cadence rendering them confusingly similar. Calamari Fisheries Inc. v. Village Catch Inc., 698 F. Supp. 994 (D. Mass. 1988) (finding THE DAILY CATCH and THE VILLAGE CATCH confusingly similar based on the sound and

cadence of the marks); Original Honey Baked Ham Company v. Honeysweet Hams, Inc., 656 F. Supp. 92 (N.D. Ga. 1986) ("[C]onfusion is not surprising given the aural similarity of the terms HONEY BAKED HAM and HONEYSWEET HAM. Both terms have the same sound and cadence."); The Wella Corp v. Clairol Inc., 169 USPQ 251, 254 (TTAB 1971) (Despite different meanings, the marks NICE 'N GENTLE and FIRM N' GENTLE "are similar in overall appearance and composition which produces the same cadence and lilt to the marks when spoken.").

Further, it must be remembered that "there is no correct pronunciation of a trademark." In re Belgrade Shoe Co., 411 F.2d 1352, 162 USPQ 227 (CCPA 1969). Thus, any slight differences in the sound of such similar trademarks is simply outweighed by their overall phonetic and visual similarities. Even if perfectly pronounced, the marks are nevertheless extremely similar in terms of sound.

c. The Marks Convey the Same Connotation

Both Opposer's marks and Applicant's mark are coined terms. During discovery, Applicant stated that the meaning of "INNO" as used in Applicant's mark was a truncation of the word "innovative", suggesting the innovated nature of Applicant's product. (Applicant's Response to Opposer's Interrogatory No. 2.) However, because both Opposer's marks and Applicant's mark contain the identical letters "INNO," the connotations are obviously the same. In short, the similarity in connotation, coupled with the substantial similarities in sound and appearance, leaves no question that the marks are highly similar in terms of their overall commercial impression.

2. Opposer's INNOLET and INNOVO Marks are Strong and Distinctive and Entitled to a Broad Scope of Protection

Ownership of a mark on the Principal Register is considered evidence of distinctiveness of the mark. See 37 C.F.R. § 2.41(b). Opposer has made of record

registrations for the marks INNOLET and INNOVO that are valid and subsisting on the Principal Register. Moreover, the INNOLET and INNOVO marks are comprised of a coined term in relation to “medical disposable hypodermic syringes” and “syringes for injecting insulin,” and are therefore strong marks entitled to a broad scope of protection. See In re Opus One, 60 USPQ2d 1812 (TTAB 2001) (an arbitrary, strong mark is entitled to a broad scope of protection). In addition, there is no evidence of third-party use or registrations of similar marks in the medical or medical device field. See Interstate Brands Corp. v. McKee Food Corp., 53 USPQ2d 1910, 1914 (TTAB 2000); Alberto-Culver Co. v. F.D.C. Wholesale Corp., 16 USPQ2d 1597, 1603 (TTAB 1990). Accordingly, the sixth Du Pont factor weighs in Opposer’s favor.

3. The Parties’ Goods are Identical or Closely Related, and the Parties’ Channels of Trade are Identical

The determination of similarity or relationship between the goods and services of the parties must be made on the basis of the goods as identified in the application and the registrations. See In re Continental Graphics Corp., 52 USPQ2d 1374, 1377 (TTAB 1999). It is irrelevant that the parties’ respective goods may be of a particular nature in fact or that the goods are sold in certain trade channels to a certain type of customer if the application and registrations are not restricted as to those factors. See Octocom Systems, Inc. v. Houston Computer Services, Inc., 918 F.2d 937, 943, 16 USPQ2d 1783, 1788 (Fed. Cir. 1990).

Applicant’s INNOJECT application covers “medical syringes” in International Class 10. Opposer’s INNOLET mark is registered for “medical hypodermic syringes” in International Class 10, and its INNOVO mark is registered for “syringes for injecting insulin” in International Class 10. Applicant’s identification of goods is broadly defined and contains no limitations on the nature or type of medical syringe, the potential

applications for the product, the type of medications or pharmaceuticals that may be injected by the syringe, the therapeutic or treatment indications, the channels of trade, or the type of consumers or users.

Accordingly, the Board may conclude, based on Applicant's broad identification of goods, that Opposer's "medical disposable hypodermic syringes" and "syringes for injecting insulin" are encompassed within Applicant's broadly defined "medical syringes." That is, Applicant's "medical syringes" may contain disposable hypodermic syringes and may be used for injecting insulin, like Opposer's medical syringes. See Canadian Imperial Bank of Commerce v. Wells Fargo Bank, 811 F.2d 1490, 1 USPQ2d 1813 (Fed. Cir. 1987); In re Continental Graphics Corporation, 52 USPQ2d at 1374; In re Elbaum, 211 USPQ 639 (TTAB 1981).

Although Applicant may attempt to argue that its "medical syringes" contain an "autoinjector mechanism" or that it is used for injecting "atropine, epinephrine, snake bit anti-venom and similar drugs," the application is not restricted to those factors. (Applicant's Response to Opposer's Interrogatory Nos. 5 and 6.) Moreover, Applicant has acknowledged in response to Opposer's discovery requests that its "medical syringes" contain a hypodermic needle component, like Opposer's INNOLET medical syringe. (Applicant's Response to Opposer's Interrogatory No. 5.)

Further, in response to Opposer's discovery requests, Applicant has not denied that its medical syringes may be used for injecting insulin similar to Opposer's products. In fact, Applicant described the potential applications or uses of Applicant's "medical syringes" as the "administration of parental [sic - 'parenteral' or 'injectable'] drugs that may be reasonably expected to have technical or commercial relevance to

self-injection by automatic means.”³ (Applicant’s Response to Opposer’s Interrogatory No. 4.) Thus, Applicant’s own description is broad enough to include medical syringes for self-injection of insulin similar to Opposer’s products. Indeed, “insulin” is defined as a hormone preparation used “parenterally” in the treatment of diabetes. Stedman’s Medical Dictionary, p. 908 (Attached as Exhibit A).

4. The Class of Purchasers are the Same

Neither the Applicant’s nor the Opposer’s identification of goods are restricted in such a manner to limit the sale of their goods to a particular class of purchaser. It is reasonable to conclude, therefore, that the same individuals and/or entities would make the purchasing decisions concerning both parties’ products. Furthermore, although no specific evidence on this point has been submitted, there is no reason to assume that the overlapping customers for, or users of, Applicant’s and Opposer’s goods would be highly sophisticated or immune from trademark confusion. See Octocom Systems, 918 F.2d at 943, 16 USPQ2d at 1787; In re Total Quality Group Inc., 51 USPQ2d 1474 (TTAB 1999).

5. Actual Confusion is a Neutral Factor Because Applicant Filed an Intent-to-Use Application

The seventh and eighth Du Pont factors relate to actual confusion. Actual confusion is one of the Du Pont factors relevant to a likelihood of confusion analysis. Although neither party has presented any evidence bearing on the issue of actual confusion, Opposer need not demonstrate any actual confusion to prevail. It is likelihood of confusion, and not actual confusion, that is the test. Moreover, Applicant

³ According to Stedman’s Medical Dictionary, p. 1316 (27th ed. 2000), “parenteral” is defined as “by some other means than through the gastrointestinal tract; referring particularly to the introduction of substances into an organism by intravenous, subcutaneous, intramuscular, or intramedullary injection.” (Attached as Exhibit A).

has filed an intent-to-use application, and thus the absence of evidence bearing on this issue is to be expected. See Uncle Ben's Inc. v. Stubenberg International Inc., 47 USQP2d 1310, 1312 (TTAB 1998) (If there is no real opportunity for confusion to take place, the lack of evidence of actual confusion is less significant). Accordingly, the factor relating to actual confusion is, at most, neutral in this case.

6. Applicant Has a Duty to Avoid Confusion

Applicant, as the newcomer, has an affirmative duty to select a mark not likely to cause confusion as to source, sponsorship, or affiliation with any established mark. Steelcase Inc. v. Steelcare Inc., 219 USPQ 433, 437 (TTAB 1983). In this case, Applicant filed an application for registration of the INNOJECT mark well after Opposer's registrations issued for the INNOLET and INNOVO marks.

7. All Doubts Should be Resolved in Favor of Opposer

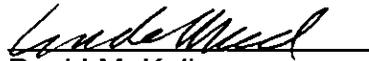
Finally, to the extent that there is any doubt on the issue of likelihood of confusion, it must be resolved in Opposer's favor, as the senior user and prior registrant. See Century 21 Real Estate Corp. v. Century Life of America, 970 F.2d 874, 878 (Fed. Cir. 1992); Kimberly-Clark Corp., 774 F.2d 1144, 227 USPQ 541; In re Shell Oil Co., 992 F.2d 1204, 26 USPQ2d 1687 (Fed. Cir. 1993).

V. CONCLUSION

For the reasons set forth above, Opposer submits that the most relevant likelihood of confusion Du Pont factors weigh in favor of Opposer. Accordingly,

Opposer respectfully requests that the Board sustain the opposition and refuse registration for the mark INNOJECT shown in Application Serial No. 78/059,125.

Respectfully submitted,



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EXHIBIT A

STUDENIK'S

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coronary i., inadequate coronary circulation leading to anginal pain. *SYN* coronarism (1).

divergence i., that condition in which an esophoria or esotropia is more marked for far vision than for near vision.

exocrine pancreatic i., lack of exocrine secretions of pancreas, due to destruction of acini, usually by chronic pancreatitis; lack of digestive enzymes from pancreas results in diarrhea, usually fatty (steatorrhea) because of lack of pancreatic enzymes.

hepatic i., defective functional activity of the liver cells.

latent adrenocortical i., adrenocortical i. not clinically evident but which can become severe if a sudden stress, such as an intercurrent acute illness, develops.

mitral i., *SEE* valvular *regurgitation*.

muscular i., failure of any muscle to contract with its normal force, especially such failure of any of the eye muscles.

myocardial i., *SYN* heart *failure* (1).

parathyroid i., *SYN* hypoparathyroidism (1).

partial adrenocortical i., normal basal adrenocortical function with failure of adrenocortical reserve to respond to ACTH stimulation.

primary adrenocortical i., adrenocortical i. caused by disease, destruction, or surgical removal of the adrenal cortices.

pulmonary i., *SEE* valvular *regurgitation*.

pyloric i., patulousness of the pyloric outlet of the stomach, allowing regurgitation of duodenal contents into the stomach.

renal i., defective function of the kidneys, with accumulation of waste products (particularly nitrogenous) in the blood.

respiratory i., failure to adequately provide oxygen to the cells of the body and to remove excess carbon dioxide from them.

secondary adrenocortical i., adrenocortical i. caused by failure of ACTH secretion resulting from anterior pituitary disease or inhibition of ACTH production resulting from exogenous steroid therapy.

thyroid i., subnormal secretion of hormones by the thyroid gland. *SEE* ALSO hypothyroidism.

tricuspid i., *SEE* valvular *regurgitation*.

uterine i., atony of the uterine musculature.

valvular i., *SYN* valvular *regurgitation*.

velopharyngeal i., anatomical or functional deficiency in the soft palate or superior constrictor muscle of the pharynx, resulting in the inability to achieve velopharyngeal closure.

venous i., inadequate drainage of venous blood from a part, resulting in edema or dermatosis.

in-suf-flate (in-sūf'lāt). To deliver air or gas under pressure to a cavity or chamber of the body as, e.g., the injection of carbon dioxide into the peritoneum to achieve pneumoperitoneum during laparoscopy and laparoscopic surgery. [L. *in-sufflo*, to blow on or into]

in-suf-fla-tion (in-sūf-lā'shūn). 1. The act or process of insufflating. 2. *SYN* *inflation* (1).

perirenal i., an obsolete technique involving injection of air or carbon dioxide about the kidneys for radiography of the adrenal glands.

peritoneal i., the administration of a gas, usually carbon dioxide, within the peritoneal cavity to facilitate laparoscopic procedures.

in-suf-fla-tor (in'sūf-lā-ter). An instrument used in insufflation.

in-su-la, gen. and pl. **in-su-lae** (in'soo-lā, -lē) [TA]. 1 [TA]. An oval region of the cerebral cortex overlying the extreme capsule, lateral to the lenticular nucleus, buried in the depth of the fissura lateralis cerebri (sylvian fissure), separated from the adjacent opercula by the circular sulcus of insula. *SYN* insular area, insular cortex, island of Reil. 2. *SYN* island. 3. Any circumscribed body or patch on the skin. [L. island]

Haller i., a doubling of the thoracic duct for part of its course through the thorax. *SYN* Haller anulus.

in-su-lar (in'soo-lār). Relating to any insula, especially the island of Reil.

in-su-late (in'sū-lāt). To prevent the passage of electric or radiant energy by the interposition of a nonconducting substance. [L. *insulatus*, made like an island]

in-su-la-tion (in su-lā'shūn). 1. The act of insulating. 2. The nonconducting substance so used. 3. The state of being insulated.

in-su-la-tor (in'sū-lā-ter). A nonconducting substance used as insulation.

in-su-lin (in'sū-lin). A polypeptide hormone, secreted by beta cells in the islets of Langerhans, that promotes glucose utilization, protein synthesis, and the formation and storage of neutral lipids available in a variety of preparations including genetically engineered human i., which is presently favored. i. is used parenterally in the treatment of diabetes mellitus. [L. *insula*, island, + -in]

insulin (metabolic effects)

metabolic change	effect	mechanism	main organ
1. glucose transport	+	unknown	muscles, fatty tissue
2. amino acid transport	+	unknown	muscles, fatty tissue
3. potassium transport	+	unknown; sometimes in connection with glucose transport	liver, muscles
4. glucose oxidation	+	increased glucose transport into cells	muscles, fatty tissue
5. glycogen synthesis	+	increased glucose transport into cells; activation of glycogen synthetase through dephosphorylation of the enzyme	muscles, liver
6. fatty acid synthesis	+	as in 4; plus reduction of acyl-CoA, increased acetyl-CoA from glucose resulting from activation of pyruvate dehydrogenase, release of acetyl-CoA-carboxylase	fatty tissue, liver
7. lipid synthesis	+	as in 4; plus production of α-glycerophosphate from glucose	fatty tissue, liver, muscles
8. protein synthesis	+	activation of ribosomes (translation of messenger RNA)	muscles, fibroblasts
9. lipolysis	-	antagonistic to lipolytic hormones; inhibition of adenylate cyclase	fatty tissue, liver
10. ketogenesis	-	inhibition of fatty acid production through antilipolysis (see 9)	liver
11. gluconeogenesis and glycogenolysis	-	inhibition of glucagon-stimulated glucose release; inhibition of adenylate cyclase	liver
12. proteolysis	-	unknown; inhibition of urea production in the liver, through reduced production of amino acids	liver, muscle

biphasic i., the specific antidiabetic principle of the pancreas of the ox in a solution of that from the pancreas of the pig.

globin i., *SYN* *regulin* (1).

globin zinc i., a sterile solution of i. modified by the addition of zinc chloride and globin; it contains 100 units per ml; duration of action is about 18 hours.

human i., a protein that has the normal structure of i. produced by the human pancreas, prepared by recombinant DNA techniques and by semisynthetic processes.

immunoreactive i., that portion of i. in blood measured by immu-

(phylum Porifera), considered by many zoologists to be intermediate between the subkingdoms Protozoa and Metazoa.

par-a-zo-on (par'a zo'on) 1. An animal parasite. 2. A member of the subkingdom Parazon. [para- + G. *zoon*, animal]

parch-ment crack-ling (parch'ment Krak'ling) The sensation as of the crackling of stiff paper or parchment, noted on palpation of the skull in cases of craniotabes.

Paré, Ambroise, French surgeon, 1510-1590. SEE *P. suture*.

par-e-gor-ic (par'e por'ik). Camphorated opium tincture, an antiperistaltic agent containing powdered opium, anise oil, benzoic acid, camphor, glycerin, and diluted alcohol. [G. *paregorikos*, soothing]

pa-rei-ra (pa ra' ra). *Patena brava*, the root of *Chondodendron tomentosum* and other species of *Chondodendron* (family Menispermaceae), a vine of tropical America; one of the chief sources of D-tubocurarine; it has diuretic and urinary antiseptic properties. [Pp. *parreira*, vine trained against a wall]

par-e-lec-tro-nom-ic (par'e lek to nom'ik). Not subject to the laws of electricity, i.e., not excited by an electric stimulus. [para- + G. *elektron*, amber (electricity), + *nomos*, law]

par-en-ce-ph-a-lia (par'en se'fa le'a). Congenital defect of brain. [para- + G. *enkephalos*, brain]

par-en-ceph-a-li-tis (par'en set'a li'tis). Inflammation of the cerebellum. [parencephalon + G. *itis*, inflammation]

par-en-ceph-a-lo-cele (par'en set'a lo set). Protrusion of the cerebellum through a defect in the cranium. [parencephalon + G. *cele*, hernia]

par-en-ceph-a-lous (par'en set'a lus). Relating to parencephalia.

pa-ren-chy-ma (pa reng'ki-mā) [TA]. 1. The distinguishing or specific cells of a gland or organ, contained in and supported by the connective tissue framework, or stroma. 2. The endoplasm of a protozoan cell. [G. anything poured in beside, fr. *parencheo*, to pour in beside]

p. glandulae thyroideae [TA]. SYN

p. prostatae [TA]. SYN

p. of prostate [TA], the basic cellular tissue (substance) composing the prostate. SYN **p. prostatae** [TA].

p. testis [TA]. SYN

p. of testis [TA], the basic cellular tissue substance composing the testis, consisting of the seminiferous tubules and interstitial cells (Leydig and Sertoli cells) located within the lobules. SYN **p. testis** [TA].

p. of thyroid gland [TA], the basic cellular tissue (substance) composing the thyroid gland, organized as follicles. SYN **p. glandulae thyroideae** [TA].

pa-ren-chy-mal (pā-reng'ki-māl). SYN

pa-ren-chy-ma-ti-tis (pā-reng'ki-mā-ti'tis). Inflammation of the parenchyma or differentiated substance of a gland or organ.

par-en-chym-a-tous (par'eng-kim'ā-tūs). Relating to the parenchyma. SYN parenchymal.

par-ent (par'ent). 1. An individual who has produced at least one offspring through sexual reproduction. 2. Any source or basis, as for the elaboration of a substance. [L. *parens*, fr. *pario*, to bring forth]

par-en-ter-al (pā-ren'ter-āl). By some other means than through the gastrointestinal tract; referring particularly to the introduction of substances into an organism by intravenous, subcutaneous, intramuscular, or intramedullary injection. [para- + G. *enteron*, intestine]

Parenti, Gian Carlo, Italian physician. SEE Parenti-Fraccaro syndrome.

par-ep-i-cele (par-ep'i-sēl). The lateral recess of the fourth ventricle of the brain. [para- + G. *epi*, upon, + *kollia*, a hollow]

par-ep-i-did-y-mis (par'ep'i-did'i-mis). SYN

par-ep-i-thy-mia (par'ep-i-thi'mē-ā). An older term for a morbid longing; an abnormal desire or craving. [para- + G. *epithymia*, desire]

par-e-re-thi-sis (par-ē-rēth'i-sis). An older term for abnormal or morbid excitement. [para- + G. *erethizō*, to excite]

pa-re-sis (pa re'sis, pa'e sis). Partial or incomplete paralysis or a letting go, slackening, paralysis. fr. *paritemi*, to let go]

divergence p., an esodeviation of the eyes that is greater in distance than near, which may be a sign of central nervous system disease or a mild bilateral 6th nerve palsy.

general p., SYN

par-es-the-sia (par'es the'ze a). An abnormal sensation, such as burning, pricking, tickling, or tingling. SYN **paresthesia**. [para- + G. *asthesis*, sensation]

par-es-thet-ic (par'es the'tik). Relating to or marked by paresthesia; denoting numbness and tingling in an extremity that usually occurs on the resumption of the blood flow to a nerve following temporary pressure or mild injury.

pa-ret-ic (pa ret'ik). Relating to or suffering from paresis.

pa-ret-ia (par u'ne a). SYN **paretic** [G. *pareticus*, lying beside, fr. *para*, beside, + *cauo*, a bed]

par-gy-line hydro-chlo-ride (par'ji len). A nonhydrazine guanidine oxidase inhibitor, used as an antihypertensive agent.

par-i-dro-sis (par'i dro'sis). Any derangement of perspiration. SYN **parahidrosis**. [para- + G. *hidrosis*, sweating]

par-ies, gen. **pa-ri-e-tis**, pl. **pa-ri-e-tes** (par'i ez, pā'rī-ēz; p'e tez) [TA]. SYN **parietal** [L. wall]

p. ante'rior gas'tris [TA]. SYN

p. ante'rior vagi'nae [TA]. SYN

p. caro'ticus ca'vi tym'pani [TA]. SYN

p. exter'nus duc'tus cochlea'ris [TA]. SYN

p. infe'rior or'bitae [TA]. SYN

p. jugula'ris ca'vi tym'pani [TA]. SYN

p. labyri'nthicus ca'vi tym'pani [TA]. SYN

p. latera'lis or'bitae [TA]. SYN

p. mastoi'deus ca'vi tym'pani [TA]. SYN

p. media'lis or'bitae [TA]. SYN

p. membra'naceus ca'vi tym'pani [TA]. SYN

p. membra'naceus tra'cheae [TA]. SYN

p. poste'rior gas'tris [TA]. SYN

p. poste'rior vagi'nae [TA]. SYN

p. supe'rior or'bitae [TA]. SYN

p. tegmenta'lis ca'vi tym'pani [TA]. SYN

p. tympan'icus duc'tus cochlea'ris [TA]. SYN

p. vestibula'ris duc'tus cochlea'ris [TA]. SYN

pa-ri-e-tal (pā-rī'ē-tāl). 1. Relating to the wall of any cavity. SYN **parietal**. 3. SYN **parietal**. 4. Relating to the parietal bone.

pa-ri-e-tes (pā-rī'ē-tēz). Plural of **paries**. [L.]

parieto-. A wall (of the body, e.g., the abdominal wall); a parietal bone. [L. *paries*, wall]

pa-ri-e-to-fron-tal (pa-rī'ē-tō-fron'tāl). Relating to the parietal and the frontal bones or the parts of the cerebral cortex corresponding thereto.

pa-ri-e-tog-ra-phy (pa-rī'ē-tog'rā-fē). Rarely used term for radiographic examination of the wall of the stomach in a combination of pneumoperitoneum and intraluminal air and contrast. [parieto- + G. *graphē*, a writing]

pa-ri-e-to-mas-toid (pā-rī'ē-to-mas'toyd). Relating to the parietal bone and the mastoid portion of the temporal bone.

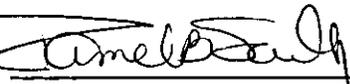
pa-ri-e-to-oc-cip-i-tal (pā-rī'ē-tō-ok-sip'i-tāl). Relating to the parietal and occipital bones or to the parts of the cerebral cortex corresponding thereto.

pa-ri-e-to-sphe-noid (pā-rī'ē-tō-sfē'noyd). Relating to the parietal and the sphenoid bones.

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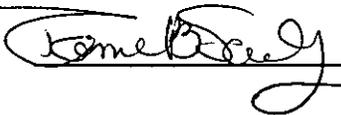
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