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

Proceeding	92054171
Party	Plaintiff Valeritas, Inc.
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Submission	Motion for Summary Judgment
Filer's Name	Thomas F. Dunn
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Signature	/Thomas F. Dunn/
Date	11/08/2014
Attachments	Motion for Summary Judgment.pdf(237019 bytes) Exhibit A - H (M0702550).PDF(2861906 bytes) Exhibit I 1 (M0702551).PDF(5851707 bytes) Exhibit I 2.pdf(5730833 bytes) Exhibit J to L.pdf(323288 bytes)

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

Valeritas, Inc.,	In the matter of:	U.S. Reg. No. 3,895,432
Petitioner,	For the Mark:	VGO
v.	Filing Date:	March 2, 2010
VGo Communications, Inc.	Registration Date:	December 21, 2010
Respondent.	Cancellation No.:	92054171

PETITIONER'S MOTION FOR SUMMARY JUDGMENT

Currently both the mark owned by Valeritas, Inc. ("Valeritas" or "Petitioner") and the mark owned by VGo Communications, Inc. ("VCI" or Respondent") are being used in connection with the care and management of patients having diabetes.

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Accordingly, Petitioner hereby moves pursuant to Fed. R. Civ. P. 56 and 37 C.F.R. § 2.127(e) for entry of summary judgment in its favor that Respondent's VGO mark in U.S. Reg. No. 3,895,432 ("VCI's VGO Mark") be cancelled on the grounds that VCI's VGO Mark is likely to cause confusion, mistake, and/or falsely suggest to the public that there is an association between Petitioner and Respondent because: (i) the literal element of VCI's VGO Mark is identical to the

literal element of Petitioner's V-GO mark; (ii) VCI's VGO design mark (which is displayed on the specimen of use submitted by Respondent) is virtually identical to Petitioner's V-GO design mark; (iii) the goods are complementary and thereby closely related; (iv) Petitioner has prior rights to the VGO mark; (v) the channels of trade should be given less importance because the marks are identical; (vi) competition is not required to establish likelihood of confusion; and (viii) Petitioner will be damaged by the continued registration of VCI's VGO Mark. Pursuant to 37 C.F.R. § 2.127(d), Petitioner requests that the Trademark Trial and Appeal Board (the "Board") suspend the above-captioned Cancellation proceeding (the "Cancellation") pending a decision on this Motion for Summary Judgment, and, in the event that summary judgment is denied, that the Cancellation proceeding dates be reset.[1]

I. SUMMARY JUDGMENT STANDARD

Parties may resolve legal disputes through summary judgment where there is no genuine issue of material fact and more evidence than already available would not change the result in the case. *Pure Gold, Inc. v. Syntex (U.S.A.), Inc*., 221 U.S.P.Q. 151, 154 (T.T.A.B. 1983), aff'd, 739, F.2d 624 (Fed. Cir. 1984) (granting summary judgment on the issue of likelihood of confusion where evidence which might be provided at trial would not change result given the differences in the goods of the parties). "The [Board] shall grant summary judgment if the movant shows that there is no genuine dispute as to any material fact and the movant is entitled to judgment as a matter of law." Fed. R. Civ. P. 56(a). In reviewing a summary judgment motion, the Board may consider requests for admission and requests for production and their responses if they are provided with the moving party's brief. 37 C.F.R. § 2.127(e)(2).

[1] Petitioner has pending at this time a Motion to Compel on which the Board has not yet ruled. Plaintiff is filing this Motion for Summary Judgment for consideration in the event the Board declines to grant Petitioner's Motion to Compel because the date hereof is the final date on which Petitioner may file a Motion for Summary Judgment.2

Here, there is no genuine dispute of material facts. Petitioner is the owner of the V-GO mark, in both standard characters and as a design mark, for use in connection with "[m]edical apparatus, namely, infusion and injection devices for administering drugs" in the healthcare industry, specifically in the field of diabetes care and management. Respondent applied to and successfully registered the VGO mark for "robotic video and audio communication hardware; computer software for use in connection with audio and video communication systems." Respondent uses a design mark, as depicted in its specimen of use, in connection with its telepresence robot. Respondent's product, a telepresence (or telemedicine) robot, is used in the healthcare industry, including the field of diabetes care and management. Because the standard character marks are identical and the design marks are substantially similar, and because the marks are being used in the healthcare industry, which includes the field of diabetes, confusion is likely. Thus, Petitioner is entitled to judgment on this issue as a matter of law.

II. STATEMENT OF FACTS

A. Petitioner Owns Registrations for the V-GO Mark

Petitioner is the owner of the V-GO (standard character) mark in U.S. Reg. No. 4,125,819, ("Petitioner's V-GO Mark") and the V-GO DISPOSABLE INSULIN DELIVERY SYSTEM (& Design) mark in U.S. Reg. No. 4,105,936 ("Petitioner's V-GO Design Mark") (collectively, "Petitioner's Marks") for use in connection with "[m]edical apparatus, namely, infusion and injection devices for administering drugs." (Exhibit A).

B. Respondent Owns a Registration for the VGO Mark

Respondent is the owner VCI's VGO Mark, which is the subject of this proceeding (Exhibit B).

C. *Respondent Owns VCI's VGO Design Mark*

Respondent's registration is for the VGO mark in standard characters but Respondent uses a design mark in commerce. Specifically, as depicted in the specimen of use filed with its application (Exhibit C), Respondent uses the design mark below ("VCI's VGO Design Mark"):

It is appropriate for the Board to consider the specimen of record as evidence of how a mark is actually being used in commerce when evaluating competing marks for likelihood of confusion purposes. As Professor McCarthy explains, "[a]s to format, if applicant's mark is shown in the application in typed letters, it is appropriate to compare the actual specimen of applicant's use with opposer's format usage." J. Thomas McCarthy, 3 *McCarthy on Trademarks and Unfair Competition* § 20:15. The courts have followed this rule for at least 40 years. In *Phillips Petroleum Company v. C.J. Webb, Inc.* 170 U.S.P.Q. 35 (C.C.P.A. 1971), Phillips opposed applicant's CRC MARINE FORMULA 6-66 mark based on an alleged likelihood of confusion with Phillips' 66 mark. Although applicant's mark in standard characters was significantly different than opposer's mark, the Federal Circuit's predecessor court examined the specimens of use submitted with the application. The court noted that because the application was submitted in standard characters, the "application is not limited to the mark depicted in any special form. In trying to visualize what other forms the mark might appear in, we are aided by the specimens submitted with Webb's application as illustrating the 'mark as actually used.' " *Id.* At 36. It was clear from "the specimen included with the application papers in the record," *id*., that the "66" portion of applicant's mark was more prominent that the other portions of the mark. As a result,

the court found a likelihood of confusion and reversed the TTAB's decision dismissing the opposition.

Moreover, the Federal Circuit has recently reinforced the validity of the *Phillips* case. *See Citigroup Inc. v. Capital City Bank Group, Inc.,* 98 U.S.P.Q.2d 1253, 1259 (Fed. Cir. 2011) ("As explained in *Phillips,* illustrations of the mark as actually used may assist the T.T.A.B. in visualizing other forms in which the mark might appear.")

Similar to the *Phillips'* case, it is appropriate for the TTAB to consider how Respondent actually uses the mark in commerce based on the specimen included with the application papers in the record.

D. Petitioner uses its V-GO Mark and its VGO Design Mark in the healthcare industry

Petitioner's product is an insulin delivery device. As it is well known, insulin devices are used in the healthcare industry, specifically in the field of diabetes care and management. Petitioner has been using both its standard character mark and its design mark in connection with its insulin delivery device.

E. Respondent uses both the VCI VGO Mark and the VCI VGO Design Mark in the healthcare industry, including in the field of diabetes care and management

While Respondent registered its VGO mark for use in connection with an audio and video telecommunications device without specifying an industry, it is undisputed that Respondent is using the mark in the healthcare industry, including in the field of diabetes care and management.

Respondent advertises its product as "A Groundbreaking Telemedicine Solution" (Exhibit D). The article, *Amana Healthcare to connect patient with Vgo robots*, (Exhibit E)

states "[t]he telepresence robots will allow patients, family members or health professionals to drive the robot and interact through the build in video and audio." Another article, *Rady Children's Announces VGo Deployment in Telemedicine Program*, states "[d]octors at Rady Children's Hospital today introduced the deployment of a fleet of Vgo telemedicine robots, allowing physicians to evaluate patients quickly and from anywhere… [d]octors are now able to interact and perform their jobs in ways not previously possible" (Exhibit F).

In fact, Respondent admits that the healthcare industry is at least one third of its market. In the deposition of Thomas Ryden under Rule 30(b), Mr. Ryden indicates that the healthcare industry is a third of its market:

> Q: What percentage of VCI's market consists of healthcare?
> A: I would say a third. I think it's almost a third between those three major market groups.

(Exhibit G, pp 45 – 48.) In Respondent's white paper, *Extending the Reach of Care*, it advertises that the "Vgo robotic telepresence can make a profound impact" and then it describes how Respondent's product can be used in the healthcare industry, i.e., for second opinions, medical training, and in-home post-op care (Exhibit H). In fact, Respondent's website makes numerous references to Respondent's product's uses in the healthcare industry. (Exhibit I). Also, Respondent's products are advertised in healthcare magazines. For example, the VGO telepresence robot was featured in Modern Healthcare (Exhibit J)

More importantly, Respondent promotes its product for use the same field in which Petitioner promotes its product – the field of diabetes care and management. Respondent and PositiveID Corporation, a diabetes management company, conducted a joint product demonstration in May of 2012 at the American Telemedicine Association Conference (Exhibit

K). The purpose of the joint product demonstration was to demonstrate "PositiveID's iglucose wireless communication device for diabetes management operates in conjunction with Vgo's robotic telepresence to show the ability of wireless technology to transform healthcare through mobile interaction between patients and healthcare providers" (Exhibit L).

III. ARGUMENT

In *In re E.I. DuPont DeNemours & Co.*, 476 F.2d 1357, 1361 (C.C.P.A. 1973) the predecessor of the Federal Circuit set forth a multi-factor test for determining likelihood of confusion. These factors include: (i) "the similarity or dissimilarity of the marks in their entireties as to the appearance, sound, connotation and commercial impression," and (ii) "the similarity or dissimilarity and nature of the goods or services as described in an application or registration or in connection with which a prior mark is in use."

A. VCI's VGO Mark is identical to Petitioner's V-GO Mark

Petitioner's registration for its mark in standard characters is for the distinctive term "V-GO" whereas Respondent's registration is for the mark "VGO." The only different between the two marks is use of a hyphen. Since a hyphen is a character that does not significantly alter the mark, the marks are virtually identical.

Because the mark is distinctive and the marks are virtually identical, consumer confusion is highly likely. Accordingly, the Board must determine that Respondent's VGO Mark is confusingly similar to Petitioner's V-GO Mark.

B. VCI's VGO Design Mark is substantially similar to Petitioner's V-GO Mark

VCI's VGO Design Mark is substantially similar to Petitioner's V-GO Design Mark. As you can see below, both marks consists of a large capital letter "V" followed by the word "GO" in smaller capital letters. The fonts are similar, and in both the marks, the fonts are slanted towards the right. In addition, both marks contain a horizontal lime green element with a spherical shape on the right-hand side, which suggests movement from left to right.

In summation, the overall appearance, sound, connotation, and commercial impression of VCI's VGO Mark is virtually identical to Petitioner's V-GO Mark and VCI's VGO Design Mark is substantially similar to Petitioner's V-GO Design Mark.

C. The goods are closely related

When marks are very similar or identical, less similarity of the goods is required for a finding that confusion is likely. McCarthy §23.20.50. As Professor McCarthy explains, "it is 'only necessary that there be a viable relationship between the goods or services in order to support a holding of likelihood of confusion.'" Citing *In re Concordia International Forwarding Corp.* 222 U.S.P.Q. 335, 1983 WL 51828 (T.T.A.B. 1983).

In fact, the degree of similarity of the goods can be larger if the marks are identical. McCarthy §23.20.50, *citing Kohler Co. v. Baldwin Hardware Corporation,* 82 U.S.P.Q.2d U.S.P.Q.2d 1100, 2007 WL 117575 (T.T.A.B. 2007) (likelihood of confusion found when identical marks used on senior user's plumping fixtures and junior user's door hardware).

Here, because the standard character marks are identical and the design marks are substantially similar, less similarity of the goods is required. The goods are closely related because both Respondent's and Petitioner's goods are devices that are used in healthcare and patient management. Petitioner's product is an insulin delivery device, which is sold and marketed in the healthcare industry. Respondent's product may be used in the care and management of diabetes, as it demonstrated jointly with PositiveID Corporation.

> **PositiveID Corporation and VGo Communications to Host Joint Demonstration of Wireless Health Solutions at American Telemedicine Association Conference**
>
> **Robotic Telepresence and Mobile Health Monitoring Services Offer Innovative Care Options to Healthcare Provider**s
>
> TAMPA, Fla., May 2, 2011 (GLOBE NEWSWIRE) -- PositiveID Corporation ("PositiveID") (Nasdaq:PSID), a leader in next- generation patient monitoring and diagnostics, and VGo Communications, Inc. ("VGo"), the leading provider of robotic telepresence solutions, announced today that the companies will host a joint demonstration of their innovative wireless health solutions working together at the American Telemedicine Association Annual International Meeting and Exhibition 2011 in Tampa, Florida. The companies will demonstrate PositiveID's iglucoseTM wireless communication device for diabetes management operating in conjunction with VGo's robotic telepresence to show the ability of wireless technology to transform healthcare through mobile interaction between patients and healthcare providers**.**
>
> **Demonstration Detail**s
>
> Demos will take place twice daily on May 2 and 3 at 12:30 pm ET and 2:30 pm ET in PositiveID's booth (#1340).
>
> The live demonstration will show a student using iglucose in a hypothetical classroom environment. Once the student checks her blood glucose readings, a text message will be sent via iglucose to the "remote school nurse" (in Boston). The student's low blood sugar reading will prompt the nurse, using a VGo, to check on the student in Tampa. The VGo will travel from its booth (#1040) to booth #1340, all under the control of the nurse in Boston. The nurse will then have a short face-to-face conversation with the student and advise the student of actions to take to stabilize her blood sugar**.**
>
> (Exhibit L)

Respondent's promotion of its product for use of its VGO product in the healthcare industry, including in the same field in which Petitioner uses its VGO mark – the field of diabetes care and management –is likely to cause confusion, or to cause mistake, or to deceive.

D. Petitioner's Rights to the VGO mark are Senior to Respondent's Rights

Petitioner's rights to the VGO mark are senior to Respondent's purported rights to the VGO mark. Petitioner filed applications for Petitioner's V-GO Design Mark and Petitioner's V-GO Mark on June 4, 2009, which subsequently registered on February 28, 2012 and April 10, 2012, respectively. Respondent filed an application for the VGO (standard characters) mark on March 2, 2010, which subsequently registered on December 21, 2010. Petitioner's constructive use date is June 4, 2009, Petitioner's rights are senior to Respondent's purported rights.

E. Channels of trade should be given less importance because the marks are identical

When marks are identical, channels of trade should be given less weight in a likelihood of confusion analysis because it is not conclusive and does not "form a proper basis for finding lack of likelihood of confusion or mistake when the identical trademarks are used on the respective goods of the parties." McCarthy §24:53; citing *J. C. Hall Co. v. Hallmark Cards, Inc.*, 340 F.2d 960, 144 U.S.P.Q. 435 (C.C.P.A. 1965), quoted in *TAC Technical Instrument Corp. v. Fischer & Porter Co*., 433 F.2d 827, 167 U.S.P.Q. 635 (C.C.P.A. 1970) (emphasis added). Accord *Glamorene Products Corp. v. Procter & Gamble Co.,* 538 F.2d 894, 190 U.S.P.Q. 543 (C.C.P.A. 1976) (where applicant does not specify channel of sales, present differences between the parties is not controlling); *Wella Corp. v. California Concept Corp*., 558 F.2d 1019, 194 U.S.P.Q. 419 (C.C.P.A. 1977) (reversing Board holding that the parties were "locked into" separate trade

channels: no proof of impossibility of use of common trade channels); *San Fernando Electric Mfg. Co. v. JFD Electronics Components Corp*., 565 F.2d 683, 196 U.S.P.Q. 1 (C.C.P.A. 1977) (a registrant's rights "are not to be tied into its current business practices, which may change at any time").

Therefore, even if Petitioner's and Respondent's goods are not sold in the same channels of trade, because the standard character marks are identical and the design marks are substantially similar, the channels of trade should be given little weight here.

F. Competition is not required to establish likelihood of confusion

While arguably Respondent and Petitioner are not competitors, competition is not necessary for confusion to occur. The real test for trademark infringement is likelihood of confusion, not competition. McCarthy § 24.13, citing *Continental Motors Corp. v. Continental Aviation Corp.,* 375 F.2d 857, 153 U.S.P.Q. 313 (5th Cir. 1967); *Safeway Stores, Inc. v. Safeway Properties, Inc.,* 307 F.2d 495, 134 U.S.P.Q. 467 (2d Cir. 1962).

Therefore, because the standard character marks are identical and the design marks are substantially similar, whether or not the Respondent and Petitioner are competitors is irrelevant to determine that confusion is likely.

G. Petitioner will be damaged by the continued registration of VCI's VGOMark

The continued existence of the registration is likely to cause harm and damage to Petitioner in that it falsely represents to the public that VCI has rights in and to the VGO mark inconsistent with those of Petitioner who has prior rights, and that there is a false presumption of rights to the registration which are inconsistent with Petitioner's superior rights. In addition, the registration falsely suggests to the public that, by virtue of the registration, there is an association

between Petitioner and Respondent with respect to the VGO mark or that Respondent's goods are in some manner associated with Petitioner and its registered mark.

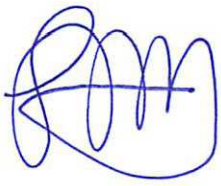
IV. CONCLUSION

There is no genuine dispute of material facts in this case. Respondent registered and is using a mark that is identical to Petitioner's mark in literal form, and virtually identical to Petitioner's mark in design form. Petitioner rights in the VGO mark are senior to Respondent's purported rights in the VGO mark. Moreover, the marks are used on goods that are closely related insofar as they are complementary, i.e., both are used in the field of diabetes care and management.

Given that there is no genuine dispute as to the facts of this case, and given that confusion is likely, Petitioner respectfully requests the Board grant this Motion for Summary Judgment and order that U.S. Reg. No. 3,895,432 be cancelled.

November 8, 2014 Respectfully Submitted,

VALERITAS, INC.



By: _____

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CERTIFICATE OF SERVICE

I, Tracy D. Skahan, certify that a copy of the foregoing PETITIONER'S MOTION FOR SUMMARY JUDGEMENT was served on:

Michael J. Bevilacqua, Esq.
Barbara A. Barakat, Esq.
Wilmer Cutler Pickering Hale & Dorr LLP
60 State Street
Boston, Massachusetts 02109

by placing same with the U.S. Postal Service, via first class mail, postage pre-paid, this 8th day of November, 2014.

_____
Tracy D. Skahan

EXHIBIT A

United States of America
United States Patent and Trademark Office

V-GO

Reg. No. 4,125,819

Registered Apr. 10, 2012

Int. Cl.: 10

TRADEMARK

PRINCIPAL REGISTER

VALERITAS, INC. (DELAWARE CORPORATION)
SUITE 100
750 ROUTE 202 SOUTH
BRIDGEWATER, NJ 08807

FOR: MEDICAL APPARATUS, NAMELY, INFUSION AND INJECTION DEVICES FOR ADMINISTERING DRUGS, IN CLASS 10 (U.S. CLS. 26, 39 AND 44).

FIRST USE 1-3-2012; IN COMMERCE 1-3-2012.

THE MARK CONSISTS OF STANDARD CHARACTERS WITHOUT CLAIM TO ANY PARTICULAR FONT, STYLE, SIZE, OR COLOR.

SN 77-752,694, FILED 6-4-2009.

ELLEN B. AWRICH, EXAMINING ATTORNEY

David J. Kappos

Director of the United States Patent and Trademark Office

EXHIBIT B

United States of America

United States Patent and Trademark Office

Reg. No. 4,105,936

Registered Feb. 28, 2012

Int. Cl.: 10

TRADEMARK

PRINCIPAL REGISTER

VALERITAS, INC. (DELAWARE CORPORATION)
SUITE 100
750 ROUTE 202 SOUTH
BRIDGEWATER, NJ 08807

FOR: MEDICAL APPARATUS, NAMELY, INFUSION AND INJECTION DEVICES FOR ADMINISTERING DRUGS, IN CLASS 10 (U.S. CLS. 26, 39 AND 44).

FIRST USE 1-3-2012; IN COMMERCE 1-3-2012.

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE "DISPOSABLE INSULIN DELIVERY", APART FROM THE MARK AS SHOWN.

THE COLOR(S) DARK GREEN, MEDIUM GREEN, LIGHT GREEN, LIME GREEN, AND WHITE IS/ARE CLAIMED AS A FEATURE OF THE MARK.

THE MARK CONSISTS OF THE MARK "V-GO" WITH THE "V" IN DARK GREEN. THE HYPHEN, WHICH CROSSES THE WORD "GO" HORIZONTALLY APPROXIMATELY WHERE THE "G"'S CROSS BAR WOULD BEGIN AND ENDS INSIDE THE CENTER OF THE LETTER "O", IS A GENERALLY OVAL SHAPE WITH DARK GREEN ON THE LEFT, FADING TOWARD THE RIGHT INTO MEDIUM GREEN AND THEN LIGHT GREEN. THE GENERALLY OVAL SHAPE ENDS WITH A CIRCLE IN LIGHT GREEN, WITH A SHADED CIRCLE WITHIN THE LARGER CIRCLE. THE INNER SHADED CIRCLE IS DARK GREEN, FADING INWARD TO LIGHT GREEN, AND THEN FADING INWARD TO WHITE. THE HYPHEN IS A STYLIZED DESIGN INTENDED TO REPRESENT A FINGER PRICK USED TO DRAWING BLOOD FOR TESTING. THE "GO" COMPONENT OF THE WORDING APPEARS IN LIME GREEN. THE WORDS "DISPOSABLE INSULIN DELIVERY" ARE IN DARK GREEN BENEATH THE "GO" COMPONENT. THE WHITE INSIDE THE INNER SHADED CIRCLE ON THE HYPHEN IS A PART OF THE MARK. THE REST OF THE WHITE IS NOT PART OF THE MARK AND REPRESENTS BACKGROUND AREA.

SN 77-752,697, FILED 6-4-2009.

ELLEN B. AWRICH, EXAMINING ATTORNEY

David J. Kappos

Director of the United States Patent and Trademark Office

EXHIBIT C


VGO
Menu
Contacts
Events
Goodies
Settings
Dock
Swap View
Help


VGO
ONLINE
Menu
Hi!

EXHIBIT D

HEALTHCARE APPLICATIONS

Remote Expert
In today's healthcare environments, skills in every area are in short supply. VGo enables the wider distribution of precious skills and expertise. Conduct rounds, monitor patients, pop in when on call, consult with other care-givers, and increase patient face time. Use VGo to increase expert availability by being anywhere even when ***you can't go there***.

Readmission Reductions
With new regulation which penalize institutions for high readmission rates, VGo is being used to monitor patients after discharge – in the skilled nursing facility, rehab center, or home – all while increasing patient satisfaction.

Eldercare
VGo is being used in assisted living communities, long-term rehabilitation facilities, and nursing homes to offer more convenience to patients by allowing better communication with healthcare providers.

Staff Training
VGo is an ideal way to increase the productivity of trainers who have responsibilities beyond a single facility. Instead of a single two hour training session bounded by travel times in a day, a trainer can now easily conduct four training sessions in a day - conducted from anywhere.

Distant Family Members
Visiting family members and friends is an important part of a patient's recovery or elder's aging process. VGo can provide flexible access to remote visitors in maternity wards, post-op patient rooms and assisted living facilities.

Translation Delivery
Many healthcare providers are required to provide translation services for patients whose primary language is something other than English. VGo can increase the availability of translators and give them the freedom to position themselves appropriately with the patient.

Introducing *VGo*®

A Groundbreaking Telemedicine Solution

Secure, Simple, Affordable

- Lower costs and increase productivity by reducing the travel of limited clinical resources
- Increase service levels without high cost capital expenditures
- Raise patient satisfaction by providing a higher level of clinician contact and access to other visitors who may not be local
- Enhance patient recovery by increasing availability of appropriate healthcare personnel functionality and information exchange
- Reduce training logistics by providing flexibility in location of training experts
- Save time, see patients in their own environment, and improve patient-clinician interaction

VGo gives the healthcare provider or family member the ability to not only "be" in a distant location, but also to "move around" in that location. VGo improves healthcare by enabling healthcare providers to deliver companion care and comprehensive monitoring at much lower costs and to extend and improve family member contacts and visits. VGo is not designed as a replacement for in-person interaction but rather as the next best alternative to "being" in the clinic, hospital, rehab center, assisted living facility, skilled nursing facility, or private residence. VGo also eliminates the deficiencies associated with other video solutions that are locked to a TV or computer monitor by providing 100% remote controlled mobility.

The solution does not require any special actions on the part of people in the location of the VGo; people interact just as if the remote VGo-user were there in the flesh.

When you can't be there,

VGo there!

"Physicians like me are constantly being asked to be more efficient with our time and money. [VGo] is a technology that allows us to be very cautious, efficient, and innovative at the same time."

→ Dr. Hiep Nguyen, Children's Hospital Boston

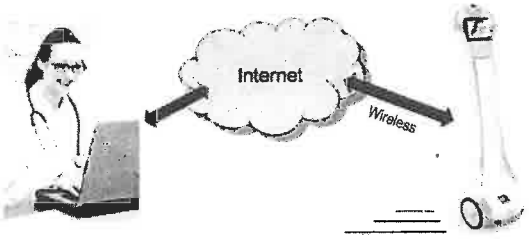
VGo

How it All Works

VGo's unique capability is in its remote controlled mobility combined with two-way video and audio communications. The solution comprises two elements:

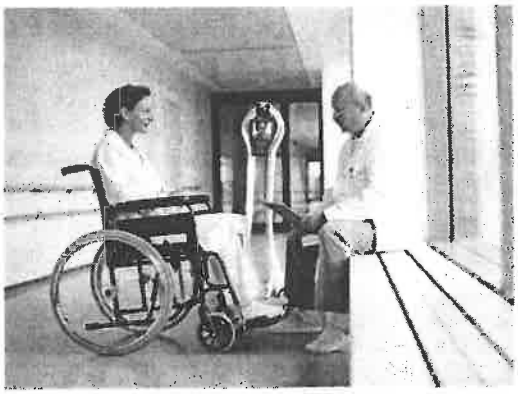
- The VGo. The remote controlled mobile device that represents you in a distant location
- The VGo App. The software application that is downloaded to your computer, laptop or iPad that you use to initiate connectivity, see and hear the far end and drive the VGo.

VGo runs over the internet with the help of VGoNet, a special cloud computing network that manages everything so you don't have to. The network was especially designed to handle the complexities of a solution that requires real time AV communications and simultaneous robotic remote controls.



"One of the things we're going to have to do is be where the patient is – we don't have enough caregivers and resources to do that any other way but electronically."

Greg Walton
Chief Information Officer
El Camino Hospital



Using VGo is Easy

1) On your computer or iPad, bring up your VGo App.
2) Click/touch the location where you need to be.
3) You're done. There is no step 3.

Now you can see, hear, talk, be heard, and be seen and go anywhere. Move fast, go slow, pivot in place. Just like you would if you were there.

System Feature Highlights

- Self-contained wireless audio-video appliance
- Simple point and click or touch user interface
- Remote user controlled mobility, volume, mute, camera lights, and hi-resolution snapshots
- WiFi/4G LTE and Battery status indicators
- Auto docking for battery recharging
- Strict privacy and connectivity controls
- Comprehensive Web tools for managing your VGo's and the people who you let use them
- Multiple driving methods – use the one you like most
- Spoken visitor arrival announcements and text messaging
- Sensors to assist driving, avoid obstacles and prevent falling down steps
- Optional Accessories
  - 12" Height Extension Accessory
  - Padded VGo Carry Bag
  - Extended 12 hour long-life battery

Specifications

- 48"or 60" High
- 13"W x 15"D (pivots within footprint)
- 19 lbs. (w/ standard 6 hr. battery)
- 22 lbs. (w/ 12 hr. long-life battery)
- Independent dual motorized drives
- 0 to 2.5 ft/sec variable speed
- Obstacle and stair detection
- Auto-docking for battery re-charging
- 2MP motorized camera w/ flash
- H.264 up to30 fps video codec
- 8khz Hi fidelity audio codec
- 6" LCD display
- 5X Zoom
- 4 microphone array, 360° pick-up
- Woofer and tweeter speakers
- Echo and Noise Cancellation
- Integrated touchpad user controls
- Speech processor
- AES & TLS encryption for security
- Embedded 802.11 WiFi
- Embedded Verizon 4G LTE (opt)
- VGoNet Manager web tool for centralized administration
- Customizable stand-by images

Box Contents

- The VGo w/ 6 hour battery
- Handheld local remote controller
- Charging Dock & Power cord
- Documentation

Remote Computer Minimum Requirements

Windows PC System:
- Windows 8.7, Vista, or XP
- Intel Core2 2.0Ghz or equivalent
- 2 GB RAM
- 40 MB free hard drive disk space
- Camera, mic and speakers/headset

VGo App for iPad Tablets:
- IOS 6.0 or later
- Compatible with 2, 3, 4 and Mini

Apple Mac System:
- Mac OS X version 10.6 or higher
- Intel Processor
- 2 GB RAM
- 40 MB free hard drive disk space
- Camera, mic and speakers/headset

Network Requirements

Broadband internet access with min 768Kbps upload speeds

If inside an enterprise firewall, the following outboard firewall ports must be open:
- Port 5222 (XMPP)
- Port 3478 (STUN)
- Port 80 (HTTP Non-proxy)
- Port 443 (HTTPS Non-proxy)

Note: A port tester is included in the VGo App so you can easily determine port status

For more details, please visit our FAQ's at www.vgocom.com/faq

100 Innovative Way, Suite 3321
Nashua, NH 03062
603-880-8040
www.vgocom.com

EXHIBIT E

ITP.net
The Middle East's leading technology website

Amana Healthcare to connect patients with VGo robots

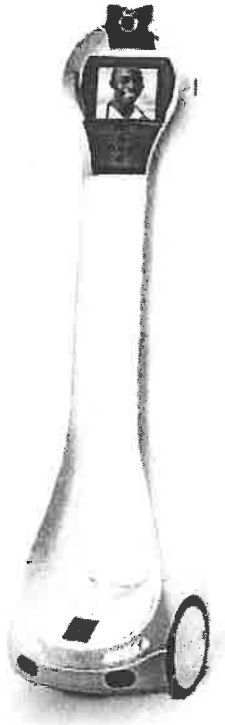
Amana Healthcare, a specialist healthcare provider based in Al Ain, will be able to provide a telepresence robot service to patients and health professionals through a partnership with VGo Communications.

The VGo robot consists of a wheeled base with a screen and camera, which can be operated remotely by a user to replicate their presence in another location.

The telepresence robots will allow patients, family members or health professionals to drive the robot and interact through the built in video and audio.

A fleet of robots will kept at Amana Healthcare hospitals, which specialize in long-term acute care, post-acute rehabilitation and home transition and respite care services. The robots will allow doctors and family members to call in visit Amana facilities.

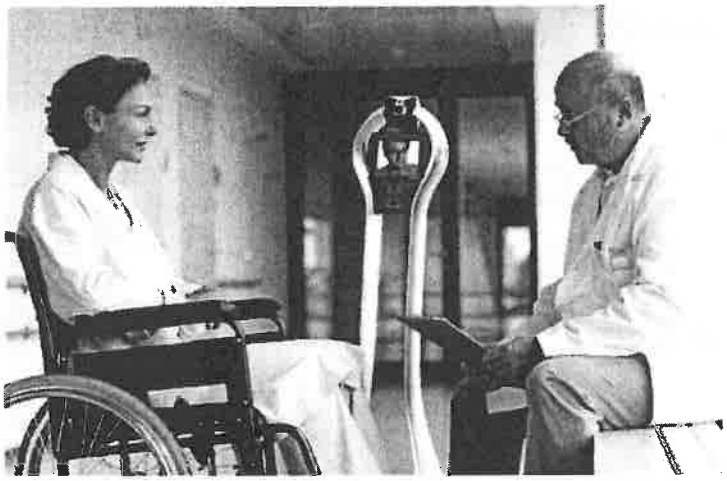
Other robots will be made available to patients and their families for use at school, at home or on special occasions, to participate in social and community activities without leaving the safety of their ICU or hospital bed.



Robots can be controlled using a VGo iPad App or through a PC or Mac web interface, which connects over WiFi or LTE 4G. The 'head' of the robot includes 6 inch screen, speaker, camera, microphones and lights so that the remote user can interact with others.

"We are proud to be the first healthcare provider in the Middle East to bring this cutting-edge telepresence robotics technology to the region," said Magi Livadaris, Vice President for Clinical Operations at Amana Healthcare. "Patients at Amana Healthcare can use the robots to interact with the outside world - allowing hospitalized children to attend school remotely or patients in an overseas hospital to choose their room or interact with specialists at Amana Healthcare before returning home. And families can use the same robotic solution to visit and virtually connect with their loved ones at Amana Healthcare, whether from home or abroad."

"Technological innovation is central to Amana Healthcare's mission to deliver world-class care to its patients - and partnering with VGo, one of the world's top telepresence robotics firms, gives patients at



Amana Healthcare the benefit of the same technology used at world-famous hospitals such as Massachusetts General Hospital, Boston Children's Hospital and the Mayo Clinic," said Ali A. Hashemi, Director at Amana Healthcare. "It also allows us to take full advantage of opportunities created by the telemedicine standard recently introduced by the Health Authority of Abu Dhabi."

"We are delighted to have partnered with Amana Healthcare and AP Medical Innovations to bring VGo's world-class robotic telepresence technology to the Middle East," said Ned Semonite Vice President of Marketing and Product Development at VGo Communications. "VGo adds significant value in healthcare and other sectors including corporate communication, education, training, government applications, security, energy and manufacturing - and we look forward to working closely with our partner to bring these technologies to the Middle East."

About Amana Healthcare: *Amana Healthcare is a specialized provider of long-term acute care, post-acute rehabilitation and home transition and respite care services in the United Arab Emirates. Founded in 2013 with an 80-bed hospital with majlis facilities, family rooms, relaxation rooms, a sensory room and outdoor park area in the Al Shoaiba District of Al Ain, Amana Healthcare is licensed by the Health Authority of Abu Dhabi to provide medical and rehabilitation services for complex patients that require intensive rehabilitation or round-the-clock medical supervision by a highly trained team of doctors, nurses and rehabilitation experts committed to medical excellence and quality of life for each and every patient, Amana Healthcare's services include intensive medical and nursing care, medication and symptom management, mobility support, physiotherapy, occupational therapy, speech therapy, respiratory therapy, nutrition/dietetics and 24-hour on-site physician care for patients of all ages. A second facility is due to open in Abu Dhabi in late 2014. For more information about Amana Healthcare, please visit www.amanahealthcare.com.*

About VGo: *VGo Communications, Inc. develops and markets robotic telepresence solutions for healthcare, education and the workplace. With VGo, an individual's presence is established in a distant location such that they can interact and perform their job in ways not previously possible. Now people can see, hear, be seen, be heard and move around - just as if they were there - all with a great user experience and at an affordable price. For more information go to www.vgocom.com .*

EXHIBIT F

Rady Children's Announces VGo Deployment in Telemedicine Program

Doctors at Rady Children's Hospital today introduced the deployment of a fleet of VGo telemedicine robots, allowing physicians to evaluate patients quickly and from anywhere. Using a laptop or iPad, doctors are now able to interact and perform their jobs in ways not previously possible. They can see, hear, be heard and move around in any remote facility, including being able to visually examine patients without being physically present.

Watch the Video

"We've found the majority of patients treated with telemedicine technology have a favorable response," said Dr. Anthony Magit, director of Rady Children's telemedicine program. "Patients realize they are seeing specialists who might not be accessible to them in their own location, so they feel they are getting cutting edge, high-technology care from top experts."

With satellite locations ranging from 20 minutes to more than an hour away, the telemedicine robots allow Rady Children's experts to consult on cases in a more timely and efficient manner. Rady Children's currently has funding to purchase 16 of these advanced robots. Some of the robots are already in use at Rady Children's neonatal intensive care unit (NICU) satellite locations.

"In the past when I would get an urgent call about a patient while I was away from the NICU, I would either have to wait until I got to the hospital or I would be on the phone trying to understand what was happening," said Dr. Gail Knight, Clinical Chief of the Division of Neonatology. "Now I can pull off the road and simply call up the robot on my cell phone to see what is going on. It only takes 30 seconds."

Various community partners have provided funding for the robots including Cricket Wireless, which donated $186,000 to purchase up to 12 robots. In addition, Cox Cares Foundation and Rest Haven Children's Health Fund each purchased one robot, and Rady Children's Auxiliary purchased two: one by the Southeast Cluster Unit and one by the North County Unit. The Rest Haven robot is in use at the Pioneer Memorial Hospital NICU in Brawley; the North County Unit robot is in use at the NICU at Palomar Medical Center in Escondido. The robots, which have been nicknamed "Rady D-2" by employees, were developed and manufactured by VGo Communications, Inc.

EXHIBIT G

In The Matter Of:

Valeritas v.

VGo Communications

VGo Communications by thomas Ryden

June 24, 2013

Jones Reporting Company

Two Oliver Street, 8th Floor

Boston, MA 02109

Original File 0624ryden.txt

Min-U-Script® with Word Index

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

- - - - - - - - - - - - - - - - - - - x
Valeritas, Inc.,
Petitioner,
vs.
VGo Communications, Inc.,
Respondent.
- - - - - - - - - - - - - - - - - - - x

In the matter of U.S. Reg. No. 3,895,432
For the Mark: VGO
Filing Date: March 2, 2010
Registration Date: December 21, 2010
Cancellation No. 92054171

RULE 30(b)(6) DEPOSITION OF VGo COMMUNICATIONS, INC.
BY ITS DESIGNEE THOMAS RYDEN
Monday, June 24, 2013 9:29 a.m. to 1:25 p.m.
Morse, Barnes-Brown & Pendelton, P.C.
230 Third Avenue, Fourth Floor
Waltham, Massachusetts
Reporter: Karen A. Morgan, CSR/RPR

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APPEARANCES:

MORSE, BARNES-BROWN & PENDLETON, P.C.
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WILMER CUTLER PICKERING HALE AND DORR, LLP
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on behalf of the Respondent.

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I N D E X

E X H I B I T S

*Original exhibits retained by Mr. Connolly

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P R O C E E D I N G S

THOMAS RYDEN, having been satisfactorily identified by the production of his driver's license and duly affirmed that his testimony would be the truth, the whole truth and nothing but the truth, testified as follows in answer to interrogatories by MR. CONNOLLY:

Q. Good morning. Could you please state your name for the record?
A. Thomas Ryden.
Q. What is your address, Mr. Ryden?
A. My personal home address?
Q. Yes.
A. 55 River Road in Pepperell, Massachusetts.
Q. Do you know what this proceeding is today?
A. In general terms, yes.
Q. Are you aware that this is the 30(b)(6), the Rule 30(b)(6) deposition of VGo Communications, Inc.?
A. Yes.
Q. And VGo Communications, Inc., is that your employer?
A. Yes.
Q. And to avoid confusion today I'm going to

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refer to VGo Communications, Inc. as VCI; is that okay with you?
A. We go by VGo.
Q. Right. As you know, there are issues with the letters V-G-O that are relevant to the case so I'm going to use the letters VCI to refer to your employer.
A. Okay.
Q. The stenographer Miss Morgan will prepare a transcript of my questions and your answers so you have to answer verbally today and not shake your head yes or no. Do you understand?
A. Yes.
Q. Also please wait for me to finish my questions and I'll try to wait until you finish your answers before asking you another question because it's very difficult when we start to speak over one another for the stenographer to keep the transcript.
A. I understand.
Q. And your lawyers here today may object from time to time. You must still answer unless you're instructed not to answer by your attorneys. Do you understand that?
A. Yes.

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Q. And I'll try to arrange it so we can take breaks every now and then but if you need to take a break, just let me know and we'll take a break.
A. Okay.
Q. How do you feel this morning?
A. Fine.
Q. Have you taken any medication or other substance that might affect your ability to understand and respond to my questions?
A. No.
Q. Is there any reason you can think of why you will not be able to answer my questions fully and truthfully?
A. No.
Q. What is your title at VCI?
A. Chief operating officer.
Q. What are your responsibilities?
A. Day-to-day operations, overseeing finance and production and the like.
Q. What do you mean by and the like?
A. We are a small company. It's everything and anything.
Q. How many employees does VCI have?
A. About 15.

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Q. Has your role at VCI changed over time?
A. Not significantly.
Q. And were you one of the co-founders of VCI?
A. Yes.
Q. What year did you found VCI?
A. 2007.
Q. So you were there at the start of the company?
A. Yes.
Q. And prior to that you were at iRobot; correct?
A. Yes.
Q. And by the way VCI was formerly North End Technologies; is that correct?
A. North End Technologies, correct.
Q. Was that a corporation or an LLC?
A. It started as an LLC. It changed to a corporation.
Q. Is your background primarily in sales and marketing?
A. No.
Q. What does your background primarily consist of?

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A. Engineering, program management.
Q. Has the majority of your professional experience been in engineering and program management?
A. Probably about half and half.
Q. What does the half consist of?
A. Sales and marketing.
Q. Who did you found VCI with?
A. Tim Root and Grinnell More.
Q. Is Mr. Root still with VCI?
A. Yes.
Q. And is Mr. More still with VCI?
A. I'm sorry. Mr. Root is not with VCI.
Q. Go ahead.
A. Sorry. Mr. More is with VCI. Mr. Root is not with VCI.
Q. When did Mr. Root leave VCI?
A. 2012.
Q. What was Mr. Root's role at the company when he left?
A. He was head of engineering.
Q. Did that role change over time from 2007 until he left?
A. No.

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Q. What is Mr. More's role at the company today?
A. Chief robotics officer.
Q. Has Mr. More's role at the company changed since 2007?
A. No.
Q. Mr. More was there obviously at the beginning?
A. Yes.
Q. Do you hold any other positions besides chief operating officer?
A. No.
Q. Who reports to you at the company?
A. No one.
Q. Has anyone ever reported to you since 2007?
A. Yes.
Q. Who is that?
A. Ashley Wells.
Q. What is Miss Wells' position?
A. I don't recall. I mean office manager. Something to that effect.
Q. Is it accurate to say that Miss Wells performed office and administrative duties for the

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company under your supervision?
A. Yes.
Q. What years did Miss Wells report to you?
A. I don't recall.
Q. Was Miss Wells employed by the company when it was founded in 2007?
A. No.
Q. Do you recall when Miss Wells joined the company?
A. 2009.
Q. Do you know why she left?
A. She got another job.
Q. Have you been deposed before?
A. Yes.
Q. When?
A. Last year. Yes. Last year.
Q. And have you been deposed at any other times besides in 2012?
A. No.
Q. What was the nature of the proceeding in which you were deposed in 2012?
A. I was deposed as a 30 whatever, (b)(6) witness for a patent litigation suit.
Q. Who was the other party?

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A. In Touch Technologies.
Q. Where was that matter? In what forum was that matter proceeding? Was it in court?
A. Yes.
Q. Do you know what court it was in?
A. Central California, L. A.
Q. And was your employer VCI the plaintiff or the defendant?
A. Defendant.
Q. Is that matter still pending?
A. It is currently under appeal in the appellate court.
Q. Can you tell me what the result was in the trial court?
A. So VGo was a defendant. We were sued on five patents which was eventually dropped to three patents. We prevailed and proved that we were not violating any of the patents and we also invalidated their patents.
Q. And in Touch is appealing that decision?
A. In Touch is appealing, yes.
Q. What about at iRobot? Had you been deposed in any proceedings when you were at iRobot?
A. No.

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Q. Have you ever participated in any other trademark type proceeding of any kind?
A. No.
Q. Did you speak with anyone about your deposition today besides your counsel?
A. No.
Q. Nobody at VCI?
A. No.
Q. Can you tell me who Ned Semonite is?
A. He's our VP of marketing and products.
Q. Can you tell me what his role is at the company?
A. VP of marketing and products.
Q. What tasks does he perform as VP of marketing?
A. He heads up the marketing efforts, promotion of the product, those types of things.
Q. When did he start working for VCI?
A. I think 2008.
Q. Has Mr. Semonite's role at VCI changed over time?
A. No.
MR. CONNOLLY: Could you please mark this as Ryden Exhibit 1?

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(Exhibit 1 was marked for identification.)
Q. Mr. Ryden, I'm handing you a binder full of documents that has been marked as Exhibit No. 1.
A. Okay.
Q. Would you please open it and take a look at the first page and in the bottom right-hand corner of the first page do you see where it has the letters and numbers VGO 000001?
A. Yes.
Q. And can you turn to the last page of the binder?
A. Yes.
Q. That page is similarly marked as VGO 749. Do you see that?
A. Yes.
Q. This binder consists of the documents that your counsel produced to us in discovery and I'm going to be asking you some questions today about the documents in here and when I do, I'll refer to the page numbers by the letters and numbers that I just called to your attention; okay?
A. I understand.
MR. CONNOLLY: Mark that as Exhibit

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2, please.
(Exhibit 2 was marked for identification.)
Q. Mr. Ryden, could you look at the first page of Exhibit 1 that's marked VGO number 1?
A. Yes.
Q. And in the upper right-hand corner there is a logo. Can you tell me what that is?
A. That is our logo.
Q. I'm handing you a document that has been marked as Exhibit No. 2. Can you take a look at that, please?
(Witness perused document.)
A. Yes.
Q. Can you tell me what is depicted in the upper part or the top part of Exhibit No. 2?
A. That's our logo.
Q. And does the logo on the top part of Exhibit No. 2 depict VCI's trademark as VCI uses it in commerce on its products?
A. Yes.
Q. Can you tell me what is depicted on the bottom portion of Exhibit No. 2?
A. No. I mean it's letters and another logo.

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Q. Can you describe it for me?
A. Sure. There's the letters V and G and O with the words disposable insulin delivery and some kind of thermometer maybe tilted sideways.
Q. Have you ever seen that logo before?
A. Yes.
Q. When have you seen it?
A. In materials that you sent us.
Q. Prior to seeing it in the materials that were produced by Valeritas in this matter had you ever seen it before that time?
A. No.
Q. Had anyone at VCI seen it before?
A. Not that I'm aware of.
Q. Turning your attention back to Exhibit No. 1, the first page in the upper right-hand corner. You identified that as VCI's logo; correct?
A. Correct.
Q. Can you just tell me in general terms why does VCI have a logo?
A. We have a logo to identify the company and our products.
Q. Is it also used for marketing purposes?
A. Yes.

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Q. And would you agree that it's used to distinguish VCI's products in the marketplace?
A. It is used to identify our products, yes.
Q. Who conceived of the logo?
A. Well, I think it was a group effort.
Q. Tell me all the people involved in the group effort.
A. It was probably Grinnell, Tim, myself, Ned, Doug Geer. I'm sure there were others who contributed.
Q. By Tim you're referring to Mr. Root; correct?
A. Tim Root. Correct.
Q. What was Mr. Grinnell's role in the conception of the VGo logo?
A. Well, we all gave ideas so I think Doug designed it and then we suggested changes and things we liked and things we didn't like.
Q. So my question is what was Mr. Grinnell's role? Was that your answer as to what Mr. Grinnell contributed?
A. Mr. Grinnell contributed feedback based on designs that were shown to us.
Q. Who is Doug Geer?

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A. He was our graphics designer.
Q. Is it G-E-E-R?
A. I believe so, yes.
Q. Does he have a relationship with VCI currently?
A. No.
Q. What was his relationship to VCI?
A. Can you be more clear?
Q. Sure. Was Mr. Geer an employee of VCI at any time?
A. Yes.
Q. And when did Mr. Geer's employment begin?
A. 2008.
Q. And for how long did Mr. Geer's employment with VCI continue?
A. Couple of months.
Q. Just to be clear, Mr. Geer was an employee of the company, not an independent contractor?
A. In 2008.
Q. In 2008 Mr. Geer was an employee?
A. Correct.
Q. Did that change at any time? Did Mr. Geer become an independent contractor to the company?
A. Yes.

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Q. When did that occur?
A. Probably after he left employment.
Q. I'm sorry. When did he leave employment again?
A. 2008.
Q. But you don't know specifically when he became a consultant to the company?
A. I think he started right after he left employment. He started to -- continued to help us.
Q. Do you know why he transitioned from an employee of the company to becoming a consultant to the company?
A. We didn't have a full-time role for a graphics designer.
Q. What types of responsibilities did Mr. Geer perform while he was an employee to the company?
A. Designing brand logo, that type of work. Material, promotion material.
Q. Can you describe the brands or logos that Mr. Geer designed for the company during the period he was an employee?
A. Sure. He designed a brand book around a logo that we're currently not using now called Ego.

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Q. Was VCI at one time using the brand name or logo Ego?
A. Not publicly.
Q. During what period was VCI using the Ego brand or logo not publicly?
A. Internally probably using it 2008, 2009.
Q. How was it used internally?
A. We were just testing it as a potential before we launched the product.
Q. And how did you test it?
A. We asked potential consumers and others their opinion of the logo and the look.
Q. And what feedback did you get concerning the look of Ego?
A. I think it was more on the name itself. People -- it did not test well. Thought we had too much ego for a name with Ego. It just didn't have the right connotation for the product.
Q. Do you know where Mr. Geer lives currently?
A. I should because I just looked it up for you guys but I don't recall.
Q. How did you look it up for us?
A. I went back in the records and looked at

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his last invoice.
Q. What records besides invoices does VCI have pertaining to Mr. Geer?
A. We have his employment records for 2008.
Q. Anything else?
A. Not that I'm aware of.
Q. How about an independent contractor agreement? Do you have one of those?
A. No.
Q. Are you aware that there was an independent contractor agreement at any time for Mr. Geer?
A. Not that I'm aware of.
Q. Do you know where he works currently?
A. I do not.
Q. Do you know anything about the type of work that he's doing currently?
A. I do not.
Q. What services did Mr. Geer provide as a consultant to the company?
A. He provided work around the design and suggestions for logos and other print material.
Q. And just so I'm clear about the dates again, did he perform services as an independent

Page 21

contractor or consultant to VCI from the period 2009 until 2010?
A. We used him on projects so it was not -- we did not use him consistently but only when we needed specific work.
Q. Did Mr. Geer perform any services for VCI in 2011?
A. No.
Q. But he did in 2010?
A. Yes.
Q. When was the last time anyone associated with VCI spoke to Mr. Geer?
A. I'm not sure. I believe Ned Semonite spoke to him indicating you had an interest in deposing him.
Q. You're not sure whether Mr. Semonite spoke to him or not?
A. I believe he did but I have no personal knowledge that he did.
Q. So what do you base your belief on that Mr. Semonite spoke to Mr. Geer about our interest in speaking to him?
A. Because I had mentioned that his name came up in the paperwork that you had provided us and he

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had asked if it was okay to mention that to him and I contacted Wilmer Hale and asked if that was okay.
Q. Just to be clear I don't want to hear anything that you said to your lawyers or your lawyers said to you; okay?
A. Okay.
Q. I'm not asking for that information. When did your discussion with Mr. Semonite occur?
A. Last week, maybe the week before.
Q. Where did it take place?
A. At our offices in Nashua.
Q. Your office?
A. Yes.
Q. And tell me what you said -- strike that. Tell me what Mr. Semonite said to you and what you said to Mr. Semonite concerning Mr. Geer.
A. Was it okay to contact him, that he was mentioned in this matter and I said yes.
Q. Did you ask Mr. Semonite why he wanted to contact Mr. Geer?
A. No.
Q. And did Mr. Semonite tell you why he wanted to contact Mr. Geer?
A. No.

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Q. It's your belief today that Mr. Semonite spoke to Mr. Geer?
A. Yes.
Q. Did Mr. Semonite report back to you and tell you what they discussed?
A. No.
Q. Did you ask Mr. Semonite at any time what they discussed?
A. No.
Q. Do you have any understanding as to why Mr. Semonite would contact Mr. Geer?
A. I think just to let him know that his name came up.
Q. Turning your attention back to Page 1 of Exhibit 1 the upper right-hand corner, the VCI logo.
A. Yes.
Q. Did Mr. Geer present to VCI a preliminary design of the logo?
A. Yes.
Q. And do you know whether he created that preliminary design independently?
MR. PATEL: Objection. Vague.
Q. In other words did you say to -- did VCI tell Mr. Geer I want you to design us a logo and he

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went off and came back and produced something that looked likes that?
A. I think it was a collaborative effort. We gave him some suggestions but, yes, he came back with that design amongst others.
Q. In the collaborative effort with Mr. Geer did VCI indicate to Mr. Geer that it wanted to use the letters V, G and O in the logo?
A. Yes.
Q. Had that decision already been made before engaging Mr. Geer's services to design the logo?
A. Yes.
Q. Other than the letters V, G and O as used in VCI's logo as depicted on Page 1 of Exhibit 1, did VCI instruct or direct Mr. Geer to incorporate any other features or elements or designs in the logo?
A. Not that I'm aware of.
Q. Please describe for me what the collaboration process with Mr. Geer consisted of. How did it work?
A. Ned was the primary contact, Mr. Semonite, but we gave some suggestions on what we would like to see and what we would like to have the logo infer

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about our product and we asked him for numerous designs and we evaluated all the designs. We liked some features. We didn't like some features. We asked him for a couple of rounds as I recall of, you know, use this, don't use that and we finally settled on this.

Q. What do you recall about some of the preliminary designs Mr. Geer provided to VCI, what they looked like?

A. There was a lot of them. I don't really -- I mean there were all sorts of different styles.

Q. How long did this process take?

A. Not that long. A couple of months maybe, a month and a half, two months.

Q. Do you remember when it took place?

A. 2010. Beginning of 2010.

Q. Do you recall what month it started?

A. I'm going to say March or April but I'm not fully sure of those dates. Somewhere in that time frame.

Q. You believe it started in March or April of 2010 the process with Mr. Geer of collaborating on the design of VCI's logo and then it continued

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for approximately one or two months?

A. That's correct.

Q. Can you give me some examples of what suggestions or feedback VCI provided to Mr. Geer concerning what it liked about the initial design he presented?

MR. PATEL: Objection. Vague.

A. It's a long time ago. I don't recall exactly what we liked and what we didn't like of each of the different designs.

Q. So sitting here today you can't tell me what feedback VCI provided to Mr. Geer?

A. Directly, no. I mean I think we had selected -- obviously we looked at different colors. We ended up picking the color that we did. We liked that. We liked some of the motion. We certainly wanted to get that impression of motion. It's a moving product. It's a mobile product. So we wanted to show that. It implied it had wheels. It could move. So videoconferencing is traditionally stationary. Ours was the first more mobile videoconferencing device and we really wanted to get that implied so we talked about those design aspects but I can't particularly say we liked that, we

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didn't like that.

Q. Can you take a look at Exhibit No. 2, please? Can you tell me what aspects of the design depicting VGo's logo conveys motion?

A. Sure. The two sort of half circles that obviously look like a wheel and the fading in of the lines implies speed, motion.

Q. Is that element or design aspect something that VGo directed or suggested to Mr. Geer or that Mr. Geer proposed to VCI?

A. I don't recall who came up with that specific idea.

MR. PATEL: I'm sorry. Just to be clear for the record we're switching between VGo and VCI.

MR. CONNOLLY: Thank you. I'll try to be careful about that.

Q. I'll try to refer to your employer as VCI.

A. Fair enough.

Q. How did Mr. Geer provide preliminary designs to VCI?

A. I saw them printed. They were posted up on a wall in our conference room.

Q. Do you know how VCI obtained those

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preliminary designs from Mr. Geer?

A. I do not.

Q. Did you ever communicate with Mr. Geer while he was providing services as a contractor to VCI?

A. Yes.

Q. How did you communicate with Mr. Geer during that period?

A. I talked to him.

Q. You spoke with him on the phone?

A. Right, or I probably e-mailed him as well.

Q. So you e-mailed -- you had e-mail communications with Mr. Geer?

A. Correct.

Q. Do you recall the period you had e-mail communications? Was it in-between March and April 2010 and May or June of 2010?

A. Are you asking me specifically --

Q. Concerning the preliminary designs.

A. Concerning the design?

Q. I'm sorry. Let me give you a better question. I was asking you how you communicated with Mr. Geer and you answered that you had e-mail communications with Mr. Geer. I just want to

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identify during what time period you had e-mail communications with Mr. Geer concerning the preliminary designs of VCI's logo.
A. So I'm not sure I had them specifically on this but if it was, it was in reference probably to payment or cost or that type of thing and that was in that time frame.
Q. Do you recall any specific e-mails with Mr. Geer, between you and Mr. Geer concerning the design of VCI's logo?
A. No.
Q. Did you meet with Mr. Geer in person?
A. Yes.
Q. During early 2010?
A. Yes.
Q. Do you recall how many times?
A. I do not. It was not my meeting specifically. Small office. He was in.
Q. Whose meeting was it?
A. Ned.
Q. And are you aware of how Mr. Semonite communicated with Mr. Geer?
A. No.
Q. During that time?

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A. No.
Q. In the past year have you seen any e-mails between anyone employed by VCI and Mr. Geer?
A. No.
Q. During the past year have you seen any documents that Mr. Geer had provided at any time to VCI?
A. No. I should clarify other than whatever we provided you. I would have to look through.
Q. Can you take a minute and look through Exhibit 1 and tell me whether there are any e-mails or other communications between any employee of VCI and Mr. Geer?
A. All 749 pages?
Q. If you don't mind just going through quickly.
(Witness perused documents.)
MR. CONNOLLY: Do you want to read back my last question to the witness, please?
(Question was read back by the stenographer.)
A. No.
Q. Having now looking through Exhibit 1 do you recognize any documents that Mr. Geer provided to VCI at any time?

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A. Not specifically. I don't know all that he worked on.
Q. I believe you testified but let me ask it again. Did Mr. Geer provide initial designs or logos to VCI?
A. Yes.
Q. And does VCI have any of those initial designs or documents?
A. I am unaware of any.
Q. Is there anyone at VCI who would be aware of where those documents are or what happened to them?
A. Ned Semonite would be.
Q. Thank you. Do you know whether Mr. Geer was aware of Valeritas and its marks at the time he provided logo designs to VCI?
MR. PATEL: Objection. Calls for speculation.
A. I do not know.
Q. How was Mr. Geer paid? Was he paid on a fee basis or by the hour?
A. I think it was on a fee basis. Yes.
Q. Was it an hourly rate?
A. No. I mean I'm sorry. It was a fixed

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amount as I recall.
Q. Do you recall how much VCI paid Mr. Geer for his design work on the VCI logo?
A. I do not.
Q. Would the answer to that question be reflected in payment records that VCI has?
A. Yes.
Q. Are you aware of whether VCI has those records?
A. I would have to go and search.
Q. Are you aware of whether anyone at VCI has searched for those records before?
A. That would probably be me and I don't recall but I'll have to -- I can't recall what you had asked for specifically so I don't know. I don't recall seeing it but --
Q. During the period Mr. Geer provided services to VCI as a contractor or consultant did he have his own business?
A. I believe so, yes.
Q. Do you know the name of his business at that time?
A. I think it was -- I'm sorry. Not a business. He was just under his own name but I

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believe he worked for other people. We were obviously not his sole account.
Q. At the time Mr. Geer was working on the designs of VCI's logo, had VCI already made the decision not to use the Ego logo?
A. Yes.
Q. And at the time Mr. Geer was working on developing the design of the logo for VCI in the early part of 2010, was VCI considering the use of any other type of mark or logo for its products?
A. You mean other than V-G-O?
Q. Yes. Other than V-G-O.
A. No. I think we had discussed a number of different alternatives but we liked V-G-O.
Q. Did the design of the logo V-G-O that is depicted on VCI's products change in any way after Mr. Geer stopped being involved in the work?
A. Not that I'm aware of.
Q. I believe you mentioned that I-G-O was at one time considered as a --
A. Ego. E-G-O.
Q. Was I-G-O ever considered, the letters I and G and O?
A. I don't think so. I don't recall hearing

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those. Ego was electronic go. We really liked that. We went to visual go or something like that. I don't think we used I-G-O but maybe. I mean maybe it came up in discussions. I'm sure we went through all the letters in the alphabet.
Q. Can you tell me why you changed the name of the company from North End Technologies to VGo Communications?
A. Yes. The name was too long.
Q. Any other reasons?
A. No. It was just our development name. We wanted the name to be more associated with the product.
Q. So was the decision to change the name of the company from North End Technologies to VGo Communications, was that made after you decided to use the V-G-O logo or mark?
A. Yes.
Q. Was a reason for you changing the name of the company to have consistency for branding purposes in the marketplace?
A. Yes.
Q. Did VCI register the mark V-G-O or VGo on or about March 2, 2010?

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A. I would have to look at the documents. That sounds about right.
Q. Do you know when VCI first used the mark VGo in commerce?
A. Can you define what you mean by in commerce?
Q. Sure. Can you tell me the first time that VCI sold any product in the marketplace that depicted the letters V-G-O on it to identify it?
A. I believe that would be July of 2010.
Q. And was July 2010 the earliest date that VCI offered any products for sale under the V-G-O mark?
A. Yes. That's the first time we sold product. We announced the product in that time frame at a show called Infocomm. That show might have been in June but it might have been in July. Anyhow, that's when we started using it was when we introduced the product.
Q. And is there a longer name for the Infocomm show or does it stand for something?
A. I don't know. It's a big audiovisual communication show.
Q. Where does that take place or where did it

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take place in 2010?
A. I would say it was in Las Vegas that year. It's pretty much in the same time every year but it moves around.
Q. Can you describe for me how VCI introduced is VGo product at the Infocomm show in June or July 2010?
A. Sure. Yes. We had a trade show booth. We had product on the booth. We did demonstrations. We sent out an announcement as I recall.
Q. Can you please describe VCI's product?
A. Sure. It is a robotic telepresence system so it is a robot with two-way audiovisual communications.
Q. Do you mind describing for me what you mean by robotic telepresence?
A. Sure. So it gives -- think of it another way as a physical avatar but it is a product that has communication on a mobile platform that you can control remotely so rather than in traditional videoconferencing where -- you don't have any in here but it's on the wall and you come into a conference room to have that meeting. On our system you can actually control it from the far end from

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your laptop or PC. You can drive the robot and go and meet people and interact with people remotely.
Q. Can you turn back to Exhibit 1, Page 1?
A. Yes.
Q. Do you see in the middle of the page there's a picture of two people standing in an office next to a machine?
A. Yes.
Q. Does the machine depicted in the picture, does that convey -- is that an image of VGo's product?
A. That is our product.
Q. I'm sorry. VCI's product.
A. Yes. That is our product.
Q. In the picture on Page 1 of Exhibit 1 would you mind just drawing a circle -- strike that. Let me ask you a question first. Does VGo's logo as depicted on Exhibit No. 2 appear on VCI's product?
A. Yes.
Q. And can you describe for me where VCI's logo V-G-O is depicted?
A. On the front right above the screen.
Q. Do you mind circling it for me in the picture on Page 1 of Exhibit 1?

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(Witness did as requested.)
Q. If you can just draw a line off to the side and just write logo.
(Witness did as requested.)
Q. Thank you. Does VCI's robotic telepresence product come in different configurations?
A. Yes.
Q. Can you describe the different configurations of VCI's product for me?
A. So it is primarily the communications method so the standard model is with wifi and we also have a model with Verizon 4G LTE. Those are the primary differences.
Q. How much does the product cost?
A. Between six and $7,000.
Q. Is there a cost difference between the two configurations, one with wifi and one with the other telecommunications method?
A. Correct. Yes. The 4G is more expensive than the wifi.
Q. Is the 4G product around $7,000?
A. Correct.
Q. Between the founding of the company in 2007 and when you introduced the product in 2010, did VCI create prototypes of the product?

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A. Yes.
Q. And did any of the prototypes have a logo on them such as the logo that you identified on Page 1 of Exhibit 1?
A. We created a number of different prototypes during the stages of our product development. Some of them had no logo. Some of them had the Ego logo and some of them had the V-G-O logo.
Q. Do you recall when VCI developed a prototype that first had the V-G-O logo?
A. It would have been after we had developed the logo.
Q. So after March or April 2010?
A. Correct.
Q. And those prototypes still exist; correct?
A. Parts of them.
Q. Parts of them?
A. Yes.
Q. They're located at VCI's offices in Nashua?
A. Correct.

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Q. How many complete prototypes currently exist?
A. Currently exist. Couple of dozen maybe.
Q. Do any of the existing prototypes display a logo?
A. Yes.
Q. Does VCI sell any other products or goods other than the one we have been discussing or the two models of the robotic telepresence product that we have been discussing?
A. Other than accessories for those products, no.
Q. Can you describe what accessories VCI sells?
A. Batteries, remotes. There is a height extension. Those are the primary.
Q. Do you know how many units of the product the company sold in 2010?
A. I would say -- I don't know the exact number.
Q. How about for 2011? Do you know how many units VCI sold?
A. I don't know the exact number.
Q. Can you give me a range?

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A. Couple hundred.
Q. How about in 2012? How many units did VCI sell?
A. A couple hundred.
Q. Do you know how many units of the robotic telepresence product VCI has sold in 2013?
A. Just under a hundred.
Q. In 2010 did VCI sell products throughout the United States?
A. Yes.
Q. And in 2011 as well?
A. Yes.
Q. So is the geographic scope of VCI's sales the United States?
A. Yes.
Q. Does VCI have competitors?
A. Yes.
Q. Can you identify some of VCI's competitors?
A. Currently iRobot, In Touch, Anybots, Mantero Bots, Suitable Technologies. I think that's it.
Q. Is VCI's selling point of between six and $7,000, is that lower than the products offered by

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the other companies?
A. It's midrange.
Q. Was it important -- strike that. Did VCI in designing the product desire to keep the cost low?
A. Yes.
Q. Why did it do that?
A. We felt there would be a broader appeal in the marketplace for a lower cost product.
Q. Is health care VCI's largest market?
A. It is one of its largest markets.
Q. What are VCI's markets for its products?
A. So enterprise so corporations, businesses all through office through manufacturing. Education is a large market and health care.
Q. What percentage of VCI's market consists of health care?
A. I would say about a third. I think it's almost a third between those three major market groups.
Q. Does that change over time?
A. Education has grown. It used to be smaller and now there's been a lot of publicity around some of our successful uses of the product

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within school districts and now school districts are buying them quite a bit. So that's picked up. It used to be very small and now it has grown especially this year.
Q. Is it a true statement that VCI's primary applications are in education and health care?
A. No.
Q. Is that a true statement?
A. No.
Q. Is it a true statement that health care is VCI's largest market?
A. I think it is a significant market. I think other than education growing this year I think last year it might have been the largest market but it varies.
Q. Was health care VCI's largest market earlier this month?
A. Earlier this month?
Q. Yes.
A. No.
Q. How are VCI's products used by health care professionals?
A. They are used in a variety of different manners. Again, the product allows people to be

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remote so doctors can now make house calls. Doctors can visit other hospitals. Doctors can visit other facilities but some hospitals are using it to allow patient's family members to visit them within the hospital. So it can be used inside within a hospital or can be deployed outside a hospital in rural clinics. So a variety of uses.
Q. Who is Eugene Spiritus?
A. He is a doctor out of I believe U. C. Irvine who has been a consultant and now most recently has become our chief medical officer.
Q. Why does VCI have a chief medical officer?
A. So that we can better understand that marketplace.
Q. What is Mr. Spiritus's or Dr. Spiritus's function at VCI?
A. To inform us of potential uses within the health area market.
Q. Do you know what Dr. Spiritus's background and training is, in what medical field?
A. I do not.
Q. Are any of VCI's products currently used to treat patients with diabetes?
A. The product doesn't treat the patients.

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Q. I apologize if I asked that. Strike that. Let me ask you a different question I thought I had asked you. Are VCI's products currently used -- well, let me just give you a new question. Sorry. Are VCI's products currently used by health care professionals to treat or evaluate or educate or diagnose patients with a medical condition known as diabetes?

MR. PATEL: Objection. Compound.

Q. You have to answer.

A. Thanks. I understand that. The product is a communications device so I don't know how doctors -- you know, with which doctors communicate with their patients and other things. I don't know. I mean I don't know how doctors use the product. So the doctor can communicate with another doctor. They could communicate with a patient. They could communicate with anybody.

Q. Is VCI aware as of today whether or not medical professionals or health care professionals use VCI's products to assist in treating patients with diabetes?

A. So the product is not FDA approved. We can't do any diagnostics type of thing. Do they

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communicate with patients? I can't comment on all the patients they communicate with. I don't know the range of diseases that patients have that doctors communicate with them.

Q. Do any doctors or health care professionals across the United States use VCI's products to communicate with patients having diabetes?

A. I don't know.

Q. Has VCI ever sold any of its products to a health care practitioner who focuses on diabetes?

A. No.

Q. Has VCI ever sold any of its products to a doctor or health care professional who treats patients with diabetes?

A. No.

Q. Has VCI sold any of its products to hospitals?

A. Yes.

Q. Which hospitals?

A. MGH, Boston Children's, Radius. The list goes on and on. Kaiser.

Q. Can you go on, please?

A. Kaiser, Palomar, El Camino, Mayo, Florida

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Children's, Miami Children's, Atlanticare. I mean that's just off the top of my head. I would have to look at a list.

Q. Did you look at a list of hospital buyers of VCI's products prior to your deposition?

A. No.

Q. Has VCI sold any of its products to any health care institutions besides hospitals?

A. Can you define what you mean by health care institution?

Q. Sure. Medical clinics, medical group practices.

A. I would imagine yes.

Q. Can you give me some examples?

A. I can't think. I'm assuming it's the non-hospitals that I recognize names. I'm assuming that's what they are.

Q. Has VCI sold any of its products to group purchasing organizations?

A. Not that I'm aware of.

Q. Has VCI ever sold any of its products to kidney dialysis centers?

A. Not that I'm aware of.

Q. Has VCI ever sold a product to a diabetes

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educator, someone who educates people with diabetes?

A. I couldn't say for sure. I mean I don't know what all of our customers do but I don't think so.

Q. How does VCI sell its products to users in the health care community or field?

A. We sell both direct and through resellers and most of our resellers are -- some of them are stronger in health care than others but a lot of times we will sell directly to the chief information officer or the IT department.

Q. Could you name VCI's resellers who sell into the health care market?

A. I think IVCI does. They're out of New York and AVISPL I believe does. I think they sold a Florida hospital one. SKC. They're all video communications resellers.

Q. Do the resellers that you identified, do they specialize in reselling products to the health care field?

A. No.

Q. Does VCI intend to continue selling its products into the health care field?

A. Yes.

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Q. How does VCI advertise or promote its products?
A. We generally do targeted mailings, e-mailings. We go to trade shows and then we do a lot of PR work.
Q. What do you mean by we do a lot of PR work?
A. We work with existing customers to get their stories out so that potentially new customers hear about the application and uses of the product.
Q. Has VCI licensed its VGo mark or logo?
A. No.
Q. Does VCI target a particular type of customer?
A. No. It's a general product so.
Q. If I understood you correctly earlier, you testified that VCI's business is generally divided between education, health care and enterprise and that the market share was about one-third for each of those?
A. Correct.
Q. Is VCI considering less expensive versions of its products for assisted living uses?
A. Yes, amongst other uses but yes. We are

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considering a less expensive version of the product.
Q. And what other types of uses is VCI considering less expensive products for?
A. For the general market.
Q. Is elder care one of those?
A. Elder care is one of those.
Q. And is VCI considering offering less expensive versions of its products so that individual consumers can purchase them?
A. I'm not sure we have a consumer product.
Q. Sorry. I don't want to use a term of art. I just want to know is one of the reasons VCI -- is one of the reasons that VCI is considering offering less expensive products in the marketplace is that so that individuals, people like myself can buy them, can afford to buy them?
A. I think that would be an outcome if you get the product cheap enough. That's not our specific target.
Q. Why is VCI considering offering less expensive versions of its products?
A. If we can expand our sales.
Q. How would that accomplish an expansion of sales by lowering the cost of your products?

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A. So it could be more affordable for people to use it in multiple applications.
Q. VCI is not intentionally undertaking or intentionally deciding to offer lower priced versions of its products so that individuals can afford them?
A. Not at this time, no.
Q. Are most of VCI's customers currently companies?
A. Yes.
Q. Has VCI sold any of its products to individuals?
A. We sold some to our employees. That probably doesn't count. I don't think so.
Q. Does VCI have any relationships with companies in the field of treating, diagnosing or counseling patients with diabetes?
A. I don't believe so.
Q. Do you know what Positive ID Corporation is?
A. Yes.
Q. What is it?
A. I don't know the products they make but I know we did a demo with them years ago but we don't

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have a relationship with them. I don't think we have done anything since.
Q. And your testimony is that VCI did a demonstration years ago with Positive ID Corporation?
A. Yeah. If I remember correctly, it was at a trade show and we drove over to their booth and did our communications at their booth but I can't remember what their product was.
Q. What people from VCI were involved in the demonstration with Positive ID Corporation?
A. Ned Semonite.
Q. Do you recall when that demonstration was?
A. 2011.
Q. You don't know what Positive ID Corporation does?
A. No.
Q. After the demonstration, did Positive ID Corporation make any announcements or issue any press releases concerning the joint demonstration with VCI?
A. They might have.
Q. Did VCI issue any public communications or press releases concerning the demonstration that it

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did with Positive ID Corporation?
A. We may have. I don't recall.
Q. What was Positive ID Corporation and VCI demonstrating? Can you describe it for me?
A. Well, I just know on our product we demonstrate the ability to communicate, two-way communication.
Q. And it's remote communication; right?
A. Correct.
Q. Do you know what XL Pharmaceuticals does?
A. No idea.
Q. Are you aware of -- strike that. Earlier you identified specifically hospitals that VCI has sold its products to. Do you recall any other examples other than the ones you have given?
A. If you give me time, I'm sure I can think of some more but those are the bigger ones.
Q. Is it true you can't sitting here today identify any medical practices other than hospitals to which VCI has sold products?
A. Not by name, no.
Q. And you can't identify any medical clinics or treatment centers that VCI has sold its products to?

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A. No.
Q. Has VCI sold any products to educational institutions, medical schools?
A. Well, education is a big market for primarily high schools and we've sold some to colleges but I can't say. So Johns Hopkins, Clemson, that type of thing but I don't know where they're using it.
Q. Let me give you a better question. Has VCI sold any of its products to medical schools?
A. Mass. General Hospital. I think they have an institute. I think that's it. I mean some of the hospitals like Boston Children's or others obviously have an educational part of their hospital but I can't say specifically.
Q. Can you identify for me the people involved in offering to sell VCI's products using the VGo mark?
A. Can you repeat that question?
Q. Sure. I just want to know who at VCI are involved in selling VCI's products. Do you have a sales director?
A. Yes.
Q. What's his name?

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A. Bern Terry.
Q. Did Mr. Terry come to the company recently?
A. About a year, year and a half ago.
Q. Do you know what Mr. Terry's background was before he came to the company?
A. He was doing something with elder care up in Vermont but I don't recall whether he was consulting or anything.
Q. You don't recall whether Mr. Terry had a particular area of expertise in sales before he joined VCI?
A. He had a history of sales. He had done some sales for PERS which is personal emergency response systems. Like the company that's I've fallen and I can't get up, the old lady. I don't remember the name. A little pendant thing. He has done sales for them.
Q. When you say that Mr. Terry had experience in elder care, do you consider that health care experience?
A. I think that was what he was doing. Yes I guess.
Q. Are you aware of any customers who

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purchased products from both VCI and Valeritas?
A. No. I'm not sure why they would buy. I don't know enough about Valeritas products.
Q. What do you know about Valeritas's products?
A. Only what you guys have sent, some diabetic thing that patients wear or something.
Q. Can you describe for me how doctors use VCI's products in connection with providing medical services to patients?
A. So it's a communications device. It just allows them if the robot is in the hospital and they are away, they can call in and visit with other doctors or patients from that location. If they can't get to a rural clinic, it could be in the rural clinic. It could be in an elder care facility where they drive up and down and go visit a patient to say hello. It could be even in a patient's home. The doctor could from the hospital make essentially a house call by visiting the patient.
Q. Are you aware of whether any of VCI's products are currently located in the homes of patients?
A. That would be through a hospital but I

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believe some of the hospitals are doing that deployment, yes.
Q. Can you give me some examples of hospitals using that type of deployment?
A. So Boston Children's.
Q. Does VCI have any plans to incorporate diagnostic equipment on its products?
A. Not at the current time.
Q. Is that something that VCI envisions for the future?
A. If the market demands it, we would look at that.
Q. So would one example be diagnostic equipment to test a patient's blood sugar level?
A. If that's something that's a remote diagnostic capability that people demand and that makes sense, that's certainly something that we would evaluate.
Q. Is that something that VCI has ever discussed or considered?
A. Not currently.
Q. Has VCI ever discussed internally incorporating diabetes test equipment on its products?

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A. No.
Q. Has VCI ever discussed or considered incorporating any sort of blood testing equipment on its products?
A. No.
Q. Do any of VCI's competitors have diagnostic equipment imbedded or on their products?
A. What do you mean by diagnostic equipment?
Q. Sure. Are any of VCI's competitors including on their products any sort of medical test equipment that would assist a doctor or medical professional in diagnosing or treating a patient remotely?
A. Not that I'm aware of. One of our competitors they are much more targeted in OR. Their unit costs $120,000. I think they have more features but we don't really compete against them at that price point.
Q. Does VCI currently attend trade shows to market is products?
A. Yes.
Q. Which trade shows?
A. We have attended Infocomm in the past. We attended recently an educational show in San Antonio. We do ATA. We attend.
Q. What is ATA?
A. American Telemedicine Association. Those types of shows.
Q. Can you tell me all the ATA trade shows that VCI has attended?
A. It's an annual show so I think we've been for the last two or three years.
Q. Would you agree that that's a health care consumer show?
A. No.
Q. How would you describe it?
A. It's a trade show targeted for health care.
Q. Thank you. Does VCI attend any other trade shows targeted towards health care?
A. We did TEDMed once.
Q. What is TEDMed?
A. TEDMed. It's the TED shows. You know the TED shows?
Q. I don't. Do you mind explaining?
A. They are a very popular technology show and TEDMed is their medical thing but it's futuristic technology.

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Q. Any others besides ATA and TEDMed?
A. I'm sure we do some smaller ones but I can't think of anything. I think we have done -- no. We spoke. We didn't exhibit there. I'm trying to think. No, not that I can -- we did speak at AFLA, at American Federation -- I can't remember. There's some little shows that we do and we talk at a number of shows, too. Those are the biggest shows that I mentioned.
Q. What are the ways -- let me just ask you a preliminary question. Does VCI promote its product to the health care industry?
A. Yes.
Q. What are the ways that VCI promotes its products to the health care industry?
A. So primarily we do direct mail or direct calls. We'll target the chief information officer, the IT department, maybe the chief innovation officer of health care institutions.
Q. How do you obtain sales leads or contact information in order to conduct direct mailing?
A. We purchase lists.
Q. Who do you purchase them from?
A. List selling companies.

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Q. Have you been doing that each year from 2010 until the present?
A. No. We have done that more recently.
Q. Did you do it in 2012?
A. Yes.
Q. And 2011?
A. I'm not sure we purchased a list in 2011.
Q. And did you purchase a list in 2013?
A. I don't think so yet.
Q. But you're sure that VCI purchased a list of potential customers in the health care industry?
A. In 2012.
Q. In 2012?
A. Yes.
Q. And when is the last time you saw that list?
A. Actually, I don't think I ever looked at the list myself.
Q. Who is responsible for maintaining the list at the company? Who has the list?
A. Ned Semonite purchased the list. It depends on the list. Some lists they will do the direct mailing for you so you don't actually get the lists. That way they can remain their contacts.

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They will do mailings so we will submit the mailings and then if they respond, then we'll get the name but, otherwise, we might not have the name. If they respond, we maintain the name in our database and do follow-up mailings that way.
MR. PATEL: Counsel, can we take a break when you get to a good stopping point?
MR. CONNOLLY: We can take a break whenever you want. Let's take a break.
(A break was taken.)
Q. Mr. Ryden, before the break we were discussing or I was asking you questions and you were answering questions about how VCI markets and promotes its product.
A. Yes.
Q. And we were specifically talking about direct mail as being one way in which VCI markets and promotes its products. Do you recall that?
A. Yes.
Q. And you testified that in 2012 VCI purchased a list of potential customers?
A. Yes.
Q. In the health care field?
A. Yes.

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Q. And you were describing to me how VCI uses or used the list. Do you recall that?
A. Yes. Correct.
Q. Does VCI physically possess a list of potential customers that it purchased in 2012?
A. No. I believe that we had access to the names only to do e-mails. They would do the e-mails for us, the e-mail blasts so I don't believe we actually have the list of names.
Q. Please tell me who at VCI had access to the list of names of potential customers.
A. I don't think anybody did. We buy lists but you don't actually get the names. They'll do the mailings and then obviously your job is to get them to respond so that you get their names.
Q. How does VCI determine who it wants to mail things to directly, advertising and promotion materials?
A. So we'll tell the list companies what we are looking for in this case someone in the IT department, someone who buys videoconferencing equipment for the hospital, that type of thing.
Q. And who are we talking about that VCI is dealing with? Is it a vendor?

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A. Yes. Third party.
Q. Who is it?
A. I don't recall the name.
Q. Is it a company?
A. Yes.
Q. In the direct mail business?
A. Yes.
Q. But they specialize in direct mail towards health care?
A. I'm not sure.
Q. Who at the company would know who they are?
A. Ned would know the name of the company.
Q. And I just want to try figure out how you conduct direct mailings to specific potential customers. Do you do that?
A. Do we mail directly to customers?
Q. No. How do you decide which potential customers are on the list, the mailing list?
MR. PATEL: Objection. Vague.
A. I don't understand your question. Sorry.
Q. Let me try to do a better job for you. One of the ways in which VCI promotes and markets its product is through direct mail; is that correct?

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A. Yes.
Q. And VCI uses a third party who you can't identify to assist with its direct mail promotions; is that correct?
A. Correct.
Q. And the third party provides the direct mail services but doesn't provide you with a list of specific potential customers; is that correct?
A. Correct.
Q. And so the third party service provider is VCI telling it to send it to a specific type of customer?
A. Yes.
Q. And what instructions or directions does VCI provide to the third party direct mail service provider?
A. So again, we tell them the type of customer that we are interested in so the chief informational officer, someone in the IT department, director of IT, someone in videoconferencing services, that type of thing. We ask them to sort for those names. In general they'll tell you, oh, we have, you know, 50,000 health care names. Well, we want the director of IT. Oh, we have 12,000 of

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those names. Then give us those and then we are charged based on the number of names that meet our criteria.
Q. Those titles that you identified or titles of employees that you identified, they're at specific companies or employers; right?
A. Correct.
Q. And do you identify to the third party vendor any specific potential customers you want to contact? Any specific?
A. No.
Q. What directions or instructions has VCI provided to the third party vendor with respect to health care markets or customers?
A. Exactly what I said before. We ask for lists specifically targeted to the customers we're going after within the health care market. Sometimes we'll give them size of hospital or something like that but generally we're not particularly -- you know, most hospitals are large enough to buy our type of product so we're really looking for someone in the department that handles this type of technology.
Q. In the past has VCI through its direct

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mail service provider only conducted direct mail promotions to hospitals in the health care field?
A. I don't think we limit it to hospitals.
Q. I want to know what other types of health care providers besides hospitals have been targeted in your direct mail promotions.
A. Well, when the direct mail company offers a health care list, I'm not sure who is on that health care list. Again, we're not specific.
Q. What types of health care venues besides hospitals are on the list?
A. I don't know.
Q. So VCI doesn't know when it directs its third party vendor to conduct direct mailings, VCI doesn't know who it's sending those direct mail promotions to?
A. In the case of a promotion we did. Some companies you can buy the name and they will send you the names. Other companies it depends on the quality of the names. The ones that retain the names are generally higher quality because they control the list.
Q. Has VCI ever received a list of names of potential customers from a third party in order to

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conduct direct mail?
A. When we go to trade shows, you will get a list of attendees at a trade show so sometimes we'll take that list.
Q. My question is a little different though. Has VCI ever purchased from a third party a list of potential customers in order to conduct direct mail promotions?
A. Yes.
Q. And does VCI currently possess a list of potential customers that it purchased from a third party?
A. No.
Q. How do you know that VCI purchased a list of specific potential customers from a third party?
A. Because I know we purchased the access to the list.
Q. Have you seen the list?
A. No.
Q. Has VCI ever used an advertising or marketing firm or agency?
A. No.
Q. Earlier you identified specific resellers of VCI's products in the health care industry or

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field and you identified IVCI; is that correct?
A. Correct.
Q. And do you know what IVCI stands for?
A. I'm sure the VC is videoconferencing. I don't know.
Q. But IVCI is one of the company's resellers?
A. That is correct.
Q. Do you know what percentage of sales are derived from business with IVCI?
A. Fairly small.
Q. Do you know where IVCI is located?
A. New York.
Q. Where specifically in New York?
A. I do not know.
Q. Does VCI have in its possession any documents that identify IVCI's address?
A. Yes.
Q. And you also identified AVISPL; is that correct?
A. Yes.
Q. Do you know what AVISPL stands for?
A. I do not.
Q. Do you know where AVISPL is located?

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A. Florida.
Q. And do you know where in Florida?
A. No.
Q. Does VCI have records that indicate AVISPL's address in Florida?
A. Yes.
Q. You identified SKC; is that correct?
A. Yes.
Q. Do you know what percentage of VCI's sales are derived from its business relationship with SKC?
A. Small.
Q. And do you know what percentage of VCI's business is derived from its business relationship with AVISPL in Florida?
A. Small.
Q. What percentage of VCI's sales are derived from selling through resellers?
A. Currently probably less than ten percent. Ten to 20 percent from all the resellers.
Q. What are the other ways the company sells its products?
A. Direct sales.
Q. Any retail sales?
A. No.

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Q. What about online sales?
A. No.
Q. Has the company sold any of its products at trade or consumer shows?
A. No.
Q. Other than the direct sellers that you identified, IVCI, AVISPL and SKC, can you identify any other resellers of VCI's products?
A. There is RoData and Providea.
Q. Is Providea P-R-O-V-I-D-E-A?
A. I think it's probably E-A.
Q. Do you know what percentage of VCI's current business is derived from its business relationship with RoData?
A. Small.
Q. Do you know where RoData is located?
A. Pennsylvania.
Q. And Providea same question. Do you know what percentage of VCI's business is derived from its relationship with Providea?
A. Small.
Q. Do you know where Providea is located?
A. California.
Q. Does the company have business records

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that identify the address of RoData and Providea?
A. Yes, and Verizon. I don't want to forget Verizon.
Q. Is Verizon a reseller of VCI's products?
A. No. They're a -- I can't remember the official term of what they call the relationship. So they don't take title but they help promote the product.
Q. Can you describe for me how Verizon helps promote VCI's products?
A. Verizon has 1200 salespeople. They are aware of the product and if they come across a customer that they feel might be interested in our type of product, they will tell them about it.
Q. Has VCI made any sales as a result of its business relationship with Verizon to health care customers?
A. We don't track the sales by Verizon so I would say yes. I believe that some are but I can't say for certain which ones are if they were indeed as a result of directly Verizon sales or introduction from Verizon's advertising or we made the call directly.
Q. So you can't identify any specific

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customers in the health care industry that VCI has obtained as a result of its relationship with Verizon?
A. No.
Q. Just briefly going back to the collaborative process that you described between VCI and Doug Geer in terms of developing the VCI's logo or mark as it is identified on Exhibit 2, is it fair to say that VCI told Mr. Geer what it wanted its logo to look like?
A. No.
Q. Why is it not fair to say that?
A. We gave general indications of what we would like but we didn't indicate what the design should be.
Q. Does VCI have plans to attend any trade or consumer shows that are targeted towards the health care field or industry?
A. Forever in the future? Can you put a -- define that? Yes. Sorry. Yes.
Q. I'm just looking for specific plans so not -- strike that. Which consumer shows or trade shows that are specifically targeted towards the health care field does VCI have plans to attend?

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A. We do not attend any consumer shows.
Q. How about trade shows?
A. We will look at trade shows as they come up on the schedule.
Q. I just want to know about current plans that the company has to attend. Does VCI have current plans to attend trade shows that are targeted towards the health care field in 2013?
A. For the remainder of 2013?
Q. Yes.
A. I do not believe so.
Q. What about 2014?
A. I would assume we would go ATA again. We have not made that decision.
Q. What percentage of VCI's sales in 2012 were derived from its direct selling activities?
A. Probably about 80 percent.
Q. Is that percentage, 80 percent, is that true with respect to the health care field?
MR. PATEL: Objection. Vague.
Q. In 2012 what percentage of VCI's sales to health care customers were derived from direct selling?
A. Probably 20 percent.

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Q. And for health care customers what percentage of sales in 2012 were derived by VCI from other types of selling activities?
MR. PATEL: Objection. Vague.
A. Can you rephrase that question?
Q. In 2012 VCI's sales to health care customers as a result of direct sales was 20 percent?
A. Correct.
Q. And how did VCI obtain the other 80 percent of sales in 2012 to health are customers?
A. I'm sorry. Repeat that again. I think either you or I misunderstood something there.
Q. Let me try to do this again. I just want to understand how VCI obtained sales from health care customers and what percentage of those sales. So in 2012 what percentage of VCI's sales to health care customers came from direct selling?
A. Eighty percent.
Q. Is it your testimony here on behalf of VCI that VCI first became aware of Valeritas as a result of this proceeding?
A. Yes.
Q. So VCI only became aware of Valeritas

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after Valeritas filed this trademark action?
A. Yes.
Q. And the first time VCI learned of Valeritas was when it received notice of this proceeding?
A. Yes.
Q. So prior to learning of this proceeding VCI was not aware that Valeritas offered products for sale in the health care field?
A. Can you repeat that question?
Q. Prior to VCI's learning of this proceeding, VCI was not aware that Valeritas offered products for sale in health care?
A. Correct.
Q. Prior to adopting the VGo logo identified on Exhibit No. 2, did VCI undertake any research regarding availability of the mark and logo?
A. Yes.
Q. And what research did VCI undertake before adopting the mark depicted to Exhibit 2?
A. VGo asked its counsel to inform us of the availability of the mark.
Q. Who at VCI knew about the results of that search activity?

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A. I did.
Q. Anybody else at the company?
A. I'm sure I told Ned.
Q. Did the company receive reports concerning the research that its counsel undertook on its behalf?
A. Yes.
Q. And did Mr. Semonite view those reports?
A. I'm not sure.
Q. Did you review those reports?
A. Yes.
Q. Did Valeritas appear in those search results?
A. I don't recall.
Q. Earlier you testified you only became aware of Valeritas after the filing of this proceeding; right?
A. Correct.
Q. So prior to learning of this proceeding you were not aware of Valeritas; right?
A. Correct.
Q. After receiving the search results, did VCI consider whether its desired mark and logo would be confusingly similar to others, other marks and

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logos?
A. Yes.
Q. And which marks or logos did VCI consider when it evaluated whether its desired mark would be confusingly similar to others?
A. We got the report and asked advice of counsel and we proceeded with our mark.
Q. Before making the decision to proceed on adopting the mark as you have described, what internal discussions, if any, took place about the similarity of VGo's desired marks with other marks?
MR. PATEL: To the extent the internal discussions involved communications with your attorneys, I instruct you not to answer. Everything else you're allowed to answer.
Q. I'm looking for internal discussions so not where counsel was present.
A. None.
Q. So you never discussed with Ned Semonite the results of the search reports?
A. No.
Q. Other than the research that you have described did VCI undertake any other types of studies or research pertaining to its desired mark?

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A. No.
Q. Did VCI after receiving the search results consider at that time going in a different direction and using a different logo and mark?
A. No.
Q. Does VCI advertise or promote its products using television ads?
A. No.
Q. Radio ads?
A. No.
Q. News print or other media?
A. No.
Q. Has VCI assigned the right to use the logo or mark to anyone?
A. No.
Q. So earlier we were talking about the direct mail activities that the company undertakes to sell and market its products. Is VCI aware of any health care professional who treats people with diabetes, is VCI aware that they received any direct mail promotions?
A. I'm not aware of any.
Q. But you're here testifying on behalf of VCI.

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A. Correct. As far as my understanding of the company, yes. We are not aware of any.
Q. Who is Brad Kayton, K-A-Y-T-O-N?
A. He was the CEO of the company at the time. Sorry. In 2010.
Q. Was he CEO for VCI during the entire period of 2010?
A. No.
Q. Do you recall when Mr. Kayton stopped being CEO of VCI?
A. I don't recall.
Q. Was it sometime in 2010?
A. I think it was in 2011.
Q. Was Mr. Kayton involved in any way in VCI's creation or adoption of the mark or logo depicted on Exhibit 2?
A. He was one of the people that contributed to suggestions.
Q. So it was Mr. Kayton and yourself and Mr. More and Mr. Root?
A. And Mr. Semonite.
Q. And Mr. Semonite who participated with Mr. Geer in creating the VCI logo and mark?
A. Yes.

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Q. Was anyone else involved besides those individuals?
A. As I mentioned, other members of the staff came in and contributed their thoughts. I think we might have voted. Had everybody come in and say, yeah, I like this one. I don't like that one so, you know.
Q. Can you identify any other VCI employees who participated in that process?
A. I don't remember which engineers said they liked it or didn't like it.
Q. Do you remember the names of the engineers who worked for company in 2010?
A. Yes.
Q. Can you tell me what those names are?
A. Jeff Muller, Barrett Wolber.
Q. I'm sorry. Jeff Muller?
A. Muller.
Q. Can you spell the last name, please?
A. M-U-L-L-E-R.
Q. And who was the second person you identified?
A. Barrett Wolber, W-O-L-B-E-R. Dave Johnson. I'm sure there are other engineers.

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Q. Anyone else you can identify sitting here today as being someone involved in the process of selecting or working on VCI's mark in 2010?
A. No.
Q. Who is Peter Vickers?
A. He is our current CEO.
Q. Did he replace Mr. Kayton as CEO?
A. Yes.
Q. Do you recall when that took place?
A. In the end of 2011. September of 2011 I believe.
Q. Who is John Nye?
A. VP of sales.
Q. Does Mr. Terry report to Mr. Nye?
A. No. Mr. Nye is no longer with the company.
Q. Do you recall when Mr. Nye left the company?
A. I do not.
Q. Do you know where Mr. Nye is now?
A. I do not.
Q. Do you know where Mr. Kayton is now?
A. He's with a startup in Cambridge that does like smart energy, digital thermometer type things.

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Q. Do you know where Mr. Kayton lives?
A. He lives in Holliston, Maine.
Q. Do you know where Mr. Nye lives?
A. I do not.
Q. Who is John Rodella, R-O-D-E-L-L-A?
A. I'm going to say he's CEO of RoData, one of our resellers.
Q. Where is RoData located?
A. Pennsylvania. Just because the name sounds like it. I think that's who he is. I'm not sure.
Q. You're right. Can I ask you to take a look at Exhibit No. 2 again?
A. Yes.
Q. And just to go back over this, Exhibit 2 contains on the upper part VCI's mark or logo as it appears on VCI products as they're sold in the marketplace; correct?
A. Yes.
Q. And on the bottom can you identify what is depicted on the bottom portion of Exhibit 2?
A. You have told me that that is the logo for Valeritas.
Q. Do you have any knowledge to dispute that?

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A. No.
Q. Are the two marks identical?
A. No.
Q. Is VCI's mark similar to Valeritas's mark?
MR. PATEL: Objection. Vague.
A. They both use the letters V-G-O.
Q. Are they similar in any other ways?
A. The V slants.
Q. Any other ways?
A. No.
Q. Do both logos or marks have a large capital letter V?
A. Yes.
Q. Are they both -- is the capital letter V followed by the word go in both of the marks?
A. Yes.
Q. And is the word go in smaller capital letters in both the VCI mark and the Valeritas mark?
A. They're both the same size so I would assume that that means -- you're saying that's a capital O? I'll trust that that's correct.
Q. I'm just asking you to look at Exhibit 2 and tell me whether it's true or not that the capital letter V is followed by the word go in

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smaller capital letters?
A. The capital letter V is followed by the letters G and O.
Q. Is it fair to say that both of the logos or marks depicted on Exhibit 2 have a horizontal line element in them?
A. Is that a thermometer? It looks like a tilted thermometer. Is that what you mean by a horizontal line? Yes. Then both of those are horizontal.
Q. Thank you.
A. Can you tell me if that's a thermometer?
Q. I'm asking the questions here today.
A. Okay. Sorry.
Q. That's okay. In the horizontal design element that you have identified in the VCI mark is there a spherical shape on the right-hand side of the horizontal design?
A. Yes.
Q. And on the Valeritas mark is there also a spherical element at the right-hand side of the horizontal mark?
A. It's incorporated in the mark.
Q. But both have a spherical element to the

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horizontal mark; right?
A. Well, theirs is incorporated and on ours it's separate but yes. There's some spherical element to that.
Q. Is it fair to say that both of the marks depicted on Exhibit 2 are similar?
MR. PATEL: Objection. Vague.
A. No.
Q. And why is it not fair to say that they're both similar?
A. Because this one is for disposable insulin. I'm sorry. The lower one is for disposal insulin delivery something. I guess it's system.
Q. So other than the text underneath Valeritas's logo or mark, how else are they different?
A. Well, it's in lime green the letters and then it's got that thermometer thing.
Q. Just so the record is clear you're pointing to the --
A. I'm sorry. I'm pointing to the lower one.
Q. And that's the Valeritas mark; right?
A. Yes.
Q. Do you think a person could mistake the

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two marks?
A. No.
Q. Do you think a person would think that the two marks identify the same company?
A. No.
Q. Why not?
A. Because they are different.
Q. They are different in the ways you described earlier?
A. Yes.
Q. Have any doctors confused VCI with Valeritas?
A. The only one I'm aware of is the one that Valeritas informed us and I believe there's a doctor that they have hired to do trials and he has confused the two or said he has confused the two. I don't know him personally.
Q. And the doctor that you described, VCI learned of that through this proceeding; right?
A. Correct.
Q. VCI did not learn of that independent of this proceeding?
A. Correct.
Q. Have any patients confused the two marks

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depicted on Exhibit 2?
A. No.
Q. Have any members of a hospital staff confused the two marks depicted on Exhibit 2?
A. No.
Q. Have any buyers of VCI's products confused the two marks depicted on Exhibit 2?
A. No.
Q. How about IT directors at hospitals? Is VCI aware of any IT director or individual who purchases VCI's products on behalf of hospitals that has confused VCI with Valeritas?
A. No.
Q. Have any purchasers of VCI's products indicated that they believe Valeritas and VCI are connected in some way?
A. No.
Q. Is VCI aware of any instance where a person confused or mistook VCI's product with a Valeritas product?
A. No.
Q. Has VCI ever received communications from any person that were intended for Valeritas?
A. No.

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Q. Has VCI ever been contacted by any person thinking VCI was Valeritas or the source of any Valeritas product or service?
A. No.
Q. Has VCI ever marketed or sold any product to the Florida Hospital Diabetes Institute?
A. We sold product to Florida Hospital. I do not believe it's the diabetes institute. I'm not sure if those two are related.
Q. But VCI has sold products to the Florida Hospital?
A. Yes.
Q. Do you know what the Sanford Burnham Translational Research Institute is?
A. No.
Q. Is that a customer of VCI?
A. Can you repeat the name?
Q. Sure. Sanford Burnham Translational Research Institute.
A. No.
Q. Does VCI market or promote its products through phone calls?
A. Yes.
Q. Does it conduct those marketing phone

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calls internally or does it use a third party?
A. We have used a third party. We primarily do it internally now.
Q. On the occasions VCI used a third party to conduct phone marketing, can you tell me the name or names of the vendor used?
A. There was a local vendor. I don't recall the name.
Q. So a company in Nashua, New Hampshire?
A. Nashua I believe.
Q. Would VCI have any records that identify the vendor that was used?
A. Yes.
Q. Can you describe for me how VCI has conducted phone marketing, how does it do it? How do you do it?
A. We call the customers. So we solicit customers that we think might be interested in the product. We research. We find maybe a major hospital and try to determine who is in the IT department that we could, you know, make a call to.
Q. So does VCI use publicly available contact information in order to conduct its phone marketing?
A. Yes.

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Q. Does VCI use any contact lists purchased from a third party to conduct its phone marketing?
A. No.
Q. Who at the company conducts phone marketing on behalf of VCI to health care potential clients?
A. Bern Terry.
Q. Anyone else?
A. Primarily Bern. Tom Thornton handles mostly education but might do some health care.
Q. Does VCI know whether Mr. Thornton has contacted any health care providers that provide services to patients with diabetes in the context of VCI's phone marketing campaign?
A. I would assume a lot of hospitals provide as part of their thing diabetes.
Q. Let me try to give you a more specific question. Is VCI aware of Mr. Terry contacting any health care providers that specialize in the treatment of patients with diabetes?
A. I think there's one. I think maybe yes to one.
Q. Which one is that?
A. I knew you were going to ask me that. I

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don't know.
Q. So why do you believe sitting here today that Mr. Terry has contacted on behalf of VCI a health care provider that specializes in the treatment of patients with diabetes?
A. I think he was trying to determine which customers might be interested in the product, would contact all of them, you know, all the major departments in terms of trying to determine what IT and supporting the IT folks where they could potentially find doctors who might use this type of product in their communications so I think it's just more educational rather than --
Q. What information would Mr. Terry provide to a health care provider who specializes in the treatment of patients with diabetes to sell the product or inform them that they may be interested in purchasing the product?
MR. PATEL: Objection. Compound, vague.
A. They ask them if they use videoconferencing equipment, tell them this is a mobile type of videoconferencing equipment and find out their communication methods.

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Q. With patients?
A. It doesn't have to be with patients. Within the hospital or, you know, are you remote, do you travel, how do you make -- you know, essentially how do you make your calls, how do you run your business. Really has nothing to do with the services they provide so it doesn't really matter what kind of doctor they are. It's really do they do remote visits or do they have patients who are in multiple clinics, would they like to be in different clinics at different times. So really, as I said, it has little to do with the type of doctor they are. It more has to do with the type of style or the type of practice they're in.
Q. What information does VCI provide to doctors or health care providers as a way to promote VCI's products and get physicians to purchase their products? What does VCI tell doctors about what it can do for their practices?
A. Well, we provide them the materials, tell them how to extend their communications or extend their capability through mobile communications.
Q. Does VCI convey to health care providers any information about how VCI products can help them

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service their patients?
A. In terms of how to communicate, yes. How to be able to do two-way audiovisual communication.
Q. Does VCI market or promote any particular advantages of its products to physicians?
A. Just the ability to be remote and to extend that communication reach.
Q. So it's no different than a phone call?
A. It's no different than a phone call.
Q. So VCI products don't provide physicians with any particular advantages as compared with a phone call?
A. Well, that's putting words in my mouth. No. I mean there's a lot of benefits to the product, the ability to be able to remote control that device and go in and visit, you know, go to a conference room or a lab or something like that, remotely be able to do that. It's much more than a phone. You can't do that with a phone.
Q. So why is VCI's product advantageous to physicians?
A. So if physicians can't be in -- if they're pulled in many different directions. If they want to be in two places at once, our product allows them

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to do that, to physically be in maybe a rural clinic, to be in an office, to be in an elder care facility, to be in a lab when they're not there. Maybe they're in one location but really want to be at that separate location. It gives them that ability.
Q. Do VCI products have any particular advantages that VCI uses to market its products as compared to say Skype or videoconferencing?
A. Yes. So the mobility is the key there, the differentiator between Skype. So in Skype you can be in that remote location or videoconferencing but you're not mobile. You're stuck to wherever that location of that PC or screen is as opposed to our product. You can be where you need to be. You can go where you need to go.
Q. And other than what you have described does VCI tell physicians of any other types of advantages to the use of its product over other more traditional types of teleconferencing equipment?
A. No. Those are the highlights.
Q. What about the look of the unit? Does VCI convey to physicians that the look of its products provide certain advantages to physicians in their

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practices?
A. We do explain that the look is not -- when people think of robots, they think of something they've seen in a movie or something like that. So we do tell them about the look of the product, that it is very pleasing to have in an office.
Q. Is there any reason why the product has a particular height?
A. Yes. It's 48 inches tall at the camera height and that's a very comfortable height for where you're sitting or standing. The camera pivots so you can look up and down but it's not too big and intimidating and it's a comfortable height and it moves nicely.
Q. Are those elements that you have just described to me conveyed by VCI to physician customers and potential physician customers as advantages to using VCI's products?
A. The size of the product, yes.
Q. What about the look of the product, how the product presents to a patient?
A. Yes.
MR. CONNOLLY: It's almost 12 o'clock. I think this is a good time to stop for

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a lunch break. Can we go off the record?
(A break was taken for lunch.)
Q. Could you please turn to Page 3 of Exhibit 1?
A. Okay.
Q. Do you recognize Page 3 of Exhibit 1?
A. It is our VGo trademark, the form from the patent office.
Q. Is it accurate for me to state that Page 3 of Exhibit 1 is VCI's trademark registration certificate?
A. Sure. Yes.
Q. Can you please turn to Page 26 of Exhibit 1?
A. Yes.
Q. In early 2010 did VCI consider whether or not to use the letters V-I-D-G-O as its trademark logo?
A. Certainly it looks like that. I don't recall that but maybe we did because the search is on that.
Q. Just putting aside the documents, just from your memory did VCI at any time consider using Vidgo as its trademark or logo?

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A. We looked at a number of different combinations of letters and words and so forth so we could have.
Q. So there was Ego; right?
A. There was Ego, yes.
Q. And was there Vidgo as well?
A. There could have been.
Q. You don't know?
A. I don't know. It did not -- we never -- so with Ego we had developed a logo and so forth. I don't recall any logo or any work done around that name so we didn't get very far if we did look to use that name.
Q. Thank you. Sitting here today can you recall any other names that VCI considered?
A. No. I mentioned we looked at other letters in the alphabet and so forth so I know we looked at other combinations before we settled on VGo.
Q. Prior to March 1, 2012 was VCI focused on health care as a market?
A. No.
Q. In 2012 was VCI focused on health care as a market?

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A. It was one of the markets we were going after, yes.
Q. Does VCI consider the health care market to be divided into segments?
A. Yes.
Q. What are the segments?
A. We determine it based on the applications of our product so within the market themselves I think other people will find different ways to segment it. Health care itself is such a broad term but we look specifically on applications so we divide it more into remote visits, different ways that the product can be used from our perspective.
Q. So internally does VCI divide the health care market into segments --
A. Yes.
Q. -- for purposes of marketing and promoting its products?
A. For purposes of discussion, yes.
Q. And what specifically are the segments?
A. The different applications so whether we do remote visits. So as an example having family members visit in a hospital is different than having a doctor have a product in a hospital or go to a

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rural clinic. It's a different user, different application.
Q. So is remote visits one of the segments that VCI divides the health care market into?
A. Right. Yes.
Q. So are there others?
A. Yes, although I don't think we have nice names for them but in terms of the way we discuss it more, as I said, on the applications.
Q. Can you tell me the names?
A. So we have the application of where the doctor is in hospitals so a doctor visiting within a hospital. Maybe a doctor -- we also look at doctors visiting other locations so rural clinics and then elder care facilities would fall into that and then we look at applications where it would be used with a patient so visiting in a patient's home.
Q. So have you identified the following as targeted segments of the health care market, remote visits, doctors visiting patients in hospitals, doctors visiting remote clinics and patients using VCI's products at home?
MR. PATEL: Objection. Compound.
A. No.

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Q. All I want to do is understand how VCI identifies the segments it has identified in the health care market.
A. Right. You have stated the last one incorrectly. So doctors using it in the patient's home. You said patients using it. Patients don't use the product.
Q. So doctors using VCI's products in the patient's home?
A. Right.
Q. Did I get the other ones right?
A. I think so.
Q. All right. Just so I have a complete listing.
A. Yes.
Q. Does VCI identify the follows segments of the health care market, remote visits; is that correct?
A. Correct.
Q. And is the second one doctors using VCI's products in the hospitals?
A. Correct.
Q. And is the third one remote clinics?
A. Doctors using it in, yes.

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Q. Doctors using VCI's products in remote clinics?
A. Yes.
Q. And the fourth one was doctors using VCI's products in the patient's home?
A. Correct. Although the numbering means -- there's no numbering or ranking as you have ranked it.
Q. It is just for purposes of identifying it here today. I agree. Other than those we have just mentioned, are there others?
A. Well, when you said rural clinics, I talked about elder care and other facilities so other potential facilities that they could be in.
Q. What are some of the other potential facilities that they could be in?
A. Elder care facilities, assisted living facilities, something like that.
Q. Any others?
A. I think that basically, you know, between the remote clinics and that, I think that covers it.
Q. In 2012 was VCI expanding its business in those segments that we have just discussed?
A. Yes.

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Q. But earlier I asked you whether VCI had a health care focus in 2012 and I think you answered in the negative; am I misstating your testimony?
A. If you read back the question, I think you asked it slightly differently so we have had a focus on health care in 2012, not for the entire year. It was more something that was developed towards the end of the year.
Q. Was your earlier testimony that VCI does not attend any consumer shows; is that correct?
A. Correct.
Q. In the past has VCI attended any consumer shows?
A. We have been in partners' booths. We have not had a booth. So Verizon for instance. Verizon goes to the Consumer Electronics Show. Again, that's not -- although it's called Consumer Electronics Shows, it's actually not targeted at consumers. It's targeted at resellers and so forth. We were in their booth so we had a product in their booth.
Q. So you don't consider that as VCI attending the CES?
A. Correct. We weren't trying to sell

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product. We were supporting our partner.
Q. Does VCI discuss internally a goal of replacing hospital monitoring with home-based monitoring for health care patients?
A. No.
Q. Is it true that mobile robots are now being used in hundreds of hospitals nationwide as the eyes, ears and voices of doctors who can not be there in person?
A. Yes.
Q. So that includes mobile robot producers other than VCI; correct?
A. Correct.
Q. Do you have an understanding as to how many hospitals VCI has its robotic telepresence product in?
A. Probably around a hundred.
Q. Can you turn to Page 268 and 269, please?
A. Yes.
Q. Can you tell me which of the VCI customers identified here are in the field of health care?
A. Sure. So Palomar, Glendale, Montreal Children's Hospital, Children's Hospital of Boston, Capital Health, Florida Hospital, Intermountain

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Health Care, Advanced Pediatric. No. Advanced Dermatology. VTS Medical. I think that's it.
Q. Do you know what VTS Medical Systems is?
A. I do not.
Q. Do you know what the Macy Center is?
A. I do not. It says learning lab. I don't know what that means.
Q. How about Capital Health? Do you know what they do?
A. I do not.
Q. Do you know what a CRM is?
A. Yes.
Q. Can you tell me what it is?
A. Relationship. Customer relationship management system.
Q. Does VCI have a CRM?
A. Yes.
Q. Does it list VCI's customers by name?
A. Yes.
Q. Do you use the CRM?
A. Yes.
Q. Have you ever seen a customer identified in the VCI CRM with the word diabetes in its name or title?

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A. I don't recall. I mentioned one before. I think there is one but I don't -- it's not --
Q. Which one did you mention before?
A. I don't remember the name. I think I've seen it. I don't recall the actual name so I would have to go look.
Q. You would ascertain that information by going into the CRM system and looking?
A. I would have to do a search in the system.
Q. And you can print off reports from the CRM; right?
A. Yes.
Q. I think I asked you earlier whether VCI promoted its products on television. Do you recall that?
A. Yes.
Q. Has the VCI's robotic telepresence product appeared on television?
A. Numerous times.
Q. Can you give me some examples?
A. It's been on the Today show. It has been on a Verizon commercial that ran nationwide during a lot of football names and so forth. It has been on Fox News, CNBC, CBS, ABC, most of the local

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affiliates although some national coverage on those pretty much throughout the country. I'm trying to think what else. It has been on Bloomberg TV last week or the week before. It's generally on TV almost every month.
Q. Bringing your attention back to early 2010 when VCI was, as you testified, collaborating with Mr. Geer on the design of VCI's logo. Do you recall whether VCI gave sort of an initial sketch or design to Mr. Geer or it was the opposite, Mr. Geer provided the initial sketch or design of the logo to VCI?
A. I believe Mr. Geer provided the initial.
Q. Do you recall what it looked like?
A. I do not.
Q. Have you seen that design, initial design at any time after 2010?
A. No.
Q. Can you recall any other health care customers that the company VCI sold its products to other than the ones you have identified previously?
A. You mean the ones I just read off?
Q. Yes.
A. I'm sure I can think of more. Let me

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think. Eastern Maine, Hospice of the North Shore, Atlanticare. I don't know if I mentioned that before. You know, there's others. I'm sure if I -- how long do you want me to spend thinking about our customer list?
Q. I just want you to do the best you can because that's why you're here today.
A. I think that's it.
Q. Do you know whether any departments in the hospitals to which VCI has sold products are using VCI's product in connection with the diagnosis or treatment of patients with diabetes?
MR. PATEL: Objection. Vague.
Q. So we talked about hospitals earlier and you identified that while there are a lot of departments in hospitals so I'm asking you whether you're aware of VCI's products being used in any departments in hospitals that specialize in the treatment of patients with diabetes.
A. Not that I'm aware of.
Q. Has VCI prepared any specific papers on using its products in health care?
A. Yes.
Q. Can you identify that for me?

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A. We created a white paper about the use of VGo in health care.
Q. When you previously looked through Exhibit 1, did you see the white paper there?
A. I think it was in there; right? I would have to look through. That's not the white paper. That's a shorter version. I think there's a longer one. I think I saw it in here. I don't recall. I would have to go look through all of pages but it's probably in here or maybe not. I don't know.
Q. It's kind of an important point and I don't see it in there.
A. Okay.
Q. So I'm not asking you to look through it.
A. If you don't see it, then it's just a longer version of this which basically it's the same thing. It's on our web site.
MR. CONNOLLY: The witness is pointing to Page 1 and 2 of Exhibit 1.
Q. And so VCI's white paper is a longer version?
A. It's just a couple more pages than this.
Q. That's available to the public on your web site?

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A. Yes.
Q. And can you tell me what additional information is in the longer version of the white paper?
A. It just talks about using the application, using it in the health care application.
Q. Anything specific?
A. No.
Q. You can't recall or you don't know?
A. It's general.
Q. Is patient monitoring one of the ways that VCI's products can be used by health care organizations?
A. Can you define patient monitoring?
Q. Well, does VCI use the term patient monitoring as one of the ways its products can be used in health care?
A. Patient observation, yes. So more recently there's been more definition around what patient monitoring is.
Q. Okay.
A. So we don't have devices that hook up to it but you can absolutely view a patient through our device. So, yes, in that general term. One of our

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competitors is starting to say that you need FDA this and that for certain things so we're trying to be more careful about what the language is but that's not my area so.
Q. Earlier we talked about I'll use the term selling points.
A. Yes.
Q. That VCI uses to promote its products in health care to physicians.
A. Yes.
Q. Other than what we discussed previously are there any other selling points that VCI makes health care providers aware of?
A. No.
Q. What about cost containment? Does VCI promote its products to health care providers as a way to save costs?
A. Yes, to all our customers.
Q. Can you tell me what VCI says to physicians about that?
A. We see it as a way because of its extensive reach it allows you to be in other locations. You can lower your costs by visiting patients remotely or visiting sites remotely.

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Q. Is that also important because there's a shortage of trained health care professionals?
A. I'm sure that's a reason, yes.
Q. Is that one of the reasons that VCI notes in its sales materials to health care customers?
A. That there's a shortage of doctors?
Q. Yes.
A. Well, it's a way to extend the reach of doctors so make them more efficient, yes.
Q. We discussed and I asked you questions earlier about Positive ID Corporation. Do you recall that?
A. Yes.
Q. Did Positive ID Corporation and VCI host a joint demonstration of wireless health solutions at ATA in 2011?
A. Yes. That's what I had mentioned before.
Q. That was in Florida?
A. Are you telling me or asking me?
Q. I'm asking you was it in Florida?
A. I don't know.
Q. And do you know what Positive ID Corporation's product was that was demonstrated?
A. No.

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Q. Do you know what it was called?
A. No.
Q. Do you know what their product was used for?
A. No.
Q. Do you remember anything about the details of the demonstration?
A. No.
Q. Were you there?
A. I was at the show. I was not involved in the demonstration.
Q. Can you tell me who was involved?
A. Ned Semonite.
Q. Anyone else?
A. I think Ashley Wells.
Q. Ashley Wells is the employee you identified earlier as someone who was reporting to you but she is no longer with the company; correct?
A. Correct.
Q. Is VCI's product a videoconferencing telepresence solution?
A. Yes.
Q. Can you describe for me the ways that doctors and nurses use VCI's products to monitor

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patients when they can't be there in the room with them?
A. So it's two-way audiovisual communication so if the product is there, the robot itself, the doctors can call in and communicate as if they were there.
Q. Did Mr. Semonite select VCI's mark in early 2010?
A. Yes.
Q. Did he do that alone?
A. Well, as mentioned before, it was a collaborative. We all agreed but in terms of the final decision making it was his.
MR. CONNOLLY: Why don't we take ten minutes and I'll see what I need to do to finish; okay?
MR. PATEL: Okay.
(A break was taken.)
Q. Does VCI customize its products?
A. No.
Q. Between 2007 and 2009 did VCI have a business plan?
A. Yes.
Q. Was it written?

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A. Yes.
Q. And did it identify health care specifically as an important market to the company?
A. I do not believe so.
Q. In 2009 did VCI consider that health care was an important market for its products?
A. I do not believe so, no.
Q. In early 2010 did VCI consider that health care was an important market for the company?
A. I believe it was just viewed as one of the markets.
Q. Just one of several markets?
A. One of several markets.
Q. As of January 2010 had VCI identified the markets that it would pursue for its products?
A. Yes.
Q. What were they?
A. So they were, as I mentioned before, enterprise, which is obviously a broad topic within enterprise, any type of remote communication whether it's in factories or office buildings or anything like that, any type of area where video communications is being used so, again, we looked at a lot of our resellers, what markets they were in

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and determined that those markets would be applicable to us. If they bought traditional videoconferencing equipment, they could potentially buy our equipment so that meant health care was certainly on that list. Education was on that list but that was prior to us announcing the product and selling the product so we didn't know which ones we would get traction from.
Q. Before launching the product or selling the product did you conduct any market studies relating to health care specifically about the level of interest for your intended product?
A. No.
Q. Did the company have a written business plan in January 2010?
A. We did not write a plan in January of 2010.
Q. As of January 2010 did a business plan in written form exist for VCI?
A. I think one of the previous ones. I'm not sure it was updated.
Q. Does the company have a copy of the business plan that was in place in January of 2010?
A. It should have.

MR. CONNOLLY: I don't have any further questions for the witness.
MR. PATEL: No questions.
MR. CONNOLLY: Off the record.
(Whereupon, at 1:25 p.m., the deposition was concluded.)

C E R T I F I C A T E

I, THOMAS RYDEN, do hereby certify that I have read the foregoing transcript of my testimony, and further certify that it is a true and accurate record of my testimony (with the exception of the corrections listed below):

Page	Line	Correction/Reason
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_____
THOMAS RYDEN

Sworn and subscribed to before me this ____ day of _____, 2013.

_____
Notary Public

My commission expires:

CERTIFICATE

Commonwealth of Massachusetts
Suffolk ss.

I, Karen A. Morgan, Certified Shorthand Reporter and Notary Public in and for the Commonwealth of Massachusetts, do hereby certify that THOMAS RYDEN, the witness whose deposition is hereinbefore set forth, was duly sworn by me and that such deposition is a true record of the testimony given by the witness.

I further certify that I am neither related to or employed by any of the parties in or counsel to this action, nor am I financially interested in the outcome of this action.

In witness whereof, I have hereunto set my hand this second day of July, 2013.

_____
Karen A. Morgan
CSR/RPR

My commission expires:
November 5, 2015

EXHIBIT H

VGO

WHITE PAPER

EXTENDING THE REACH OF CARE

How VGo robotic telepresence can make a profound impact on healthcare by:

- Boosting productivity
- Increasing revenues
- Improving clinical outcomes
- Raising patient satisfaction
- Enhancing a provider's image

"When you can't be there, VGo there!"

Abstract

At the forefront of an emerging area of telemedicine, VGo enables healthcare professionals such as physicians, nurses and clinical specialists, and also patients and family members, to be in two places at once. VGo is now in early deployments in multiple hospitals across the US, as they seek to leverage this technology to increase productivity, improve clinical outcomes and boost patient satisfaction. Applications in use or under evaluation include:

- *rounds from home or office, or the road*
- *visits to senior care and hospice*
- *interpreter services*
- *long-stay pediatrics*
- *consultations in rural hospitals*
- *rapid second opinions*
- *medical training*
- *family visits*

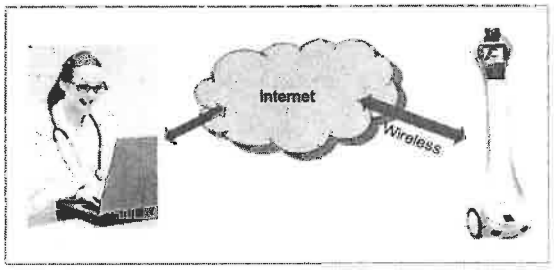
As the leader of a second generation of robotic telepresence solutions, VGo brings dramatic improvements in performance and functionality. And at a fraction of the cost of earlier devices, VGo facilitates the widespread deployment of robotic telepresence, and brings the opportunity to make a profound impact on the healthcare industry.

EXTENDING THE REACH OF CARE

"With VGo, I can offer an expanded set of services while also lowering the cost of healthcare delivery."

– G.P., Director, Technology Assessment & Integration, nationwide Hospital-HMO network

For all the advances in medical technology, the single most important element in patient care continues to be the skills and experience of highly trained healthcare professionals: physicians, nurses and clinical specialists. Study after study has demonstrated that more time spent by these professionals interacting with patients translates into measurable improvements in outcomes, often accompanied



by shorter hospital stays, reduced admission rates and other benefits. Now with VGo, the "face time" between healthcare professionals and their patients can be increased economically, and all of these benefits can be realized.

VGo is at the forefront of a new category of telemedicine technology that integrates videoconferencing, wireless networking and robotics to enable a healthcare professional to be (almost literally) in two places at once. VGo itself is a 4-foot high robotic appliance with integrated camera, screen and audio system that can be driven and operated from any Internet-connected computer.

With VGo, a healthcare professional can visit a patient in a distant location, such as a satellite hospital, a rural clinic or rehab facility, or just a room on the far side of the campus, without having to physically go there. While visiting the remote location, they can move around autonomously, seeing, hearing and speaking as they go – just as if they were there in person.

By eliminating the task of physically getting to the patient, VGo increases the amount of time that can be spent with the patient, and can enable providers to deliver a variety of services at much lower costs. It is well suited for conditions where visual observation is a vital element of the diagnosis: neurology, stroke care, dermatology, wound care, psychiatry and many others. Since the user is able to move around and direct the camera autonomously, there is no need to depend on giving instructions to an attendant. And because the patient experience is close to that of an in-person visit, a VGo consultation brings levels of patient reassurance and satisfaction that are close to an in-person visit.

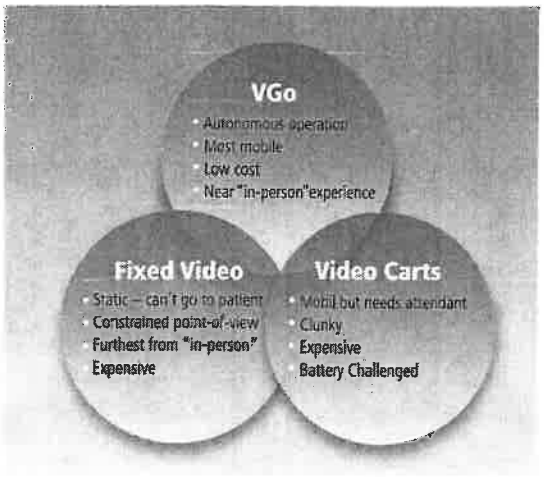
Patients and family members can also take advantage of VGo to be in two places at once. A distant family member can now visit a loved one without traveling, and a quarantined patient no longer has to remain in isolation from their family. And hospital-bound (or home-bound) kids can attend school, or visit and interact with other kids that are in a similar condition. Keeping the patient stimulated, engaged and in the regular company of loved ones can play a major role in improving outcomes.

This emerging category of systems that integrate videoconferencing, wireless communications and robotics is known as "robotic telepresence." A first generation of robotic telepresence has been deployed in small numbers in the last few years, and the fundamental value has been demonstrated in a variety of applications. Now VGo brings dramatic improvements in performance and functionality in a tightly integrated and ergonomically designed package. And at a fraction of the cost of earlier devices – less than $6,000 each – VGo will for the first time enable robotic telepresence to be widely deployed within hospitals and other healthcare facilities.

COMPARISON WITH CONVENTIONAL TELEMEDICINE

VGo robotic telepresence builds on other forms of video technology that are already in use in clinical environments, but brings important advantages. This can be seen by comparing VGo with the two most widely deployed categories of telemedicine systems, fixed video systems, and video carts.

Fixed video systems provide for audio-visual communications between a physician and a remote patient, and can provide a useful aid to diagnosis and therapy, especially for where the patient is fully mobile. However, there are important limitations, of which the most important is that the location of the camera and screen is fixed.



Because of their inherent lack of mobility, fixed video systems are not even an option for many applications such as doing rounds, or for any application that involves meeting with multiple patients in their individual hospital rooms. Also, while the health professional can see the patient, they have a very limited ability to examine them, since the camera in a fixed, and therefore provides a very constrained point-of-view. From the patient's standpoint, fixed video is also a much less satisfying experience, since they are talking to a screen on the wall, rather than a mobile physical representation of the physician, nurse or specialist.

Video Carts

"Video carts are simply not a good solution because someone has to push them around. Also, battery power is a big problem."

— R.R., Director of Telemedicine, leading teaching hospital, California

By combining multiple components on a wheeled platform, video carts overcome the fixed location limitation of fixed video systems. However, with video carts the visitor is not autonomous: they are completely dependent on an assistant to move the cart to the location where it is needed, and to move it into the exact position to achieve the desired point-of-view. Video carts differ in how much control the remote individual has over the camera, but some degree of local help is always needed.

Because they are a collection of components designed for other purposes, video carts are inherently big and clunky, and provide a less personal interaction. For the same reason they are also considerably more expensive than VGo, and for this reason, fewer of them can be deployed, so they have to be moved further for each use. Most video carts also have power problems because some of their constituent parts are not designed for battery power. The result is either that they need to be plugged in to a wall outlet, or that they rely on heavy and expensive batteries and transformers.

What About Skype? Or FaceTime?

People often ask "Why not just get a laptop with Skype or FaceTime? That's mobile."
It's interesting that VGo users had often tried that previously, but found that it didn't really work.

Here's why.

A 2nd person always had to be available to carry the laptop and ensure that the camera was pointed at what the remote person wants to see. That sounds easy, but invariably the remote person always found they weren't where they wanted to be since its nearly impossible to have someone devoted 100% to tending the laptop. And having someone responsible was a burden and often costly.

Because the laptop running Skype is an open platform, more often than not someone had changed a setting or pressed the wrong key - so it not could be counted on working without a lot of attention by a trained specialist. In addition, the small size and consumer value of a laptop or tablet means that its target for theft. You could bolt it to a cart but then cost goes up and flexibility goes down. VGo is a dedicated appliance so it's always ready and its size prevents it from being stolen.

VGO APPLICATIONS

Hospitals are using or evaluating VGo robotic telepresence for a broad range of applications. The following are some examples of common use cases that provide an indication of the breadth of scenarios in which VGo can be deliver significant benefits.

Rounds From Home Or Office or the Road

"In the past while I was away from the NICU, I would either have to wait until I got to the hospital or I would be on the phone trying to understand what was happening. Now I can pull off the road and simply connect to the VGo with my iPad to see what's going on."

— Dr. Gail Knight, Clinical Chief of Neonatology, Rady Children's Hospital

VGo is being used in patient rooms, ICUs and NICUs, EDs, operating rooms, re-hab centers, skilled nursing facilities and hospice centers. Physicians typically conduct rounds for their hospitalized patients once daily. By using VGo they can also perform night and weekend visits from their home or office, often accompanying the nurse or resident who would otherwise visit on the patients. These additional visits have a clear benefit in improved patient and family satisfaction, which translates into enhanced recovery, better customer satisfaction scores for the hospital, and an enhanced reputation for the physician. Studies also indicate that additional visits by the physician can have a measurable financial impact by contributing to early patient discharge.

Rural Hospitals

"It works well for my patients that are in need of emergency attention for such conditions as shingles, acute infections and post-operative issues,"

— Dr. S.H., dermatologist, Florida

Many major metropolitan hospitals also provide specialist services to rural hospitals. However, the logistics associated with providing this care without telepresence can be daunting, with a physician forced to travel for several hours for a short period of consultations. With VGo, a physician can "be" at the rural satellite hospital – or at a rural clinic – without leaving his or her metropolitan or suburban office. Applications for VGo include increasing the number of rounds the visiting specialist can conduct "in person," bringing much greater flexibility in scheduling appointments, and providing rapid availability of specialists in critical care situations. These cases are all focused on achieving improved clinical outcomes at a reasonable cost. VGo can also be used to interview candidates for surgical procedures in a rural hospital close to their home, thereby removing a barrier to them selecting the metro facility.

In many cases, services provided to patients in rural hospitals via telemedicine are reimbursable at the same rates as in-person services. These reimbursement provisions are contained in federal regulations for Medicare, and often also in state regulations for Medicaid and private insurance (35+ states have regulations providing for Medicaid reimbursement, and several states have private insurance mandates). With over 20% of the US population living in rural communities underserved by medical specialties, these are very important applications on a nationwide basis.

Senior Care and Hospice

"It provides a great opportunity for physicians to remotely visit their patients at any time of the day or night and get an accurate read on their condition."

— V.B., director of rehabilitation services, community hospital system, California

While the distances may be smaller than for rural hospitals, the same benefit of avoiding travel time often applies to senior care facilities, hospice centers, and the home. Not only physicians, but also other specialists such as pharmacists, nutritionists and psychiatrists can leverage VGo to meet with residents, replacing at least a portion of their in-person visits. Even where regulations do not provide for reimbursement, the savings in time, cost and sheer inconvenience of travel can often offset the fees earned. And where services are provided under a flat-rate contract, VGo will pay for itself many times over by greatly reducing the cost of service provision.

Rapid Second Opinions

VGo can also be deployed to provide rapid access to a second opinion in specialties where seeing the patient is critical to the diagnosis. An example is wound care, which is of course a very frequent and widespread need. In this case, VGo is deployed in each area of the hospital where wound care is being carried out. If the wound care nurse encounters an unexpected condition, or if the patient has questions or concerns, a senior specialist or physician can use VGo to examine the patient and provide an instant second opinion. The benefits of using VGo in this application include improved outcomes and better patient satisfaction.

In-Home Post-Op Care

VGo is also being used to provide medical services in patient homes, initially for post-operative pediatric patients. When the patient returns home to their family after surgery, a VGo is included with the care package provided to the home. A variety of clinical specialists, including the surgeon, can use VGo to make very efficient house calls both on a scheduled basis, and on-demand if problems or questions arise. While it is anticipated that this use case will improve patient outcomes, the most important economic driver is to reduce readmission by addressing issues in the home. With many insurance plans moving to payment practices that penalize early readmission, the economic basis for VGo house calls is compelling.

Interpreter Services

Many healthcare providers are required to provide interpreter services for patients who are deaf or can't speak English. VGo provides a much better medium for translation than the telephone because the translator can see the patient's expression and body language as well as hear their words.

Video is of course required for remote American Sign Language interpretation. And remote interpretive services are a fraction of the cost of an in-person interpreter – and also instantaneously available. While a standard VGo provides an ideal communications medium for interpreter services, it will soon also be possible to take advantage of an integrated translation service that is being developed in conjunction with one of the major translation providers.

Medical Training

VGo is used in medical institutes as in their training programs to enable a remote instructor to supervise trainees in surgical techniques or lab procedures such as dissection. With VGo, the instructor can move around the lab just as if they are physically present, and see directly what each student is doing. Using VGo makes it easier for medical institutes to schedule prominent surgeons as instructors, providing an increased draw for their programs.

Long-Stay Pediatrics

Some children and teens spend weeks or months in hospital being treated for chronic conditions or recovering from complex procedures. Sometimes they have compromised immune systems and are effectively confined to their rooms. The resulting lack of stimulation and social interaction has a potential negative impact on their recovery. VGo provides a unique opportunity for the patient to escape the confines of their hospital room to attend school, or to hang out at other places where kids congregate.

A number of middle school and high school students have demonstrated the value of social interaction by using VGo to attend school from their hospital room, or from a home setting in which they are confined by a medical condition. Their lives are transformed by learning in a social setting, and by being able to walk the corridors with their friends. Hospitals are also considering locating VGos in games rooms and other communal facilities so that room-bound kids can interact with their peers. Hospital funding for this application may be justified by improved clinical outcomes, or in some cases VGos are funded by foundations or other charitable institutions.

Family Visits

"Patients are very excited about our new robots. The two-way communications brings patients and families together, which helps families better understand the care the patient is receiving. It helps patients feel closer to their loved ones."

— L.B., VGo Program Manager, community hospital system, California

Visiting family members and friends is an important part of a patient's recovery. Several hospitals are using VGo to enable flexible access for family members to visit maternity wards, post-op patient rooms, pediatric wards and assisted living facilities. VGo is even being used to enable a father serving with the US military overseas to be "present" for the birth of his new baby. The hospitals using VGo for family visits believe that it will play a direct and measurable role in patient outcomes, but the primary business justification in the near-term is to enhance the hospital's image and reputation. In future, some hospitals anticipate that VGos for family visits may be funded in part by hospital foundations or "friend of the hospital" groups.

Return On Investment

"The business case [for VGo] is multifactoral. For a neurosurgeon with a potential patient in a satellite hospital, the goal is to secure a patient for surgery. In case of a nursing home, the goal may be to ensure a patient is not admitted to hospital unnecessarily."

Dr. W.V., Assistant Professor of Surgery, leading teaching hospital, Illinois

VGo is affordable: healthcare professionals can be driving around remote locations for less than $6,000. Given the strategic value of the individuals using VGo, the return is often self-evident. The following chart shows the multiple benefits that accrue from each of the sample applications discussed above.

Application	Improved productivity	Increased revenues or reduced penalties	Improved clinical outcomes	Improved patient satisfaction	Legislative mandate	Enhanced hospital image
Rounds from home/office	√		√	√		√
Rural hospital	√	√	√	√		√
Senior care	√			√		
Second opinion	√		√	√		√
In-home post-op care	√	√	√	√		√
Interpreter services	√		√	√	√	√
Medical training	√	√			√	√
Long-Stay Pediatrics			√	√		√
Patient visits			√	√		√

VGO UP CLOSE

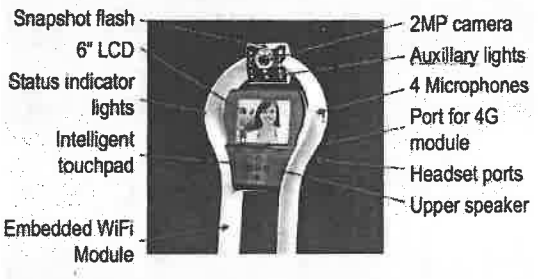
"Because of its shape and its size, VGo isn't intimidating to patients. We can walk it around the unit and patients and families easily interact with it."

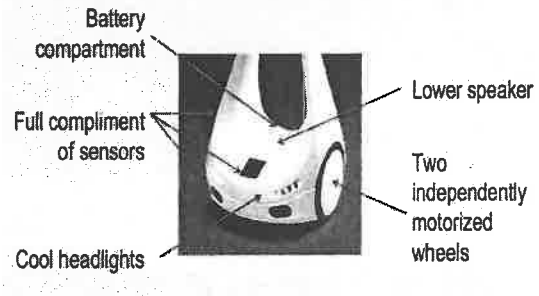
— V.B., Director of Rehabilitation Services, community hospital system, California

The VGo system has three main elements: the VGo Client App (PC App or Mac App) installed on the remote user's computer, the VGo Robotic Telepresence Appliance, and VGoNet, the cloud-based network that enables VGos and VGo Clients Apps to communicate, and that enables user and device management.

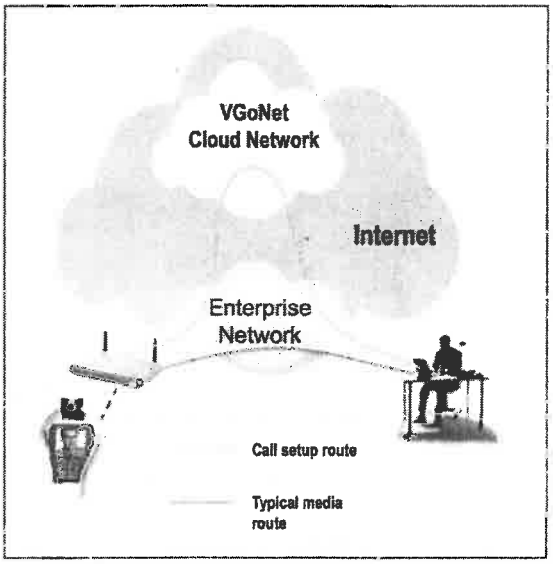
To utilize VGo, a healthcare professional installs a VGo Client App on their computer. A list of VGos to which they have access is always up to date. From this app, they can select the VGo they want to connect to – provided they have the right access privileges. The Client App provides high quality two-way audio and video. And when the user positions their mouse pointer on the screen, driving controls appear. The user simply clicks the direction they want to drive, and the VGo moves in that direction. When they move the mouse pointer further, VGo accelerates.

The camera can look anywhere – up, down, all around. The user can move delicately around the confines of a patient room, move close in to get the best viewpoint for examination, or step back to observe the patient or to address family members or colleagues. They can slowly pan around the room or join a colleague walking down the hall. Users say that the single, most empowering part of using VGo is that they are autonomous in the remote location. The user can drive where he or she wants, look at what they want and communicate and collaborate with whomever they want – just as if they are there in person.





VGo itself is a light-weight, motorized, remote-controlled platform uniquely integrated with a camera, microphones, and video display. The appliance is optimized at 4 feet tall so it works equally well when interacting with people who are sitting or standing, and is also the ideal height to interact with a patient in bed. Battery power enables it to run for up to a full day between charges. When it's time to recharge – just click the "Dock" button and VGo automatically positions itself on its charging dock (included). The appliance also includes sensors so it can't be driven down stairs, and will recognize and warn the user of large objects such as walls and furniture, and also when it is reaching the edge of the Wi-Fi network. In addition to Wi-Fi, VGo also supports communications over 4G wireless networks, and is currently undergoing certification for Verizon Wireless 4G LTE service.



VGo is continually connected to VGoNet, a cloud network that keeps track of its availability and initiates a visit upon request by a remote user. VGoNet maintains a directory of VGos and users and provides for call control. VGoNet Manager is a web-based management utility that allows the designated administrator to control user and access privileges. Over time we expect that VGoNet will offer additional applications to extend the range of services, with the first to be offered being an integrated translation service that is being developed in conjunction with one of the major translation providers.

NEXT STEPS – SEEING IS BELIEVING

"This is definitely the future for my field. I just can't be everywhere at once. And the costs are just continuing to increase. VGo is a great answer to the problem."

— L.N., telecare health worker, New Hampshire

If you are responsible for investigating new telemedicine technologies for your institution, your next step is to get to know VGo and determine which application will bring the greatest benefit to your own institution. We are ready to help you deploy the system, and also to share what we have learned from our other hospital customers.

To learn more, visit our website:
http://www.vgocom.com

To schedule a remote test drive or request additional information, visit:
http://www.vgocom.com/moreinfo

About VGo Communications

VGo Communications, Inc. develops and markets visual communications solutions for the workplace. The company was founded in 2007 by experienced successful veterans of visual communications and robotics industries. VGo Communications is VC backed and is based in Nashua, NH. We are leveraging the recent trends of widespread wireless high speed networks, lower specialized component costs and the universal acceptance of video as a communications medium to create a new market category called "Robotic Telepresence."

VGo is sold and serviced by a set of top tier resellers experienced in delivering and supporting networked visual communication solutions.

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VGo Testimonials - Hear what users are saying about their VGos

"Here at Tools for Life, Georgia's Assistive Technology Program, we find VGo a valuable resource for all community members, including Georgians with disabilities, that we serve."
Carolyn Phillips, Director
Georgia Tools for Life

"One of the things we're going to have to do is be where the patient is. We don't have enough caregivers and resources to do that any other way but electronically."

Greg Walton, Chief Information Officer
El Camino Hospital
Excerpt from Modern Healthcare

The VGo offers our team members the ability to join a meeting or conference in real time from a remote location, greatly enhancing our global collaboration experience. It has certainly made it easier for me to feel like I'm more engaged with the group at large while telecommuting, especially during those times when my physical trips are infrequent.

Jon Machen
Sr. Systems Engineer
Lockheed Martin IS&GS

As a working professional who just so happens to have a physical disability, finding the right balance between being at the office and present during every meeting and trying not to over exert yourself can be challenging. Vgo has helped me to overcome this obstacle! By using this innovative technology, I can "be at the office" and "in every meeting" while working from an alternate worksite. I no longer feel left out or behind in my work. I'm connected to my team and to the community members that we serve!

Liz Persaud
Training, Outreach and Development Coordinator
Tools for Life | Pass It On Center

"Reimer's Electra Steam has been using a VGo robotic telepresence system to facilitate collaboration between a valued electrical engineer, who is currently located in the Dominican Republic, and our production team on the manufacturing line. We purchased the robot so that he would have a presence at our facility. We have been really pleased with the product's performance and have been able to dramatically improve our development time on projects that require collaboration with the manufacturing group. Bottom line: It works!"

Roger Burkhardt
President
Reimers Electra Steam

"Eventually, I see a whole fleet of these robots being sent home with patients. "With this technology, we're going to be able to replace hospital monitoring with home-based monitoring."

Dr. Hiep T. Nguyen, Oncologist
Associate Professor at Harvard Medical School
Director of Children's Hospital's Robotic Surgery Research and Training Center
Excerpt from The Boston Globe

"VGo eliminates the deficiencies associated with other video solutions that are locked to a TV or computer monitor by providing 100 per cent remote-controlled mobility."
Ali A. Hashemi, Director

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Amana Healthcare

Click here to learn what Educators say about VGo for students with special health needs

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Here's What Educators Are Saying About VGo

"VGo creates wonderful opportunities for students to access their education when they are unable to attend school. I can see tremendous possibilities for VGo's use in the future and look forward to having this option for students."

Ann Huntington, Executive Director of Special Education
Newport-Mesa Unified School District, Newport-Mesa, CA

"VGo has provided connectivity to the school that some students may not be able to otherwise experience. The ability to participate in class, collaborate with peers and socialize as a typical student, have been extremely positive and rewarding for all."

Mike Flanagan, Assistant Superintendent (and parent)
Tyngsborough Public Schools, Tyngsborough, MA

"VGo enables an otherwise home bound student to be a part of school life again. We tried the webcam solution, but the student was just a picture on the teachers laptop - looking at the teacher and only interacting with the teacher.

Now this student is a presence in the classroom and hallways. He can be a part of school life in other areas that were unavailable to him via a webcam like the auditorium and gym. He can move and interact more freely. I believe VGo gave this student more of what our school could offer and put interaction back into his life. Plus, he gets to drive a robot around the school!"

Theresa McConnell, Technology Coordinator
Mohawk Area School District, New Castle, PA

"In the past, we used technology to bring the world to Cris. Now VGo allows Cris to come to the world."

Kathy Kwolek, Superintendent
Mohawk Area School District, New Castle, PA

"The VGo is a great way to provide the Homebound student with a vehicle to access direct classroom instruction while still being a part of the school community all from the safety and security of their home."

Troy Krotz, Assistant Director Student Outreach
Poudre School District, Fort Collins, CO

"Our VGo program has not only changed the lives of our students, but the community that it touches. To see everyone get behind this program, has been the most rewarding feeling that anyone could hope to be a part of. Thank you Vgo!"

Kip Robins, System Video Engineer

Education Service Center, Region VI, Houston, TX

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Who's Using VGo

Here's a representative list of users benefiting from VGo today. Contact us if you want to learn more about who's using VGo for your specific application.

Audi
cisco
PALOMAR POMERADO HEALTH SPECIALIZING IN YOU
Reimers ELECTRA STEAM, INC.
verizon
intel
Children's Hospital Boston
Massachusetts Institute of Technology
OREGON HEALTH & SCIENCE UNIVERSITY OHSU
ERICSSON
The MASIE Center
Edgewood-Colstrip VIKINGS
Orchestr8
REGION 9 EDUCATION SERVICE CENTER
THE LIMITED
pounce CONSULTING
StateFarm
L'Hôpital de Montréal pour enfants
The Montreal Children's Hospital
Centre universitaire de santé McGill
McGill University Health Centre

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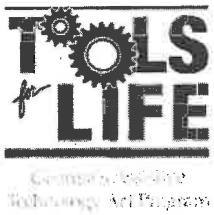

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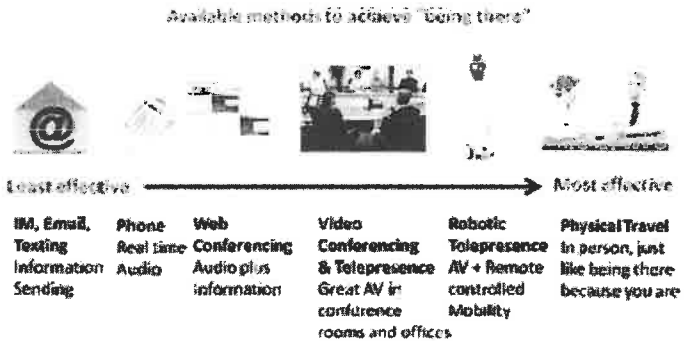
Overview

VGo is a new productivity improvement solution that enables a person to replicate themself in a distant location and have the freedom to move around as if they were physically there. With VGo, you can see, hear, talk, interact, and go anywhere. VGo is not a traditional videoconferencing/telepresence solution where two or more people meet using specially equipped rooms or PCs in their offices. With VGo, you are completely independent of the people in the distant location – it's 100% remote controlled. You don't make a call – you just go there – your presence is established remotely via VGo's physical presence. Some users describe VGo as their personal "avatar". Others describe how VGo "embodies" the remote person. And VGo is much much less expensive than current robotic telepresence solutions.



Applications

VGo is a flexible tool that can be applied to a wide variety of organizational and financial problems. In our applications pages, organized by industry, you'll find descriptions of the most common uses for VGo by our customers today. Some are specific - such as patient monitoring, others go across industries such as project management. Learn how VGo applies to your business and organization's challenges.

Applications

Products and Services

The VGo solution is simple, secure and affordable. Here's everything you need to know about what VGo is, how it all works, how it compares, and how much it costs.

Products/Services

Benefits

Obviously the benefits of VGo depend on the application but if you're looking for a quick overall summary it's right here.

Benefits

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Products and Services

VGo is an all-in-one solution that includes everything you need to establish your physical presence in a distant location.

With the VGo solution, an individual's presence is replicated in a distant location such that they can interact and perform their job in ways not previously possible. Now they can see, be seen, hear, be heard and move around in any remote facility –just as if they were there. VGo will enable businesses to increase productivity of remote and travelling employees, healthcare providers to deliver lower cost services and improved quality of care, and homebound students to attend school – all with a great user experience and at an affordable price.

What is VGo?

How does it work?

How does it compare?

How much does it cost?

Want to get more detailed information? Click Here.

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What is VGo

What is VGo?

VGo is an all-in-one solution that includes everything you need to establish your physical presence in a distant location.

Using our special software application on a PC or Mac, an internet connected person located anywhere, instantly connects to a VGo in a distant facility – giving them the ability to not only interact with the people who are there but also to move around under their own control just like you would if you were there in person. Some people like to describe VGo as their personal "avatar".

The VGo is 100% remote controlled by the remote person. The people who are in the same facility as the VGo don't normally touch it when it's in use – they treat it like a person.

VGo can be shared by a set of people or dedicated to a single person using standard web accounts and permission settings maintained by you, or by someone in your organization- just as applications such as shared printing, email, and instant messaging are managed today.

VGo is uniquely integrated with a camera, microphones, and video display - all on a light -weight, motorized, stylish, remote-controlled platform. VGo is optimized at 4 feet tall so it works equally well when interacting with people who are sitting or standing. An accessory raises the height to 5 feet for applications where people are always standing or where you need to have a higher view. And of course you can look anywhere – up, down, all around. You can move delicately around tight spaces, slowly pan around the room or join a colleague walking down the hall. VGo is battery powered and can run up to a full day between charges. When it's time to recharge – just click the "Dock" button and VGo automatically positions itself on its charging dock (included).

VGo is designed for indoor environments. You can go wherever there's a WiFi or Verizon 4G LTE network signal (4G connectivity is an optional feature). It can easily be carried up or down stairs, or you can have one or more VGo's on each floor where a remote person needs to go.

When you buy a VGo – everything you need is included – this is what you get:

- The VGo: this goes in the location where remote people need to visit.
- Battery: lasts more than 6 hours between charges. You can get an extended life battery that lasts more than 12 hours.
- Charge Dock & Power Cord: This is how the battery gets charged. The VGo docks and charges itself with simple click of a button by the remote visitor. You can buy additional charge docks if you want to have them spread around.
- Handheld Remote Control: This is only used for specialized applications when you want to control the VGo locally. Also sometimes used to enter configuration data when the VGo is first installed.
- The VGo App: Up to 20 people can download the application that is used to communicate through the VGo and to drive it around. Only one person can use the VGo at a time.

How does it work?

How does it compare?

How much does it cost?

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Benefits

Obviously the benefits of VGo depend on the application but if you're looking for a quick overall summary it's right here.

VGo increases productivity and profits

Attending to an organization's challenges in-person is the most effective way to achieve high productivity. But healthcare workers, managers, experts, engineers, trainers, etc. cannot always be where they are needed. With VGo – now they can. VGo results in increased productivity. Access to most anywhere in a distant facility, not just conference rooms and offices, is now possible with VGo's mobility. VGo's unique physical presence encourages and increases personal interaction. Usage has demonstrated that a person using VGo commands more attention than even being there in person. With VGo, issues can be immediately addressed and decisions can be made faster.

VGo reduces costs

The cost of travel continues to escalate – not just in airfare, hotel stays, special needs transportation and other travel costs but also the cost of downtimes that accompany a plane or car trip and even long walks between buildings or locations in very large facilities. These costs can be avoided or reduced with VGo.

Immediate access to facilities and people means faster decision making. Costs to solve problems are lower and costs within a project are lower.

VGo delivers convenience

VGo enables you to go to where you need to be – instantly. No planning a trip or scheduling someone else's time or extracting yourself from a particular environment. Even though you're not there, you're in control. React to issues immediately. See the problems for yourself when they arise. VGo enables you to travel somewhere without the inconveniences of today's physical modes of travel – no downtime, no security lines, no parking hassles, no long walks across a campus just to name a few.

VGo enhances employee satisfaction

Think of all the times when you wanted to be somewhere else but for whatever reason couldn't; how you felt that you could do a better job if you were there; how you sometimes felt left out of the action. Now with VGo, all of these issues disappear as you establish your personal presence into the actual local scene – resulting in a higher level of satisfaction in your job. In addition, VGo lets you circumvent the frustration associated with today's travel requirements. Less down time, fewer hurdles to jump – more enjoyment.

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Applications

VGo has applications in many types of organizations. Like any new technology, there are specific industries that adopt earlier as their needs are immediate and the benefits instantly recognizable. We've profiled the most common applications for each of the industries below. As more and more VGos are deployed we'll continue to add more detail so check back here frequently.

Business

Business

» Remote Executive
» People with Disabilities in the Work Place

Education

Education

» Remote Student

Healthcare

Two of the major challenges in healthcare today are availability of skilled resources and cost containment. Not enough trained healthcare professionals are available and the costs to deliver health services continue to rise. VGo (at a much much lower cost than current robotic telepresence and telemedicine carts) helps to overcome the resource issues by making your experts available where they need to be. VGo can reduce costs by making staff more productive since they can travel across distances instantly – to the patient wing, to the lab, to the clinic, to the eldercare facility, to the home – anywhere at the click of a button. Virtual Tours, Security, Inspections and Interpreter Services are also good applications for VGo in Healthcare.

» Remote Student
» Remote Visiting
» Training
» Patient Monitoring

Large Enterprise

Applications abound in the large enterprise. Today, Remote Engineers/Project Management and Remote Manager are the most common. Virtual Tours, Security, and Inspections are also good uses for VGo.

» Remote Executive
» Remote Engineer
» Training
» People with Disabilities in the Work Place

Manufacturing

Manufacturers' performance is all about delivering required quality on time. VGo has been used to help diagnose issues by remote engineers anywhere on the production line and by operations managers to monitor progress. Virtual Tours, Security and Inspections are also good uses for VGo.

» Remote Engineer
» Training
» People with Disabilities in the Work Place

Education

VGO 001338

VGo is being used successfully today by students who can't physically go to school due to an illness, accident or medical condition. Its appliance design means instant deployment anywhere so no planning or handholding is required. VGo is also a great tool for teachers who may be remote.

» **Remote Student**

SMB

Small and medium businesses are often managed and grown with limited resources. Key employees can be responsible for multiple functional areas and time as well as capital is a precious resource. With VGo, busy managers can give their employees the attention they need or keep an eye on things even when they're out of the office selling or at home during their off hours. Instead of managing by walking around, you can manage by driving around. Security and Virtual Tours are also applications for VGo in SMB.

» **Remote Executive**
» **People with Disabilities in the Work Place**

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Large Enterprise

VGo helps many large enterprises overcome distance, manage remote teams, be at many locations at once and tackle unforeseen problems, cost-effectively while increasing organizational productivity.

Applications abound in the large enterprise. Today, Remote Engineers/Project Management and Remote Manager are the most common. Virtual Tours, Security, and Inspections are also good uses for VGo.

Click here to download a comprehensive white paper on VGo for remote project management in large enterprises.

VGo Large Enterprise Applications

Learn more about how VGo is used in Large Enterprise environments:

» Remote Executive
» Remote Engineer
» Training
» People with Disabilities in the Work Place

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Manufacturing

VGo's robotic telepresence solution is used by remote engineers and remote project team members to stay connected with distant team members, to engage in processes and to keep visually involved in engineering, product development, manufacturing and integration projects.

Manufacturers' performance is all about delivering required quality on time. VGo has been used to help diagnose issues by remote engineers anywhere on the production line and by operations managers to monitor progress. Virtual Tours, Security and Inspections are also good uses for VGo.

Click here to download a comprehensive white paper on VGo for remote project management in manufacturing environments.

VGo Manufacturing Applications

Learn more about how VGo is used in Manufacturing environments:

» Remote Executive
» Remote Engineer
» People with Disabilities in the Work Place

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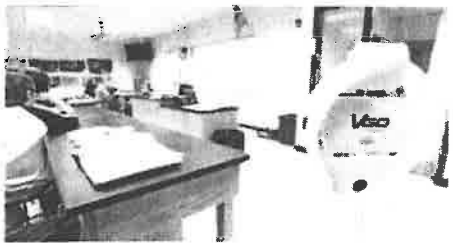
VGo for Students with Special Health Needs



VGo for Remote Students has opened up academic and social environments to students with disabilities and immune-deficiencies. There are no longer boundaries between them and the world that was previously inaccessible. VGo enables students to:

- *Recieve the same instruction as their peers*
- *Move around/between classrooms independently*
- *Socialize with friends in the hallways and at lunch*
- *Participate in a full school day with their classmates*

VGo is being used successfully today by students who can't physically go to school due to an illness, accident or medical condition. Its appliance design means instant deployment anywhere so no planning or handholding is required. VGo is also a great tool for teachers who may be remote.

Resources:

- Click **here** to find out what educators are saying about VGo.
- Click **here** to meet some real students using VGo today.
- Click **here** to download a white paper about how VGo enables students with special health needs to attend school.
- Click **here** to read the Homebound Remote Student Case Study and ROI

VGo VGo for Students with Special Health Needs Applications

Learn more about how VGo is used in VGo for Students with Special Health Needs environments:

» Remote Student

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VGo is used by executives, managers, and business proprietors whose productivity and attention to detail contribute to the success of their small and medium size businesses. VGo enables managers to "be" in the most important place at the right time without the associated down-time, inconvenience and cost of travel.

Small and medium businesses are often managed and grown with limited resources. Key employees can be responsible for multiple functional areas and time as well as capital is a precious resource. With VGo, busy managers can give their employees the attention they need or keep an eye on things even when they're out of the office selling or at home during their off hours. Instead of managing by walking around, you can manage by driving around. Security and Virtual Tours are also applications for VGo in SMB.

VGo SMB Applications

Learn more about how VGo is used in SMB environments:

» Remote Executive
» People with Disabilities in the Work Place

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The Future of Telemedicine is Now with VGo at Children's Specialized Hospital

Originally published on the Children's Specialized Hospital Blog.

Jul 25, 2014 by Christopher Haines, DO, FAAP, FACEP, Chief Medical Officer

I get a call from the on-call resident that our patient doesn't "look right." And of course it's 2:30 a.m. and he has been destat-ing all d ay. At just under five pounds and with a vent – it's critical that I see him, right away. Instead of getting dressed; driving into the hospital – I can now just hop on my computer and drive a robot, called VGo, around the unit to assess the patient bedside – pictured here.

What is it? Essentially VGo, is a robot that allows physicians to interact with their patients at any hour without physically being in the hospital. This new technology has endless opportunities to help children with special needs and complex medical conditions that are treated here at Children's Specialized Hospital. VGo is secure wireless connected device that enables a person to be "present" through two- way video, audio and motor driven action. We control VGo using a computer or iPad. The low profile robot on wheels moves throughout the unit and easily into a patient's room to view vitals or have a two way conversation with the parents and address any concerns.

Our inpatient medical team treats very medically fragile children rehabilitate after a brain injury, spinal cord injury, complications from prematurity and other life changing injury or illness. Their average length of stay is 6-8 weeks. There are measurable outcomes about how VGo can improve patient care and patient experience – with having it in house just over three months we are already seeing those benefits to our patients and families. Patient satisfaction and the standard of care are increased, while reducing the overall cost of care and hospital re-admissions.

Telemedicine is transforming the way we provide health care, and we are fortunate Children's Specialized Hospital is the first pediatric rehabilitation hospital in the country to offer this innovative tool to improve patient care and communication between health care providers and our patients and their family. It provides our physicians critical contact, at any time, to ensure continuity of care for children with complex conditions.

With one currently residing within the New Brunswick 60-bed inpatient rehabilitation hospital, and one at each of the hospital's two long term care centers - we hope to expand its reach and improve access to pediatric specialists and outpatient care to children living in medically underserved communities. With 12 current locations across New Jersey; a patient in Egg Harbor Township can consult with a neuro-developmental pediatrician in Clifton, 250 miles away. All in real time, all on secure networks and all compliant with federal patient privacy regulations.

We have just begun to explore the benefits and capabilities of using telemedicine at Children's Specialized.

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AtSite uses VGo to make buildings more efficent

AtSite recently attended Realcomm / IBcon 2014 where it showed off it's modified VGo, nicknamed 'Max.' The robot has been fitted with a variety of sensors that enables someone to removely monitor the condition of a building, such as temperature and air quality.

The VGo helps AtSite improve the quality and performance of their client's facility and real estate portfolios.

"We are pushing the front edge of innovation and technology to help buildings be more efficient, to be more lean, green and clean." says Davor Kapelina, President and CEO of AtSite during the interview.

Watch the video here

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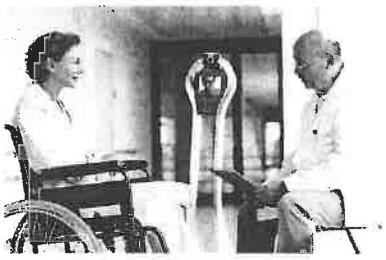
Amana Healthcare introduces cutting-edge VGo to enhance patient care

Amana Healthcare, a specialist healthcare provider based in Al Ain, will be able to provide a telepresence robot service to patients and health professionals through a partnership with VGo Communications.



The VGo robot consists of a wheeled base with a screen and camera, which can be operated remotely by a user to replicate their presence in another location.

The telepresence robots will allow patients, family members or health professionals to drive the robot and interact through the built in video and audio.

A fleet of robots will kept at Amana Healthcare hospitals, which specialize in long-term acute care, post-acute rehabilitation and home transition and respite care services. The robots will allow doctors and family members to call in visit Amana facilities.

Other robots will be made available to patients and their families for use at school, at home or on special occasions, to participate in social and community activities without leaving the safety of their ICU or hospital bed.

Robots can be controlled using a VGo iPad App or through a PC or Mac web interface, which connects over WiFi or LTE 4G. The 'head' of the robot includes 6 inch screen, speaker, camera, microphones and lights so that the remote user can interact with others.

"We are proud to be the first healthcare provider in the Middle East to bring this cutting-edge telepresence robotics technology to the region," said Magi Livadaris, Vice President for Clinical Operations at Amana Healthcare. "Patients at Amana Healthcare can use the robots to interact with the outside world - allowing hospitalized children to attend school remotely or patients in an overseas hospital to choose their room or interact with specialists at Amana Healthcare before returning home. And families can use the same robotic solution to visit and virtually connect with their loved ones at Amana Healthcare, whether from home or abroad."

"Technological innovation is central to Amana Healthcare's mission to deliver world-class care to its patients - and partnering with VGo, one of the world's top telepresence robotics firms, gives patients at Amana Healthcare the benefit of the same technology used at world-famous hospitals such as Massachusetts General Hospital, Boston Children's Hospital and the Mayo Clinic," said Ali A. Hashemi, Director at Amana Healthcare. "It also allows us to take full advantage of opportunities created by the telemedicine standard recently introduced by the Health Authority of Abu Dhabi."

"We are delighted to have partnered with Amana Healthcare and AP Medical Innovations to bring VGo's world-class robotic telepresence technology to the Middle East," said Ned Semonite Vice President of Marketing and Product Development at VGo Communications. "VGo adds significant value in healthcare and other sectors including corporate communication, education, training, government applications, security, energy and manufacturing - and we look forward to working closely with our partner to bring these technologies to the Middle East."

About Amana Healthcare: *Amana Healthcare is a specialized provider of long-term acute care, post-acute rehabilitation and home transition and respite care services in the United Arab Emirates. Founded in 2013 with an 80-bed hospital with majlis facilities, family rooms, relaxation rooms, a sensory room and outdoor park area in the Al Shoaiba District of Al Ain, Amana Healthcare is licensed by the Health Authority of Abu Dhabi to provide medical and rehabilitation services for complex patients that require intensive rehabilitation or round-the-clock medical supervision by a highly trained team of doctors, nurses and rehabilitation experts committed to medical excellence and quality of life for each and every patient, Amana Healthcare's services include intensive medical and nursing care, medication and symptom management, mobility support, physiotherapy, occupational therapy, speech therapy, respiratory therapy.*

VGO 001346

nutrition/dietetics and 24-hour on-site physician care for patients of all ages. A second facility is due to open in Abu Dhabi in late 2014. For more information about Amana Healthcare, please visit www.amanahealthcare.com.

About VGo: *VGo Communications, Inc. develops and markets robotic telepresence solutions for healthcare, education and the workplace. With VGo, an individual's presence is established in a distant location such that they can interact and perform their job in ways not previously possible. Now people can see, hear, be seen, be heard and move around - just as if they were there - all with a great user experience and at an affordable price. For more information go to www.vgocom.com*

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New program at UMSL will connect hospital-bound children to St. Louis Science Center

Imagine you're a fourth-grader with an extended stay in the hospital. You're on the mend, but also going stir crazy. An afternoon visit to the St. Louis Science Center to conduct a few experiments and learn some new things would probably lift your spirits, right?

Soon, patients at St. Louis Children's Hospital will have a chance to do just that.

Keith Miller is the Orthwein Professor for Lifelong Learning in the Sciences at the University of Missouri–St. Louis. Together with the St. Louis Science Center, Miller is working to create a program that would allow children who are ill to take part in science activities through the use of virtual robots.

By using a VGo robot at the science center and an iPad at the hospital, the child can hear, see, respond and interact with events happening miles away.

"That's the cool thing about it, it eats up time and space and you can be virtually present," Miller said. "I'm hopeful this will be a reality by the end of the year, maybe even the summer."

He's hopeful the program will be a stepping-stone for other partnerships.

"These robots are something a school district could use so a child doesn't have to miss class or fall behind," Miller said. "Using robots as a tool, to connect technology to the process of learning, is one of the reasons why I'm here at UMSL."

He's acquired three VGo robots. The robots are housed in the College of Education's Technology Learning Center and can be used in classes, presentations or for demonstrations.

Miller said he encourages people to stop by and "test drive" a robot.

"One of the great things about computer science is the discovery," he said. "Having the opportunity to engage and interact with a robot, to learn from it and to use it as a tool is what educational technology is about."

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Hospice of Southwest Ohio Merges High Tech with High Touch

Packing for one last visit with her dying father in Ohio, an Illinois woman gets the call that her father is rapidly declining. It is clear she will not be able to reach him before he passes away at the Patient Care Center at Hospice of Southwest Ohio (HSWO) in Cincinnati.

Then, the HSWO nurse on duty proposes that the daughter log onto her computer to be connected to HSWO's VGo (pronounced VEE go) robot, virtually bringing her into the room with her father. She converses with her father and is able to say a final goodbye.

Bringing family members together in the last moments of life is just one of the benefits of VGo, a slender 4-foot tall robot on wheels (similar in shape to a light-weight vacuum cleaner) that establishes your physical presence in a distant location. Through your Internet connection, you appear on the VGo screen, and you control the movement of the VGo with your computer mouse or keyboard. Some describe it as having your own personal "avatar."

HSWO recently acquired two VGo units to connect both families and medical providers with a patient at a moment's notice.

"Our purchase of these units supports our primary objective of providing the best possible care for patients and families using technology to enhance the distinct human touch that distinguishes HSWO among hospice providers," says HSWO CEO Joe Killian.

Other VGo applications that bring people closer together in HSWO's Patient Care Center include:

- Hospice physicians can establish immediate visual contact with a patient 24 hours a day. If the doctor has already made his daily visit to the unit, and a patient is admitted late at night, the doctor can still see and converse with the new patient through VGo.
- When a nurse has questions about wound care (e.g. bed sores), swelling, skin rashes or other physical symptoms, the physician can directly visualize these conditions and make an accurate assessment and treatment plan.
- Family members who are not able to come to the Patient Care Center due to time or distance constraints can arrange a visit with their loved one through VGo. Even people out of the country can connect with those in HSWO's Patient Care Center.
- A family member not able to physically attend a loved one's memorial service or funeral can attend virtually through VGo.

"The VGo is enhancing care, not replacing the human touch," emphasizes HSWO CEO Joe Killian. "Nurses and physicians are doing as much as they have before. This is another way of taking the guesswork out of the assessment when a physician can't be immediately on site.

"Our goal is to provide the best hospice care in Greater Cincinnati, and we're open to using technology to accomplish that. We do everything we can to bring people together."

Killian notes that there is no charge to patients and families for using the VGo. Once the robot's use is firmly established in the inpatient Patient Care Center, he anticipates expanding VGo's use for HSWO home hospice clients.

For more information, contact HSWO at 513-770-0820.

Hospice of Southwest Ohio (HSWO) provides hospice services to patients and families of Southwest Ohio at home, in nursing homes and in hospitals. A nine-suite Patient Care Center, opened in February 2014 in Madeira, cares for inpatients with hard-to-manage symptoms. HSWO's mission is to provide quality comfort care and support in meeting the medical, emotional, spiritual and psychological needs of patients, families, caregivers, staff and community in a way that affirms life and supports choices in an environment of dignity and respect.

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Robot gives students a virtual presence in school

Student recovering from surgery at Barbara Bush Children's Hospital uses VGo to stay current in school

BERWICK, Maine (Tim Goff, WCSH NEWS CENTER) - Not every child is lucky enough to enjoy time with their friends during the school year or over summer vacation as they undergo treatment in the hospital or while they recover at home, but Grahamtastic Connection is using hi-tech tools to keep kids connected.

Last spring, Prime Motor Group donated a VGo Robot to the non-profit organization - which has provided more than 950 laptops to kids throughout the country over the past 16 years. Two more were donated by people who wish to remain anonymous. All three have been provided, free of charge, to families while their child undergoes treatment in the hospital or recovers at home.

"It just transports them right into the classroom," explained Leslie Morisette, Grahamtastic's founder. "I think that is what really makes it unique."

>>> WATCH THE VIDEO HERE

The VGo not only allows kids to communicate face-to-face via cameras and monitors, but it also roams the halls and sits in class wherever the operator chooses to go.

"It has worked out perfectly," stated Melanie Stevens, a teacher at Noble Middle School. "It really has not been as disruptive as someone might think."

She says the first day VGo showed up in their school kids did get up in its face, but they soon learned how to act around it. She says it may have been more of an adjustment for the teachers as they got used to the minor lag time in communicating back and forth with their students.

Sixth grader, Kailee Sprague, was given the opportunity to use a VGo after having surgery at Barbara Bush Children's Hospital.

"It is really cool because I get to drive it around wherever I need to go," exclaimed Kailee, though she admits controlling the robot remotely took some getting used to.

"I've hit a few things like desks and walls," she said.

She says having the chance to stay connected with her friends, and caught up on her school work has been a nice distraction while she recovers.

"It is pretty amazing," said Kailee's mom, Jennifer. "It makes her feel connected. It helps her be there. Education is important. She is a good student and she doesn't want to miss everything that is going on in her world."

Grahamtastic Connection is now accepting applications from families that would like to use a VGo this fall. You can find more information about eligibility requirements and how to apply by visiting their website.

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Audi deploys innovative communications robots to streamline vehicle service visits

Audi deploys innovative communications robots to streamline vehicle service visits

- *Audi Robotic Telepresence (ART) is the first technology of its kind among automakers*
- *Communication device allows Audi technical assistance consultants to remotely diagnose vehicle problems*
- *ART will improve service speed and accuracy for customers as well as reporting of technical topics to Audi factories*

Read the Full Press Release here

See a video of the ART in action here

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Student with chronic pancreatitis attends school via VGo

SAN ANTONIO — Sitting on her living room couch Wednesday morning, fifth-grader Rebecca Taylor beamed at the screen of her iPad. With each swipe and tap, she maneuvered a VGo robot a few miles away in her Leon Springs Elementary School classroom.

For the past three weeks, Taylor has been using the robot to attend classes via a video chat. The 4-foot-tall device is always clad in a school T-shirt, and she controls its every move, wheeling it backwards, forwards and around corners.

Taylor, who was diagnosed with chronic pancreatitis four years ago, is often hospitalized for surgeries and has missed class for weeks at a time. Because the condition is rare and most of its treatments are experimental, Taylor and her parents need to travel to see specialists at the Mayo Clinic, the University of Minnesota in Minneapolis and The Johns Hopkins Hospital in Baltimore.

For Taylor, a cheerful and sociable girl, the robot is more than a way to keep up with schoolwork. It connects her to her friends.

"It was really exciting because I hadn't seen any of my friends in a long time," Taylor said.

"They don't allow kids in PICU," she added, referring to a pediatric intensive care unit she had recently spent time in. "I'd been there for a week, or a week and a half, and so I couldn't get any visits from anybody."

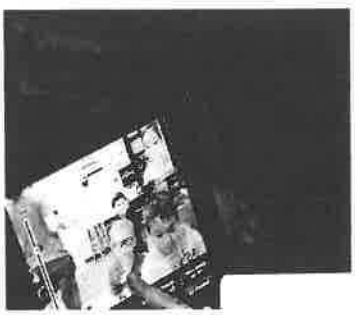
Watch of Video of Rebecca using the VGo

So far, the robot is the only method that's allowed Rebecca to actively learn and socialize during her hospital stays, some of which last 10 weeks at a time, said her mother, Christyn Taylor.

"This is the first thing that allows her to engage. She can participate in it, and she can keep up," Taylor said. "And she doesn't have to wait until the end of the hospital stay to get any of her schooling."

LeAnne Boddie, a third-grade teacher at Leon Springs, organized the robot loan as a way to keep Taylor involved during the three weeks before elementary school graduation, hoping Taylor would be well enough to attend the ceremony.

"I wanted to be able to try to get her on campus, even if it's for a couple of days," said her teacher. "Even if it was just virtually, (it's important that she) have a connection and feel like she's part of the group and the community."



The robot will be available for Taylor to use until next May. The school borrowed it from the Region 6 Education Service Center in Huntsville. The robot is one of 21 that the Texas Education Agency regional office lends to homebound children, said Kip Robins, its information technology service manager.

When Robins bought Region 6's first robot two years ago, it was the second one in Texas designated for use by homebound students, he said. Since then, Region 6's robot program has expanded; he believes it's the largest of its kind in the United States.

Other TEA regions have acquired robots as well, but teachers and administrators still seek out Robins for the devices. District 20, which includes Bexar County, has two. Cindy Miller, an educational specialist at Region 20, said her office is seeking funding to buy 11 more for the next school year.

Robins said that "all we're doing is basically putting these kids back in the classroom, where they need to be."

Christyn Taylor recalled the day her daughter fainted at school and begged the nurse not to send her home.

"We laugh because it's a privilege to go to school, and most kids take it for granted," Taylor said. "In this case, you don't. She wants to go every single day, because it just means being normal."

Images courtesy of San Antonio Express News photographer Bob Owen. See the full story here.

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VGo Helps Cancer Patient Return to Classroom

May 29, 2104 | Boerne, TX |

From Rosie, the Jetsons' sometimes cantankerous metallic maid, to the diminutive droid of *Star Wars*, R2D2, most of us have a mental image of how a robot is supposed to look, perform and behave.

If Fabra Elementary fourth grader Brea Hines had preconceived notions about robots before this semester, it just might be that those stereotypes have been transported to a distant galaxy since she met Fred.

Fred, the nickname of a robotic devise produced by VGo Communications, spent the month of May in the fourth grade classrooms and corridors at Fabra. Meanwhile, Brea was homebound after being diagnosed with and treated for Wilms tumor, a cancerous tumor of the kidney. Fred became Brea's way to get back to class and be among her friends.

Brea was diagnosed shortly after school began last fall. After spending time in the hospital, she was able to return home and eventually resume classwork with the assistance of Becky Collie, Boerne ISD's teacher for homebound students. Her classroom teacher, Carrie Fiedler, occasionally would be in touch with Brea and her mother, Stephanie, supplying lesson materials and greetings from her classmates.

But Brea is the first to admit that "school" did not seem fun, isolated as she was, until late April when a new opportunity presented itself. Through a trial program initiated by the Region 20 Educational Service Center, Boerne ISD took the VGo robot on a test drive and all of a sudden Brea was able to be back in her Fabra classroom, albeit virtually.

Fred stands about four feet tall, roams about the classroom (or anywhere on campus) on two wheels, and features a video screen and camera that bring Brea into the classroom – and bring the classroom to Brea. For her part, Brea sits at a laptop computer on a desk in the Hines kitchen, talking on a headset, controlling the VGo's motions and actions remotely, and engaging once again with her teachers and classmates.

"Having the homebound teacher was good," Brea says. "but with the VGo, I get to see my friends. Seeing my friends, checking in with them and keeping up with what's going on has been the best part of this."

Everyone involved agrees with Brea's assessment.

"Before VGo, the time spent interacting with Brea was mostly non-existent," fourth grade teacher Fiedler says. "I gave work to the homebound teacher and kept in contact with Brea's mother, but everything felt very distant.

"The advantages to having Brea in the room through Fred are profound. We've established a relationship. She gets to experience both the excitement and the hum-drum of daily school activities. She participates in class discussion and "raises her hand" by turning on a bright light on the robot."

Fiedler notes that she has to stay at least one step ahead of Brea, making sure she has handouts and other materials so that she is able to directly follow along during class time. But the teacher says she has seen a marked change in Brea's attitude since the student regained regular access to her friends.

"She gets to laugh at my jokes and interact with her peers," says Fiedler. "It's been utter joy having her in class again. VGo has allowed Brea to participate in most activities with her peers while keeping her safe and healthy and limiting her contact with germs."

Brea's mother, Stephanie, agrees that the arrival of the robot has helped Brea close her fourth grade year on a positive note.

"In addition to being able to directly participate in the classwork," she says, "just getting to stay connected socially has been a tremendous benefit for Brea. It has made a tremendous difference."

Even Brea's classmates have enjoyed the presence of Brea and Fred in their room

"It is like she is actually in the room with us," says fellow fourth grader McKenna Mann.

As she prepares to move to fifth grade, Brea has a couple more treatments in her chemo regimen and then a full physical examination to determine where she is in her fight against disease. And Fred will most likely spend the summer recharging and getting ready to help another child somewhere stay connected with his or her classroom. George Jetson and Hans Solo most assuredly would approve of this partnership between human and robot.

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Federal Appeals Court Confirms VGo Does Not Infringe InTouch Health Patents

NASHUA, New Hampshire – May 20, 2014: VGo Communications, the leader in robotic telepresence solutions, announced today that the United States Court of Appeals for the Federal Circuit upheld the lower court's jury trial verdict that VGo does not infringe patents held by InTouch Health. "We are pleased with the verdict", said Peter N. Vicars, CEO VGo Communications, "but continue to be disappointed in the system that grants patents for overly broad claims that can then be used as a sword by companies against their disruptive competitors."

In 2011, InTouch Health brought suit against VGo, claiming VGo was infringing several of its patents. After a trial in late 2012, the jury unanimously found that VGo's remote telepresence robot systems did not infringe any of the asserted patents. In addition the jury found that two of the patents in the case were not valid because the claims were obvious in light of the large amount of prior art that existed at the time the patent applications were filed. In its recent ruling the Federal Appeals Court found that the jury's decision that VGo was not infringing was supported by substantial amounts of evidence. In terms of the patent's invalidity, obviousness is a question of law and the Federal Appeals Court, determining that the jury was not capable of assessing VGo's claims of obviousness, reversed the judgment on invalidity on two of the patents.

As a result of InTouch's lawsuit, separately, VGo requested the patent office re-examine many of InTouch's previously granted patents. In every case, the patent office ordered a reexamination and rejected every claim in every patent. The system allows InTouch to amend the claims by limiting their scope, which InTouch has been doing repeatedly, thus resulting in much weaker patents.

"The marketplace is choosing VGo's robotic telepresence which is simpler, smaller, lighter and quicker to deploy. We are pleased the appeals court confirmed that our technology does not infringe, allowing us to continue to offer customers a solution that costs about 20 times less than InTouch's ." stated Mr. Vicars.

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Gunshot victim returns to campus with help of VGo

Storm Malone took his first steps on campus... or maybe "rolls" is the better word. From his home, the freshman maneuvered a VGo robot, equipped with a screen and outfitted in his football jersey, through the campus and attended his world geography class. This was Malone's first glimpse inside of the classroom since before his domestic violence incident this summer.

"I'm just really excited to have this opportunity," Malone said. "I couldn't believe when they told me."

Over the summer, Malone and his family were shot in a domestic violence incident. His mother and sister died, and he was left in critical condition. Since then, he continues to recover.

"He worries about his handicap and how people will receive him, but things like this give him independence," grandmother Lurlean Smith. said. "He's getting there."

Lori Aden, a representative from Region 10 educational service center, heard about the VGo program being used in another region and began the pilot program in this area. The robot allows home-bound students like Malone to actively participate in school. Malone is the second student to benefit from the technology, but with approximately 350 other home-bound students in this region, Aden hopes to expand the program with the help of corporate sponsors over the summer.

"We just want to help these kids out," Aden said. "It helps them be independent. They can drive to class, or drive right up to their group work, like Storm is doing. They're back in control of their learning."

Aden is passionate about the program because of the benefit it has on every student who witnesses it, not just the student operating it.

"It's a wonderful program," Aden said. "It's going to teach the students on the other side compassion and empathy. For the first few days, it's a robot, but after a week or so, that will be Storm."

"When the kids see him in the hallway, they don't gravitate to him because it's a robot. They gravitate to him because it's Storm," said Duncanville ISD's Mindy Autry. "And they look not at the robot, they look at the screen. And they look at his face and they want to see him."

Storm can guide the robot remotely through the halls. The technology is bringing him back to his friends, who say it doesn't feel strange at all.

"It already felt good just to see him at home doing better," said classmate Kamaria Davis. "So to see him at school is still a big step, and it's amazing."

Malone's home-bound teacher Ruthie Achilles has been on this journey with Storm since the fall. She's seen much improvement in his vision and writing and his ability to sit or walk by himself since then.

"It's wonderful just to see the small things every day," Achilles said.

Achilles believes the robot will give Storm a realistic view of what he misses by not being in class.

"I'm incredibly hopeful," Achilles said. "This will allow him to have more normalcy in his life and be a part of high school."

Achilles said in addition to the academic advantages, he will benefit from interaction with his peers.

"With the end of the school year coming up, there's lots of social things at school. He'll be able to participate in the celebrations with his friends. I think that's important for him to regain some of that typical teenager experience."

Excerpts from Panther Prints Online and NBCDFW.

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Weisman Children's Introduces VGo Robot To Improve Patient Care and Cross Language Barriers

It's been weeks since 17-month-old Juan P. Diaz and his parents left their home in Puerto Rico to seek specialized medical treatment. Left with brain damage after a difficult birth, the little boy is undergoing intensive therapy at Weisman Children's Rehabilitation Hospital in Marlton, NJ.

They've never been so far away from their close-knit family, explained his mother, Elizabeth Mendez.

But on a recent afternoon, little Juan was reunited with them virtually, thanks to a new telemedicine robot called VGo wheeling around the hallways of the 18-bed hospital. As soon as the passwords were typed and the connection was established, the curly-haired boy grew excited and blew bubbles to the delight of his relatives on the screen.

"It's like they're here with us," Mendez said. "He recognizes their faces."

Telemedicine robots are becoming a familiar sight in some South Jersey hospitals. Real-time video conferencing is nothing new, but privacy concerns slowed their use in the medical sector. Used to connect patients, families, doctors, nurses and translators, the remote-controlled communication devices are another example of how technology is transforming health care.

Mendez and her husband, Juan C. Diaz, communicate with family daily through Skype outside the hospital. Still, it hadn't been possible to show off their son's progress from his hospital room until the new robot arrived days ago.

"The risk in health care was the safety of health information," said Michael Rosiak, Weisman's chief operating officer who decided to buy the roughly $9,000 robot. "It had to be encrypted and secure."

Doctors use the devices to consult with each other remotely and to see patients when they are off-site. At Kennedy Health System's three hospitals, telemedicine robots are deployed when a patient arrives in the emergency department with symptoms of stroke, explained Eileen Gallagher, clinical director of Kennedy's neuroscience program.

Ideally, patients suffering an isochemic stroke who would benefit from powerful clot-busting medication should receive it within an hour of their arrival at the hospital, she said. The robots enable Kennedy staff to communicate immediately with neurologists off-site at Jefferson University Hospital in Philadelphia. They can perform complete evaluations at a patient's bedside, with assistance from a nurse acting as the robot's "arms."

About the height of an average adult, the robots roll through the hallways, driven by an off-site doctor whose face can be seen on a monitor the size of an iPad. When providers need to talk privately with each other, they can use an old-fashioned hand-held phone receiver attached to the back of the robot. Dubbed "the Jeff robot," the

devices are used nearly every day, she said.

The robot's high-resolution camera allows the doctors to see a patient's pupil reaction and connect to the results of CT scans in the patient's electronic medical record.

"It really has revolutionized things," Gallagher enthused. "You have a lot of hospitals that may not have 24-hour, seven-days-a-week neurology availability. Even if you do have a neurologist in-house, he or she may not be able to get down to the (emergency department) early enough."

Produced by a company called VGo Communications, Weisman's 12-pound robot is smaller, simpler, and less humanoid than the robots rolling through Kennedy. But staffers are already referring to it as "he" and plan to hold a naming contest for it.

Besides allowing families to connect with each other, the hospital will also use the robot to access foreign-language translators off-site, especially important when patients' families speak less common languages, Rosiak explained.

Carlos Santiago, vice president for Para-Plus Translations, Inc., said the device is an improvement over the traditional phone line service many hospitals use, since it allows a translator to read body language.

"You can't always predict when you need an interpreter," Santiago said, "so to have the ability to get somebody available as easily as you can get somebody on a phone call is really beneficial."

It can also save time and money. This week, Weisman plans to use the device to connect a specialist from St. Christopher's Children's Hospital in Philadelphia with a young patient in Marlton, eliminating the need for transporting the patient into the city. Improving communication can cut health care costs, he said. "It's keeping the whole medical team together," Rosiak asserted. "I think this is just a natural step in the evolution of health care."

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Children's Specialized Hospital Uses "VGo" Robot to Communicate With Patients

Children's Specialized Hospital is the first pediatric rehabilitation hospital in the country using VGo, a robot that allows physicians to interact with their patients at any hour of the day without physically being in the hospital. Children's Specialized Hospital is pioneering the use of VGo, an innovative technology termed a "telepresence" healthcare solution. This new technology has endless opportunities to help children with special needs and complex medical conditions that are treated at Children's Specialized Hospital, the nation's leader in pediatric rehabilitation.

With VGo, a secure wireless connected device that enables a distant person to be "present" through two- way video, audio and motor driven action. VGo is 100% controlled by a person using a PC, Mac or iPad. With its integrated camera, microphones, and video display - all on a light-weight, robot style platform - VGo can run for up to 12 hours between battery charges.

At PSE&G Children's Specialized Hospital, a 60-bed inpatient pediatric rehabilitation hospital in New Brunswick, doctors are using VGo to extend their reach to monitor and consult with medically fragile patients and their families at any hour of the day in the hospital. Patient satisfaction and the standard of care are increased, while reducing the overall cost of care and hospital re-admissions.

"Telemedicine is transforming the way we provide health care, and we are fortunate Children's Specialized Hospital can offer this innovative tool to improve patient care and communication between health care providers and our patients and their family." said Christopher Haines, DO, FAAP, FACEP, chief medical officer, Children's Specialized Hospital. "It provides our physicians critical contact, at any time, to ensure continuity of care for children with complex conditions."

PSE&G Children's Specialized Hospital helps very medically fragile children rehabilitate after a brain injury, spinal cord injury, complications from prematurity and other life changing injury or illness.

The possibilities for applications of this new technology are endless. With one currently residing within the New Brunswick based hospital, Children's Specialized hopes to expand its reach and improve access to pediatric specialists to children living in medically underserved communities. With 12 current locations across New Jersey; a patient in Egg Harbor Township can consult with a neuro-developmental pediatrician in Clifton, 250 miles away. All in real time, all on secure networks and all compliant with federal patient privacy regulations.

VGo develops and markets robotic telepresence solutions for healthcare, education and the workplace. The new company was founded by experienced successful veterans of visual communications and robotics industries. Based outside of Boston in Nashua, NH, VGo is leveraging the recent trends of widespread wireless high speed networks, lower specialized component costs and the universal acceptance of video as a communications medium to invent a new class of solution that is friendly, simple, secure and affordable.

Children's Specialized Hospital, the largest pediatric rehabilitation hospital in the country, treats children affected by brain injury, spinal cord injury, premature birth, autism, developmental delays, and life-changing illnesses at twelve sites throughout New Jersey. Services include outpatient therapies, physician specialty services, acute rehabilitation, medical day care and long-term care through its sites in Bayonne, Clifton, Egg Harbor Township, Mountainside, Toms River, Fanwood, Hamilton, New Brunswick, Newark and Roselle Park as well as outreach programs in many communities. Children's Specialized Hospital is an affiliate member of the Robert Wood Johnson Health System and a proud member of the Children's Miracle Network Hospitals. Children's Specialized Hospital Foundation supports the programs and services of the hospital. The Foundation is ranked among the top six pediatric hospital foundations in the country. To help, or find more information: call 888-CHILDRENS; visit http://www.childrens-specialized.org

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VGo helps Student with Lymphoma Return to School

SAN ANTONIO, TX

Matthew Vasquez is a fifteen-year-old freshman that has been unable to go to school since January because of his lymphoma diagnosis. But now, because of a technology originally intended to bring doctors into the operating room from thousands of miles away, Matthew is ready to come back to school.

"It's really cool, its awesome because I really miss coming to school and seeing my teachers and friends, now with the robot I can," said Matthew. These special robots are remote controlled by the student so that they can hear, see, and move around the classroom, in the lunchroom and between classes with their peers.

"They can actually use (the robot) for four hours a day and be with their peers and be with their friends and get their schooling," said Kip Robins, systems engineer with the Region 6 Education Service Center. "So when they do get ready to go back into the classroom, they're right with their class."

Kip Robins, said that 18 months ago they started using wireless communication robots to help kids that were sick and could no longer attend classes.

"To be able to help somebody, to be able to change somebody's life is huge, and all it is is technology," Robins says.

Now Matt can attend classes, interact with teachers, talk to friends and classmates and once again go back to school from his own living room. "It makes my day 10 times better just seeing everyone," he says.

"He tells me everyday, 'Ask the doctor if I can go back. I can wear a mask. I can do this,'" said Leo Vasquez, Matthew Vasquez's father. "So just knowing now that he can participate daily with his classmates and his teachers, it means a lot to us."

Matthew Vasquez said he had been taking home homework packets and e-mailing back and forth with teachers, but he says to attend class this way is so much better.

"It just really lifts my spirits," Vasquez said. "Now I can see everybody, everyday. So, it's real nice."

Kip says that there are 26 robots in service now in TX, and Matt's robot, who he named Kawhi because he's such a huge Spurs fan, makes number 27. The robots are really starting to be noticed state wide, including right here in south Texas.

"We're really excited about it. We think there are a lot of possibilities for serving students that are out of school temporarily," said Cindy Miller, Educational Specialist with Region 20.

And for one young man, he couldn't be happier that someone took the time to reach out and help him return to a life he missed so much.

Watch the VIDEO here

Read the NBC News 4 Article

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Rady Children's Announces VGo Deployment in Telemedicine Program

Doctors at Rady Children's Hospital today introduced the deployment of a fleet of VGo telemedicine robots, allowing physicians to evaluate patients quickly and from anywhere. Using a laptop or iPad, doctors are now able to interact and perform their jobs in ways not previously possible. They can see, hear, be heard and move around in any remote facility, including being able to visually examine patients without being physically present.

Watch the Video

"We've found the majority of patients treated with telemedicine technology have a favorable response," said Dr. Anthony Magit, director of Rady Children's telemedicine program. "Patients realize they are seeing specialists who might not be accessible to them in their own location, so they feel they are getting cutting edge, high-technology care from top experts."

With satellite locations ranging from 20 minutes to more than an hour away, the telemedicine robots allow Rady Children's experts to consult on cases in a more timely and efficient manner. Rady Children's currently has funding to purchase 16 of these advanced robots. Some of the robots are already in use at Rady Children's neonatal intensive care unit (NICU) satellite locations.

"In the past when I would get an urgent call about a patient while I was away from the NICU, I would either have to wait until I got to the hospital or I would be on the phone trying to understand what was happening," said Dr. Gail Knight, Clinical Chief of the Division of Neonatology. "Now I can pull off the road and simply call up the robot on my cell phone to see what is going on. It only takes 30 seconds."

Various community partners have provided funding for the robots including Cricket Wireless, which donated $186,000 to purchase up to 12 robots. In addition, Cox Cares Foundation and Rest Haven Children's Health Fund each purchased one robot, and Rady Children's Auxiliary purchased two: one by the Southeast Cluster Unit and one by the North County Unit. The Rest Haven robot is in use at the Pioneer Memorial Hospital NICU in Brawley; the North County Unit robot is in use at the NICU at Palomar Medical Center in Escondido. The robots, which have been nicknamed "Rady D-2" by employees, were developed and manufactured by VGo Communications, Inc.

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Film Featuring VGo Wins National Contest

The US Department of Education received more than 2,500 submissions for films highlighting the use of technology in education. One of the 16 winners was Posnack Jewish Day School which documented Kyle Weintraub's use of a VGo to attend class.

The short film, titled Posnack Technology A Day in the Life of Kyle, follows Kyle Weintraub, a seventh grader who is being treated for lymphoma in Philadelphia but continues to attend school in Florida by using VGo.

"Life would be awful without the robot," Kyle says in the film, which is two minutes and 44 seconds long. "I wouldn't see my friends. I wouldn't be doing much at all."

In winning the contest, Kyle and three classmates were invited to the White House along with other winners on February 28, 2014. As Kyle stood on stage just behind President Obama, the president hailed the tech-savvy boy's use of a robot as "a wonderful example of the difference technology can make."

"Even as he is getting medical treatment, and fights to get better, Kyle can keep up with his studies," the president told the audience.

View the winning video

See a Florida local news story

Watch the Speech by President Obama (He speaks about Kyle at about 9m 12sec into the video)

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VGo acts as Eyes and Ears for Mass High School Student

14-year old Connor Flanagan is unable to attend school in person because of healthcare needs, but with VGo, he doesn't miss a thing.

Watch the Video

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Mayo Clinic to Test Sideline Teleconcussion Robot at NAU Football Games

Courtesy of Mayo Clinic

PHOENIX, Ariz. - There will be a new face at Northern Arizona University football games this fall – only this face will be on a robot on wheels.

Mayo Clinic will be working with NAU to test the feasibility of using a telemedicine robot to assess athletes with suspected concussions during football games as part of a research study. With sophisticated robotic technology, use of a specialized remote controlled camera system allows patients to be "seen" by the neurology specialist, miles away, in real time. During the study, the robot equipped with a specialized camera system, remotely operated by a Mayo Clinic neurologist located in Phoenix who has the ability to assess a player for symptoms and signs of a concussion and to consult with sideline medical personnel.

The first time the robot will be used in a game is this Friday, Aug. 30 when NAU kicks off its season against the University of Arizona in Tucson at 7 p.m. (MST).

"Athletes at professional and collegiate levels have lobbied for access to neurologic expertise on the sideline. As we seek new and innovative ways to provide the highest level of concussion care and expertise, we hope that teleconcussion can meet this need and give athletes at all levels immediate access to concussion experts," said Bert Vargas. M.D., a neurologist at Mayo Clinic who is heading up the research.

This study would be the first to explore whether a remote neurological assessment is as accurate as a face-to-face evaluation in identifying concussion symptoms and making return to play decisions. Mayo Clinic physicians will not provide medical consultations during the study, they will only assess the feasibility of using the technology. If it appears feasible, this may open the door for countless schools, athletic teams, and organizations without access to specialized care to use similar portable technology for sideline assessments.

"As nearly 60 percent of U.S. high schools do not have access to an athletic trainer, youth athletes, who are more susceptible to concussion and its after-effects, have the fewest safeguards in place to identify possible concussion signs and symptoms at the time of injury, Dr. Vargas says. "Teleconcussion is one way to bridge this gap regardless of when or where they may be playing."

Others involved collegiate sports agree.

"At NAU, our primary goal is to provide an outstanding student-athlete experience culminating in graduation," says Dr. Lisa Campos, vice president for Intercollegiate Athletics at Northern Arizona University. "We charge our staff to research the most current and best practices to ensure the safety and care of our students. Partnering with the Mayo Clinic in its telemedicine study will further this research and potentially improve diagnosis for rural areas that may not have access to team doctors or neurologists. The study allows the NAU Sports Medicine Staff and team doctors to continue to make all diagnoses and return to play decisions for our students, while investigating the effectiveness and efficiencies of telemedicine. We are excited to have the teleconcussion robot on our sideline this fall."

"There were a number of examples last football season where college football players clearly demonstrating concussion-like symptoms were quickly thrown back in games or weren't even taken out of the game for an evaluation," said Ramogi Huma, executive director of the

National College Players Association. "College football players are in desperate need for independent concussion experts on the sidelines, and this study could help make that safeguard a reality."

Mayo Clinic in Arizona first used telemedicine technology with the telestroke program in 2007, when statistics revealed that 40 percent of residents in Arizona did not live in an area where they were availed of stroke expertise. Mayo Clinic was the first medical center in Arizona to do pioneering clinical research to study telemedicine as a means of serving patients with stroke in non-urban settings, and today serves as the "hub" in a network of 12 "spoke" centers, all but one in Arizona. Since the telestroke program began nearly 3,000 emergency consultations for neurological emergencies like stroke between Mayo neurologists and physicians at the spoke centers have taken place.

In 2011, Mayo Clinic expanded its telemedicine evaluations to include concussion evaluations. Concussion experts at the Mayo Clinic Comprehensive Concussion Program in Arizona coined the term "teleconcussion" and described the concept as an effective means to assess concussed patients in a case study published in the December 2012 issue of Telemedicine and e-Health.

"Teleconcussion is an excellent new example of connected care in action, as athletes with suspected concussion, anywhere and anytime, can be effectively connected to Mayo Clinic concussion knowledge and expertise," says Bart Demaerschalk, M.D., co-author of study, Director of Mayo Clinic Teleneurology and Telestroke, and Chair of American Academy of Neurology Telemedicine Work Group.

About Mayo Clinic

Mayo Clinic is a nonprofit worldwide leader in medical care, research, and education for people from all walks of life. For more information, visit www.mayoclinic.org/about/ and www.mayoclinic.org/news.

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Businesses adopting robots for new tasks

COMPUTERWORLD | By Esther Shein | August 1, 2013

Computerworld - When Christian Johnson began his summer 2012 internship at the information management branch of NASA's Langley Research Center in Hampton, Va., he little suspected that he'd soon be virtually tooling around the center via a vaguely humanoid robot on wheels.

Once classes began in the fall, the 18-year-old had to finish up his senior year of high school in Buffalo, N.Y., and needed to telecommute to continue his work as data analytics specialist at the research center. One of his co-workers had heard about a company called VGo Communications that makes a wheeled personal avatar, or what it calls a "productivity improvement solution," that lets people see and hear -- and be seen and be heard -- from far away.

The co-worker wrote a proposal urging Langley's CIO to buy a VGo unit, and the CIO's office approved the purchase of one of the robotic avatars so that Johnson could use it to move virtually through the building and attend meetings -- just one of the new ways robots are making their mark in business today.

Industrial robots have been around since the early 1960s and have been used mainly in automotive plants. As they have gained more sophisticated sensors in the past decade or so, they have increasingly been used in other fields, including healthcare, the military and public safety. Robots have even been used for underwater applications.

According to the "World Robotics" report (download PDF) from the International Federation of Robotics, 2011 was the most successful year for industrial robots since 1961, with sales increasing by 38% to 166,028 units. The main countries for growth were China, the United States and Germany, although Japan remained on top.

U.S. shipments of robots hit a high of 20,555 units in 2011, up 43% from 2010, according to the IFR, which predicts that more than 1.5 million industrial robots will be in operation worldwide in 2015.

These days, robots are taking on more advanced duties in manufacturing and logistics, are being adopted by smaller companies and are making their way into office environments, as Johnson and his co-workers discovered firsthand.

The VGo unit that Langley purchased is equipped with a camera, microphones and video display on a 4-foot-tall motorized platform. Once Johnson installed specialized software on his computer at home in Buffalo, he was able to log on to the VGo device to have a 20-minute conversation with a co-worker or even "attend" meetings lasting several hours. Traditional teleconferencing or even telepresence systems wouldn't have met his needs, he says, because he had to be able to move around the building to get his job done.

Telecommuting via bot

With a robotic avatar, "you have more control over where you're going and, more importantly, you can interact with people in a room in a much more hands-on manner and get a feel for who's in the room," Johnson says. "That can get confusing when you're on a large teleconference."

"It took some getting used to," he acknowledges, explaining that there are two ways to control the VGo unit: using a combination of arrow keys on the keyboard, or via VGo's on-screen interface. Johnson opted for the latter approach. The interface features a half-circle that overlays an image of the view that's capture by the unit's webcam; if you drag your mouse in the direction you want to go, the bot will start moving that way. Johnson says it's almost like a drag-and-drop system: the farther you drag the mouse toward the top of the half circle, the faster the unit goes.

While Johnson isn't sure what Langley paid for the unit, he says that VGo devices have retail price tags of about $6,000.

Johnson has since graduated from high school and will attend the University of Maryland, College Park, in the fall. He says he hopes to be able to stay on at Langley and continue telecommuting while in college. He says there were no real negatives to the VGo robot; he liked the video quality and performance, and the center purchased a 12-hour extended battery, which he says were very useful.

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VGo Users Featured in New York Times Article

Several students using VGo to attend class were recently featured in a recent article in *The New York Times®* Lexie (pictured below on VGo), Connor and Aiden are just a few of the small but quickly growing number of students with special health needs who use "remote presence robots" to be just another kid in class.

Click here to read the article online and here to see the slideshow.

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VGo featured on Modern Healthcare

VGo was recently featured on ModernHealthcare.com in an article called "Robots get to Work."

The VGo acts as a personal avatar—or, as the company says, "replicates a person in a distant location"—via the robot's camera, microphones and video display. The remote user can move the VGo around a facility. The robot has applications in telemedicine, and the company also pitches it to hospitals and nursing homes as a way for family members to virtually visit their loved ones.

Cost: Starts at about $6,000, plus an annual service contract of about $1,200

Users: Oregon Health & Science University, Portland; El Camino Hospital (pictured above), Mountain View, Calif.; Intermountain Healthcare, Salt Lake City; Casa Grande (Ariz.) Regional Medical Center; Rady Children's Hospital-San Diego

VGO 001378

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NFL Defensive Player of the Year JJ Watt Drives VGo

After JJ Watt heard the story about Cristian Beasley naming the VGo robot he uses to attend school "Watt," the Texans star decided to suprise him at home.

In a ruse orchestrated by the Houston Texans, NFL Films, Cristian's family and school, and the Education Service Center Region 6 that coordinates the VGo program, Watt arrived unannounced at the home where Cristian operates the robot. He quietly snuck up behind him and gave the boy the best surprise of his young life.

"What are you working on," Watt whispered as Cristian turned around.

"Oh my God," said the 6th grader dressed for school in his JJ Watt jersey and a Houston Texans knit cap.

"What's up buddy," said Watt. "I'm JJ, nice to meet you man."

"Oh my God," is all Cristian could mutter again.

The Texans defensive star spent more than two hours at the Splendora home. He gave Cristian signed shoes, gloves, and more including a signed JJ Watt jersey which he autographed with the words "stay strong" on the back. They played hacky sack and football in the backyard, mugged for photographs together, and posed for photographs with a large contingent of Cristian's equally star-struck family. He also autographed a football with the words "Stay strong. My Stength is Always with You."

Watt also took turns at Cristian's laptop driving the VGo robot through the halls of Greenleaf Elementary School. Of the VGo, Watt later tweeted "Honored that Cristian named his robot after me. Thankful for the technology allowing him to attend school from home."

And at the end of the day, Watt and Cristian made the 10-mile trip to the school to visit the other students in person.

"It's awesome. It's still awesome," said Cristian during Watt's visit.

"When I heard the story that he named his robot after me, and that he was such a big fan, I mean it's a no brainer to do stuff like this," Watt said. "To see the smile on his face when he realized I was in the room with him and to see all the kids, there's no better feeling in the world."

"It means a lot and I'm never going to forget it, never," said Cristian. "It's always going to be in here," he said pointing to his head. "And in here," he said putting his hand over his heart.

Cristian starts another round of chemotherapy on Monday so his mom said the surprise visit by the football star couldn't have come at a better time. Among the gifts he gave the boy were a set of "eye black" football patches that Watt told him would make him look tough. He told Cristian to use them when he needed an emotional lift and to remember that he always has a robot and a real guy named Watt rooting for him.

"He has a big heart for kids you know, kids who may not even have cancer," said Cristian. "He's a nice guy. And I can really tell."

Click to see the full story and watch the video of JJ Watt surprising Cristian and driving the VGo

Image Credits: KHOU

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VGO 001380

Lyndon Baty and the Robot That Saved Him

By Luke Darby | Dallas Observer

If he has his act together, Lyndon has already powered on in the copy room by the time the bell for first period rings, and has already begun the long, slow trek down the school's single hallway, arriving at his first class, chemistry, before the tardy bell rings five minutes later. But he was a little slow getting going today, so by the time he arrives at Mr. Deville's room — it's the one farthest from the copy room, if that buys him any sympathy — the door is already shut, and the halls of Knox City High are mostly empty.

Since he doesn't have arms he can't turn the handle to open the door. He used to crank up the volume and yell, but that didn't really work either, so over time he learned to adapt, to use his unique gifts to solve the problem. He would back up, creating enough room to pick up speed, and then ram the door at full throttle. It wasn't too violent a collision, but it was enough to shake the door with the force of a hard knock, and after a few minutes someone always came to his aid.

"Hey, Lyndon."

Oh, good, there's another boy in the hall today.

Lyndon gets to spare the door and his paint job.

"Can you open Mr. Deville's door for me?"

He rolls to his usual spot at the front of the room, where he has a good view of the whiteboard and the teacher. But today's activity isn't quite built for Lyndon, so Mr. Deville positions himself in front of him and says: "Since so many students are at UIL" — it's an academic contest — "we're just writing addresses on envelopes for prom invitations. You don't have to stick around." So out Lyndon goes, back through the door and down the hall, back to the copy room to power down and wait for the next bell to ring.

Knox City is a town of 1,300 people about 200 miles northwest of Dallas, lying along two main streets with no traffic lights. The Baty home is not far north of the main intersection, less than two miles, a simple brick house with about 70 acres of land behind it and a small free-standing office under construction out front. A yellow crop duster swoops low over the house across the street and lands on the airstrip up the road, the main landmark that lets the Batys' visitors, often news vans and eager reporters, know they've gone too far.

It's mid-morning, and Lyndon is uploading an assignment. There isn't much time before class, but once he finishes he walks to the living room. It probably crosses his mind to squeeze in a quick game of *NBA 2K13* on his Xbox, but he doesn't push it. He flips on the TV instead.

"Lyndon, it's almost time for chemistry," his mom, Sheri, says. "Turn the TV off."

"I just want to see who won the game."

"Which game?"

"I don't remember, but it affects the Knicks."

Sheri is in the kitchen washing eggs, which she'll sell around town. She's a photographer — portraits and sporting events, mostly — but when those chickens are really producing they're a good side gig. She's getting six dozen boxed for an old woman in town who likes to bake.

The rest of the family is long gone. Louis, Lyndon's dad, is the superintendent of the Knox City-O'Brien school district. His brothers are at school: 11-year-old Chance, who hugs strangers and offers them clementines, and Sheldon, 14, the worrier in the group.

The assignment Lyndon just finished is for West Texas University, which lets students at Knox City High take courses for college credit. He's 17, so college isn't far off, a notion obscured by his still child-like frame. He can

talk nonstop for hours, and if the topic is sports he goes even faster, and assumes you're keeping up with the names and stats he's machine-gunning your way. He's most obsessed with basketball, and wants nothing more than to play in the NBA. But being a fanatic is as close as he can get. With his skinny limbs and stomach swollen with a dialysis catheter, contact sports are off the table.

Lyndon was born with polycystic kidney disease (PKD), a genetic condition that results in cysts on the kidneys. It's the most common life-threatening genetic disease in the world, but because Lyndon is Lyndon he was born with the rarer form of the disease, autosomal recessive polycystic kidney disease, the kind that appears in children. Louis and Sheri are both carriers for the mutated gene, which gave Lyndon a 50/50 chance of inheriting the disease. About 70 percent of babies born with recessive PKD survive their first year. But back when Lyndon was born — six weeks early, with two pounds of fluid in his chest and cyst-covered kidneys that couldn't filter — his doctors gave him two years to live. Most newborns in his condition don't live two weeks.

Sheri likes to say that if there's a 97 percent chance of a thing, Lyndon is the 3 percent. He made it, despite his abnormally small stomach that could only hold so much food, despite the need for an oxygen tank and feeding tube at his crib and five different blood pressure medications, despite being on dialysis for at least 10 hours every day. That was just to see 2. As the years went on there were countless 200-mile trips from Knox City to Children's Medical Center in Dallas, for a blood clot on his fifth birthday and, finally, a new kidney when he was 7.

Education in those early years fell under Sheri's jurisdiction, with Louis, a former math teacher, helping when he could. His mom became his friend, teacher and classmate, Lyndon says. But with the new kidney came real school, the real second grade, and his world opened up beyond home and to school, the world most kids inhabit. He even started running track. It was like the end of *Pinocchio*, if Pinocchio were obsessed with LeBron: Happily ever after. *Normally* ever after.

"As normal as normal can be," Lyndon says.

"As normal as you'll ever be," Sheri says.

But Lyndon being Lyndon, the story didn't end there. In eighth grade, his body started rejecting the kidney that gave him his freedom. He went on immunosuppressant drugs to keep the kidney working, and soon he was too immunosuppressed to leave the house, except for trips to the hospital in Dallas. Or the Ronald McDonald House, which despite its best efforts was worse because there was no ESPN. In July 2010, when LeBron James told the world he would take his talents to South Beach, Lyndon was getting live updates from his dad over the phone.

He spent his last summer before high school this way, masked and schlepping from Knox City to Dallas and back. When school finally started Lyndon was back to studying and working at home, but things were worse than before. Not only was it decreed that he couldn't go to school but his contact with people outside the family would be minimal. One of the few non-Batys he saw that fall was Christie Howeth, a counselor at Knox City High. Every day she would pick up the basket of assignments and handouts at school and bring them to Lyndon's house, where he would barrage her with questions. Her husband was a coach at school, so Lyndon over-estimated her sports savvy and wanted to know the inside scoop not only on local sports but on the pros, too. She became Lyndon's one-woman audience for the stats and facts he picked up from ESPN.

The intermittent visits weren't enough to keep Lyndon going, though. Already spindly, he lost energy and weight. He was back on dialysis for 10 hours every night. And he missed school, which in Knox City means missing everything: It's a small school in a small town, where almost all the students are in the same classes, with the same teachers, the same programs. The distance from home to school wasn't a mile and a half. After the driveway it's just three turns — a left, a right and a left — but that's all it took to cut Lyndon off from the whole world.

Before the Roomba there was just Rosie from *The Jetsons*, an unattainable fantasy, full of impracticalities. Having a robot use arms to push vacuums or work an iron doesn't make sense when you could just build a vacuum or an iron into it. Besides, the human shape is vaguely creepy. That one wheel she used to get around gave terrible stability. And she gave Mr. J such back-sass.

The Roomba, though: The Roomba has been drifting through our homes since 2002, calm as a manta ray and placid enough for us to project personality onto it. The Roomba is the lesson to robot-kind that if they ever do rise up they shouldn't look like the bladed squids from *The Matrix* or the brawny skeletons from *Terminator*. They'll need the rounded corners of iPods, and people will coo over them like pets.

The company behind the Roomba is called iRobot. That's where Tom Ryden and Grinnell More worked until 2007, when they left in search of their own robot revolution, wanting to work on something they called a "telephonic presence." They joined forces with More's neighbor, Tim Root, formerly of the videoconferencing company PolyCom.

"With our backgrounds, we knew what we could do on the product side," Ryden says. "And Tim knew the software."

More was the most mechanically minded of the three, and in his basement workshop they put together a prototype. It stood about four feet tall on a wheeled base, with a screen set in the top. It could be remotely controlled via wifi, and it streamed video between it and the computer controlling it. There were loose wires hanging off it, but it worked.

What they'd built was basically a Roomba with Skype. It sounds like a put-down but it's not — that's pretty much what they set out to do. Their goal was to make a simple and streamlined device, the flagship product for their new company, VGo Communications.

Soon they reached out to SKC Communications, a company that sells video processing products. They thought the VGo bot would be a good fit in SKC's product catalog, and SKC agreed, though Victor Cuella, a salesman for the company, still thought it would be a tough sell.

"It's a solution looking for a problem," Cuella says. A few other companies already made teleconferencing robots. InTouch Health has a human-sized device with a rectangular midsection and large screen for a head, used for medical consulting. (A doctor can check patients and facilities at distant hospitals.) It looks more like a "robot" than what Ryden and company designed; it could have been one of the trundling R2 units the Jawas sold in *Star Wars*. But it also rents for $6,000 a month, as much as the VGo costs to buy.

While VGo was more affordable, it was also overly simple. Many of SKC's clients looking for similar technology wanted something with more features. So Cuella started calling clients, trying to see if anyone was interested in giving his bot a test run. The first "yes" he got was from Mike Campbell, a techie at the Wichita Falls Service Center, which handled email and networking for Knox City High School.

Then the weirdest thing happened: The day before the salesman arrived in Wichita Falls for the demo, the service center got a call from a woman who handles special education services for Knox City High. They had a freshman who was too sick to go to school, she said. They tried having him connect to the computers already in class but it wasn't enough. What he needed was a way to roam around the school so he could keep talking to students once the bell rang. Did Campbell have any ideas?

After giving the bot a test run with Cuella, Campbell knew he had a solution for Lyndon's problem.

"They called it a God thing," Campbell says. "They think it was just divine intervention that Victor showed up."

That winter, around Christmas, the Batys pulled into their backyard after driving around to see Christmas lights.

"Oh my God," Louis said. "The robot's here."

It was supposed to go to his office, but here it was at their house, the $6,000 UPS delivery sitting on the mercifully dry concrete. Worried that Chance would get to it and do Lord knows what, Louis didn't let anyone open the box. He trucked it to his office, to wait out the winter before being transported to the copy room. Then, on the day after winter break, out it rolled, into the hallway to find a crowd waiting for it. The kids gathered around, to welcome Lyndon back and to see the robot in action.

A boy named Austin was one of the first to approach.

"Lyndon," he said, hugging the little bot. "I've missed you so much!"

The first couple weeks were rough. On Lyndon's side the setup was straightforward enough: Wake up, get dressed, eat breakfast — all the standard getting-ready-for-school stuff. Then open the laptop and log in to school. The interface is simple and keyboard-based, which is sort of a shame, because all it needs is a joystick or proper controller for the whole thing to feel like a video game.

But Lyndon never technically learned how to pilot the bot before the first day of school, so moving from Points A to B took some trial and error. He'd never even been inside the high school, so he was figuring out the controls as the same time he was figuring out the campus. "I ran into doors," he says. "Teachers. Bathrooms. Girls."

At school the bot's novelty wore off fast, but it was even more valuable than expected. Lyndon's wisecracking and attention-loving nature didn't just make it easier for people to interact with him; it's what's kept him engaged. When Mr. Moeller had to chew out two girls for picking on Lyndon via the robot — taping paper over the camera eye, picking it up from behind and turning it around with Lyndon unable to see the culprits — their response was: "We'd be picking on Lyndon the same if he was here."

"His personality helps out a lot," says Kent Deville, Lyndon's chemistry teacher. "A shier kid would have problems." Lyndon isn't afraid to call out when he needs help, and he uses the bot's tricks to his advantage. He can zoom in, take photos of the whiteboard and homework corrections and refer back to everything later. "It's like H.G. Wells," Mr. Deville says. Kelsey Vasquez, a classmate, says Lyndon is actually more outgoing as the robot. "He's shier in person," she says, at least until he's had time to relax. "I don't think I could be as happy as he is."

His health improving, Lyndon also found a way to indulge his fixation on sports. Doctors said he could make the open-air walk through the crowd and stands up to the announcer booth. He just couldn't spend eight hours a day in the petri dish that is a high school. So he started announcing at baseball games for the Knox City High School Greyhounds.

The voice that boomed out of the tiny body and those loudspeakers could draw out "Your Knox City Greyhounds" like an opera singer. Lyndon got to make as much noise as possible, and he decided on the career tracks that made sense for him: sportswriter or commentator. He branched out to football games, too, foghorning the "BU-ULL DO-OGS." But he likes baseball more because there's more dead time he gets to fill up. The sports-fanatic quasi-cyborg even got ESPN and *Sports Illustrated*'s attention.

The biggest surprise came in February. Dallas's NBC 5 took him and his family to see the Mavericks, Lyndon's favorite team. Then Lyndon got to meet the entire team. It was all organized in part by then-Maverick Delonte West, who had heard about Lyndon and wanted to do something for him. Lyndon stayed at the stadium until 2 a.m. shooting hoops with West. He now has a pair of Dirk Nowitzki's shoes on display in his room, where jerseys and pennants hang from the walls and his bedding is Mavericks blue.

This is where Lyndon works when he doesn't want to sit at the kitchen table, on a desk set up at the foot of his bed. Working on a computer screen frees Lyndon to multitask. He's on Twitter a lot: "Watching LeBron play basketball is like watching the sunset. So beautiful." It also helps when he needs to Google the answers to things that aren't technically cheating, like when Mrs. Martinez, his English teacher, is giving them riddles. Other times it makes things that might be technically cheating a little harder, like in algebra one day, when the girl next to him tapped loudly on the microphone.

"Lyndon."

"What?"

"I need your help."

"Then give me the answer to number six."

His math teacher was in the back of the room, but Lyndon's volume carried. "I can hear you, Lyndon," she told him.

Lyndon woke up on a helicopter.

It was the middle of the night in July 2012, and the last thing he remembered was going to sleep at home. Now he was en route to Children's in Dallas. His parents had found him walking around the house in the middle of the night, talking to himself as if he was sleepwalking. But he wouldn't wake up. Panicked, they rushed to the local emergency room, where they put him on the chopper to Children's.

At first the doctors in Dallas agreed: sleepwalking. But then it started happening more often. The spells, as the Batys call them, came intermittently for a few months. Lyndon would go a bit loopy, then snap out of it after a few hours, never long enough for them to rush Lyndon to Dallas. He always came to on the ride to the hospital or 10 minutes after walking into the lobby. But as time went on the spells got more severe and started to last longer, sometimes a day or more.

One time, 16-year-old Lyndon rationalized that he was 12. Surely, he thought, he was younger than his 14-year-old brother Sheldon. And he was certainly older than 11-year-old Chase. But he must be closer to Chase than Sheldon. So that would make 12 and not 13.

Another time he just looked up at Sheri and said, "Mom, you're the smartest person in the world."

"I knew something was wrong," Sheri says. "That's just not something a 17-year-old says."

In December he got violent. He didn't recognize anyone in his family, and when Louis and Sheri called an ambulance it took all four of them — his parents and the massive EMTs — to restrain him and carry him to the ambulance. The immediate aftermath: a missing shoe for Lyndon, and broken glasses and bruised jaw for Louis. Even a small body can do a lot of damage when you're not present enough to hold anything back.

"I thank God Chance was sleeping," Lyndon says, "because I would have tried to fight him."

They put him in the ICU, and this time Lyndon didn't resurface for three days. Louis had gone with him, and when Sheri arrived, Lyndon, in his daze, had a present for her.

"He handed me a drawing and said, 'It's a cat.' He had just taken a pencil and done a long scribble from one corner to another."

The doctors pinpointed the immediate cause: ammonia. A normal ammonia level is anything in the range of 15-45 micrograms per deciliter. At his worst Lyndon was hitting levels of almost 200. Since he had liver problems, the doctors thought it was hepatic encephalopathy, a condition caused when the liver can no longer remove toxins from the blood. The chronic form is untreatable, and its prognosis is irreversible coma, and death.

"This is just how he'll be from now on," they told Sheri.

Sheri was prepared to deal with whatever problems Lyndon had. She believed that God didn't do anything without a reason, that every hardship came fully equipped with a life lesson. She learned how to work oxygen tanks and feeding tubes and was an expert on Lyndon's medical records, a catalog of one challenge after another.

It's not surprising, then, that it was Sheri who finally asked a doctor whether the problem could be hormonal. "Lyndon never went through puberty," she said. "Isn't there a chance that there's something wrong with his hormones?"

It did make sense, the doctor thought. All it took was one more blood test to find the culprit: the thyroid.

Hashimoto's thyroiditis occurs when the body's immune system starts attacking its own thyroid gland. It can happen to anyone at any age, but it mostly happens to middle-aged women. It's the most common kind of "hypothyroidism," when the gland isn't producing enough thyroid hormone for the body. Hashimoto's encephalopathy is a much rarer associated condition. Its symptoms include disorientation, delusion and aggression.

The doctors gave him new medication to counteract the lack of thyroid hormone and overnight the spells vanished. Lyndon woke up the next morning and looked around.

"Why am I in the hospital?"

A clown marches through the lobby at Children's, yelling hellos to everyone in proximity, pulling another behind in a wagon while she plays a ukulele. Lyndon is on a laptop, pulling up the controls for his bot.

"I'll trade you that laptop for my uke," the wagon clown says as she thrusts her tiny instrument at him.

"That's like *Deal or No Deal*," Lyndon says. "No deal!"

"Is that your agent?"

"No, that's my reporter."

"You get your own reporter!" says marching clown. "Are you gonna be on TV?"

"I've already been TV. This is for the newspaper — the *Dallas Observer*."

"Oh, so you're getting observed?"

Lyndon and his parents have made a point to share his story as much as they can — on CNN, NBC, *Sports Illustrated* and ESPN, German and Japanese film crews. The Huffington Post, The Daily Mail and Geekologie. They want any kid in Lyndon's position to know that there are options.

VGo now has robots in nearly 30 schools across the country. And they're still expanding. There's Devon Carrow, the 7-year-old in West Seneca, New York, with deadly allergies. There's Miranda Garcia, the third grader in San

Antonio with a lupus-weakened immune system. And Aidan Bailey, the Iowa elementary schooler who had a double lung transplant.

Lyndon, meanwhile, is back for another stay at Children's. Last month, Louis and Sheri noticed that his dialysis fluid was murky. He had an infection in his catheter, and it needed to be removed. That meant surgery to take it out, a couple weeks in the hospital for the infection to clear up and surgery to install another. He'd be in the hospital during state testing, so he'd have to make that up in the summer. But there was a bigger conflict, one that meant they couldn't — wouldn't — leave Knox City on April 12, when he was supposed to drive to Dallas: prom.

Lyndon had a date with Andrea, who by Sheri's reckoning was the most sought-after girl in school. He may have asked her out by text, but he swears it was his only option to get it done quickly. "I can get a girl when it matters," he says.

They decided Lyndon would stay at prom as long as he felt well enough to stay. "We just told him, 'You tell us when you have to go,'" Sheri says. "We wanted him to have the experience and say he went to prom."

Lyndon wanted to drive Andrea and him — no robots allowed — but his belly was too sore to even properly put on a seatbelt. So Andrea's sister, a senior also heading to prom that night, drove them. The dance had a Hollywood theme, and all the couples walked down a red carpet into the new Knox City community center while a teacher announced their names. Then everyone sat down to dinner. There was shrimp cocktail — "I would die for shrimp," Lyndon says — and steak and cheesecake. Sheri was the photographer, and the one thing Lyndon was positive he did not want to miss was getting a picture of him and his date.

Around 90 minutes in, the dancing started, but Lyndon felt too bad to dance. They did their best to draw it out before he told Andrea goodbye and climbed in the passenger side of his dad's truck and they headed for the highway. It's a familiar drive but a long one, three and a half hours without traffic, but it feels a little shorter when you're thinking about next year's senior prom.

Click here to read the article from The Dallas Observer.

Click here to watch the ABC/ESPN Video about Lyndon from 2012.

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VGO 001386

Robot helps Student Recovering from Surgery Keep up with School

Click here to watch the video.

Afton, NY (WBNG Binghamton) New technology is proving useful to high school students with serious medical needs. A computerized robot took the place of one Afton senior while she recovered from surgery.

Shanalin Heath hasn't stepped foot inside Afton Central School for more than a month. She had facial reconstruction surgery in April, but thanks to a robot called "VGo" she hasn't missed a thing.

"Honestly, my first time seeing it (the VGo) was yesterday, I never got to see it in person before," Heath said. "I didn't realize it was that small, because when I first started driving it I didn't know my areas when I was going through a doorway."

The robot literally attended class while Shanalin was at home recovering. Shanalin's friends say she's been in school all along.

"I just think it's really cool," said junior Payton Cutting. "I would move the chair for her so she could still sit next to me in class."

VGo helped keep Shanalin up to date on all her school work, but it also gave her a way to keep in touch with all her classmates during the final few months of her senior year.

"The student could stand right in front of the VGo and have a conversation with her, a face-to-face conversation, so I think it gives the student at home a sense of belonging."

VGo picked up the nickname "Shan-Droid" during its stay at Afton. Students will always remember the time they had class with a robot.

"We're a small school, so you would never expect that we would get a robot," said junior Christian Cabrera. "That would, like roam through the halls with us."

Afton Central School acquired the robot through DCMO BOCES' distance learning program.

VGo's next stop is Bainbridge High School to help another student.

By Kelly McCarthy | WBNG Action News

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Student uses VGo to Attend Class while Undergoing Chemotherapy

May 9, 3013

SPLENDORA, Texas - When we met Cristian Beasley, 12, he was wearing a black Greenleaf Elementary School T-shirt and rolling down the hallway with his sixth-grade classmates from one room to another. Rolling, literally.

Cristian, the human, was 10 miles away seated in front of his laptop computer. Cristian, the robot, was headed to just another normal day in the front row of Kristina Martin's class ready to take part in a literary discussion of Jack London's "White Fang."

Cristian has acute lymphoblastic leukemia. He is at a critical point in his chemotherapy regimen, and a compromised immune system makes an elementary school off limits.

"My mom walked in through the door and she was crying," Cristian remembers of the day the diagnosis came. "She sat down on the couch. She had this paper. She's like 'you got cancer Cristian. I'm sorry.'"

But Kip Robins with the Region VI Education Service Center heard about Cristian and knew he had an available solution.

VGo Communications markets "telepresence" robots that can be operated remotely via computer, wifi, and the Internet. Children can drive the robot remotely, see and hear their teachers and fellow students with a remote web cam. A video screen at the top of the robot allows the student to be seen and heard in their own classroom. VGo has dozens of the units operating in schools across the country for students who are too ill or too disabled to attend school in person.

Cristian would be the next.

"These homebound students deserve the opportunity to go to school," said Robins, who helps coordinate the state-funded program.

"And even though you might want to be at school for real, it still is cool," said Cristian.

And what educators have found really cool is how the other students have responded. In a recent fire drill at the Splendora School, his fellow students insisted the robot not be left behind. A teacher grabbed "Cristian" and brought him outside to safety with the rest of his classmates.

Click here to read our CEO, Peter Vicars, blogpost about Cristian's fire drill experience.

"It feels just like he's really here, like it used to be," said one of his best friends Colby Seale.

"I'm happy because he's back in our class, and we missed him a lot when he wasn't," said classmate Sydney Theriot.

"All the kids refer to it as Cristian. Is Cristian coming today? Cristian's here now. You know, move out of the way for Cristian." said teacher Kristina Martin. "So he's just one of our kids."

"Yeah, I know," said a smiling Cristian responding to how his fellow students have adopted him and the robot. "It's crazy."

"Every case has been positive. These kids are my heroes," said Robins, who helps coordinate four of the VGo robots at different schools in Region VI.

VGO 001388

"Next to being a dad and a husband this brings the fulfillment that every person should have with their job."

Principal Adriana Velasco said the only proof she needed that the program would work was the first day "robot" Cristian arrived at Greenleaf.

"The day he came back it was really cute, because he said 'Ms. Velasco it's really nice to be home.'"

Cristian has nicknamed his robot "Watt" after Houston Texans football star J.J. Watt. A meeting with his sports hero is in the works for later this month. However, Cristian's mom Amy Gaskamp said the true hero is the technology program that has pulled her son out of his post-diagnosis depression, allowed him contact with his friends and enabled him to continue getting good grades.

"It's been great. I think it's a lifesaver," Gaskamp said. "I personally believe that it has given him life back. If it weren't for that robot right now, I'm not sure where we would stand. It's the best thing that could have happened, it really is. It's worked out great. It's awesome."

"I just think it's a place about hope, love and faith to me," added Cristian about being able to stay connected to Greenleaf and Splendora. "I just love that town."

Students and staff at Greenleaf Elementary are sponsoring a benefit for Cristian and his family. The Curing Cristian Beasley One Step at a Time Fun Run/Walk is scheduled for May 18 at the Splendora High School track. The event will help pay medical expenses. Cristian's chemotherapy regimen is expected to last at least three years although he hopes to be healthy enough to attend school in person next year.

Credits: Kevin Reece / KHOU 11 News

Click here to watch the video.

VGO 001389

VGo Strengthens Healthcare Team

Dr. Eugene Spiritus Joins VGo as Chief Medical Officer

NASHUA, New Hampshire & Austin, Texas – May 6, 2013: VGo Communications, the leader in robotic telepresence, at the American Telemedicine Association's annual conference, announced that Dr. Eugene Spiritus, has joined VGo as its Chief Medical Officer. Dr. Spiritus will overlay his more than 40 years of medical experience in the building of healthcare relationships.

A board certified Internist and Pulmonologist, Dr. Spiritus has served in senior management roles including Chief Medical Officer at UCI Medical Center and Chairman of the Department of Medicine at St. Joseph's Hospital. He has developed innovative processes, deployed advanced technologies, and engaged as an investigator in multiple clinical trials. For three years he worked as a healthcare consultant for KPMG Peat Marwick. A true entrepreneur, Dr. Spiritus also has founded multiple of organizations with a wide range of scope including home health, a multispecialty practice and medication management program.

"I've understood the benefits of telemedicine for a long time," said Dr. Spiritus. "I'm incredibly excited about what VGo is doing. It's the first solution with the price and simplicity that is required for mass adoption. Improved work-flow, enhanced communication between care givers and patients across the healthcare continuum, and decreased readmission rates all contribute to improved outcomes on a wide scale."

"We are very fortunate to have Dr. Spiritus join our team," said Peter N. Vicars, VGo's CEO and President. "Gene's clinical vision and extensive medical experience will strengthen VGo's leading position in providing solutions to healthcare that have immediate impact on re-admissions and patient satisfaction."

About VGo

VGo Communications, Inc. develops and markets visual communications solutions for the hospital, home, school and workplace. VGo has leveraged the recent trends of widespread wireless networks, lower specialized component costs and the universal acceptance of video as a communications medium to become the Robotic Telepresence market leader.

With the VGo solution, an individual's presence is replicated in a distant location such that they can interact and perform their job in ways not previously possible. Now they can see, be seen, hear, be heard and move around in any remote facility – just as if they were there. VGo enables: healthcare providers to deliver lower cost services and improved quality of care, businesses to increase productivity of remote and travelling employees, and homebound students to attend school – all with a great user experience and at an affordable price.

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VGO 001391

Hospital of the Future Uses the VGo for Remote Family Visits

Palomar Health leverages the affordable VGo Robot as part of their telemedicine program to create Hospital of the Future. Patients at Palomar are able to visit with remote family members using the VGo.

Watch the video here.

Click here to learn more about how Palomar uses their VGo.

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Students Experience the Zoo Remotely with VGo

With school boards having to cut budgets, field trips are often on the chopping block.

But with the VGo Robotic Telepresence Device, the Pittsburgh Zoo & PPG Aquarium is able to offer a field trip of the future.

Mr. Taz Gebhardt's second grade class at Guy K. Stump Elementary School recently participated in a remote field trip to the Pittsburgh Zoo using a VGo robot. They were one of the first schools in the nation to experience this unique opportunity.

"It was definitely more exciting [than a traditional field trip], especially since the children got to experience the "behind the scenes" interaction with the animals, ask questions of the staff, and there was no cost or travel time being involved." said Mr. Gebhardt

The Stuarts Draft, VA students enjoyed a program called "Wonders of Wildlife," a very interactive experience led by Dave Mintz, Senior Education Specialist of Conservation Education at Pittsburgh Zoo & PPG Aquarium.

A chinchilla, porcupine, macaw, and opossum were among the animals that the children were able to see, hear, and ask questions about.

"Mr. Mintz did such a wonderful job interacting with the kids," said Jennifer Lorenz, classroom parent, "The kids were totally engaged for the whole 35 minutes, so you know he did well to hold their attention that long!"

"I feel like the VGo technology will definitely provide students with opportunities that they would otherwise miss out on," said Mr. Gebhardt, "Being able to bring the experience into the classroom is such an exciting and beneficial activity for students."

"We love hearing about unique applications for the VGo like this one," said Ned Semonite, VGo Communications Vice President of Marketing and Product Management. VGo is most often used in healthcare applications as part of telemedicine programs, as well as for students with special health needs to attend class.

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VGo Enables Sick SC Third-Grader to Participate in Class

A South Carolina girl who has not been able to attend school in nearly two years now gets to go to class via a robotic version of herself using VGo.

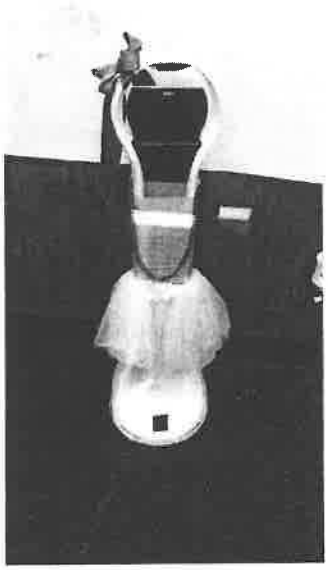
Lexie Kinder goes to school from home because of a cardiac pulmonary illness, but wants more than anything to be a normal student.

Using VGo, a remote student can see, hear, talk, interact and move around as if they were in the school.

Sumter School District is the first school district in the state to pilot VGo, a machine that allows a student to attend school and interact with others through a camera and audio.

"It's a remote, telepresence system," said Shawn Hagerty, director of specialized programs for the district. "The student can get the feeling of a school culture by remotely interacting academically and socially."

The third-grader decided to dress it up. The 8-year-old had her mother, Cristi Kinder, make a shirt out of some pink gauze material - the same kind she uses to coveer her pic line during past hospital visits. She also added a pink hair bow, pink tutu and two necklaces. It's been dubbd the 'Princess VGo.'



"It looks pretty," Lexie said. "(Pink is) my favorite color. I like how it's light, but I like all shades."

The district ordered three robots a month ago, but it takes time to set up the infrastructure and networks, he said. Lexie also had to learn to operate it. So she started attending Alice Drive Elementary via 'Princess VGo' just last week.

The VGos cost about $6,000 apiece and were bought using a set of funds marked specifically for health-based concerns, Hagerty said. The cost is about the same as traditional homebound instructions, but the experience the students will get is priceless, though, he said.

"I'm very excited for her to have the opportunity to be part of a normal class day," Cristi Kinder said. "I think she misses it more than she realizes. I'm always about what is best for Lexie, so I thought it was a wonderful idea. I did some research about the benefits of VGo, and said 'we should try it.' "

Her teacher, Ivey Smith, said it has been an adjustment having a robot in class but nothing that couldn't be handled.

"I pulled up VGo on the Promethium board to show kids what it would look like," she said. "The kids are real excited because we just started."

Lexie dials into the robot at 7:45 a.m. and drives it to her desk. She turns the robot so she can say the pledge of allegiance and the state pledge. Then she joins in the lessons.

"She would be here if she could," Smith told FoxNews.com. "She wants to be just like any other third-grade student."

"Lexie is precious," Smith said. "The robot reminds me of her. It suits her personality. I really look at it as a person. I see Lexie."

The students agree. They yell "Lexie's coming" when the screen on the VGo lights up. They wave at it and greet her as she moves the robot to her desk.

"At first I was surprised," said Hazel Kolb, a student who sits near Lexie's Princess VGo. "She's bumped a few things, but now she's got the hang of it. It's kind of cool. I like it. My best friend is on it."

The other student who sits near the robot, Tymirh Beyfoster, agreed.

"It was strange at first, but I'm used to it now," he said. "It's fun because she comes in every day."

Cindy Roberson, an assistive technology specialist with the district who helps students overcome barriers to their education, has observed the children helping. The children are very empathetic with their classmates. The VGo's "head" lights up when Lexie has a question, but it doesn't make a noise to distrub the class.

"So the students raise their hands, and when they are chosen they say, 'Lexie has a question,' " she said.

Principal Sheree Boozer also prepped her staff before the robot made its appearance.

"They were emotional," she said. "A lot of them know Lexie, and for her to just have that sense of normalcy, it touched them."

Thirty-five other districts across the United States have VGos, Hagerty said. He hopes they become a "wave of the future."

"There will always be students on homebound, and this piece of technology can bring a sense of normalcy," he said. "Even if they have to stay home, they can participate remotely. They can interact with pictures and video. It will benefit students, and I hope it will be utilized across the nation."

Watch the Fox Video for the full story

Kinder is one of 30 students with special needs in 13 states using VGo. It has been on the market for a little over two years and is sold by VGo Communications.

"Its an awesome, awesome opportunity for children," said Kinder's mom, Christi Kinder.

VGO 001395

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VGo Robot brings Doctors to Patients at Skilled Nursing Facility

March 21, 2013 | DELPHI, IN | Residents at St. Elizabeth Healthcare Center in Delphi can now visit their doctors without leaving their rooms.

The center — which offers rehabilitation and long-term care — now offers VGo, a sleek robot that allows doctors to video conference with their patients as well as record video and take high-resolution photos.

"It's complementary to doctors' visits," said Todd Schmiedeler, senior vice president of recruitment, foundation and community outreach for Trilogy Health Services, which owns St. Elizabeth. "This is not a replacement to physicians physically being here."

Trilogy also owns White Oak Health Campus in Monticello and Homewood Health Campus in Lebanon, which both recently started using VGo.

Schmiedeler said Cumberland Pointe Health Campus in West Lafayette and Creasy Springs Health Campus and St. Mary Healthcare in Lafayette could soon have VGo, too.

If a resident has been seeing the same physician for 35 years, but now moved to St. Elizabeth, they can still see the same physician through VGo, said Nancy Distell, who works in guest relations.

"We can bring their doctor to them," she said. "It's a wonderful feature."

VGo is especially useful in areas such as Delphi which are further from specialists and where a doctor's appointment can take hours between driving, waiting and the visit, Schmiedeler said. Plus, he said, doctors are able to squeeze in a quick 3- to 5-minute appointments to answer questions or on the weekend using VGo.

"It's an easy win for the doctors," Schmiedeler said.

By installing an application onto their [PC or] laptop, doctors are able to use and move the VGo, he said. It's powered by Wi-Fi [or Verizon 4G LTE] and offers a secure connection so no one else can access the conversations.

And the resident doesn't have to do anything to use it but talk to the person onscreen, Schmiedeler said.

Though the use of the VGo at St. Elizabeth is just beginning, Tammy Shirels, who helps new residents adjust to the center, said residents are thrilled to have it. "The residents are embracing it," she said. Not only can VGo be used for doctors' visits, it allows great-grandma to see her great-granddaughter's wedding across the country or for a pastor who is out of town to still visit his parishioners. She said she tells new residents about VGo and its uses.

"It's now part of what to expect," Shirels said.

Excerpts from Journal and Courier, Written by MaryJane Slaby

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Third Grader with Weak Immune System uses VGo to Attend School in San Antonio

San Antonio Independent School District is paving a new way for students who are ill and physically unable to attend school to get back into the classroom. They are participating in a pilot program that allows a robot to take the student to class - The VGo is about 4 feet tall with a small screen on the top and a round base on the bottom that sits on four wheels.

Miranda Garcia, a Foster Elementary School third-grader, is the first student in San Antonio to take the robot for a spin. Her favorite subjects are art and science. Trouble is, the third grader hasn't been able to attend school most of the year because of a grave illness - Lupus, which makes her immune system very fragile. Her mother says she tried to attend school for first and second grade, but got ill so often she spent most of her time at home. Since then, she's been home-schooled.

This week, however, she's back in class seeing all her friends-- as a robot she operates from home.

"I am a robot, that's the fun thing," says Miranda, "It's like I am in a whole different dimension. It's good and it helps me a lot when I am too sick to go to school. I feel a part of the class."

"She's gotten better at her reading, which is amazing," said Isabel Garcia, Miranda's mom.

Part of the improvement can be contributed to the fact that Miranda can be in the class. She can see and interact with her friends and her teacher. The VGo uses the internet to give her a real-time, in-class experience. And, the VGo robot not only puts Miranda in the room, but through the use of her home computer, she can roll herself across the room and even down the hall.

"After having her in the room, it was really nice, because I got to see her face again and we hadn't seen her in over a month," said Belinda De Luna, Miranda's teacher.

"It is really that camaraderie with her friends that is really remarkable," said Dr. Vangie Aguilera, senior executive director of SAISD's Special Education Department.

One of the best thing about her new robot is that it lets her keep in touch with her best friend, Esther."I actually do miss her, because she's not here. but when she's in a robot it makes me very happy for her," says Esther Alvarado.

VGO 001398

According to her mom, the robot has made all the difference in he school work and her motivation, since she feels like part of the class again.'

Miranda's mom says she has seen a big change in Miranda since she has gotten her robot and been back to school.

" She smiles more, she's a lot happier," Isabel Garcia said.

San Antonio Independent School district is one of 30 schools in the country to start the robot pilot program. Currently, there are two other school districts in Texas (ESC6 and ESC9) that allow home-bound students to use robots.

READ MORE ABOUT THIS STORY

Click here to watch the video from ABC affliate KSAT

Click here to watch the video from CBS affliate KENS5

Click here to read the Texas Public Radio Article

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VGO 001399

Mayo Clinic uses VGo to Enhance Stroke Care in Remote Clinic

Mayo Clinic's Neurology department is using VGo to diagnose and treat patients faster in a remote clinic an hour away. Since November, twelve patients have been successfully diagnosed and treated for stroke at Casa Grande Regional Medical Center (CGRMC) through the new teleneurology program using VGo.

"Telemedicine was deployed in order to bring the expert to the patient, when they needed it most, where they needed it most as opposed to transferring the patient from the rural community to the large urban neurological center," says Doctor Demaerschalk, a Medical Director at the Mayo Clinic in an interview with ABC News. Click here to watch the video from ABC News.

Through the robot, a Mayo Clinic neurologist can examine a patient and perform an assessment. The VGo's screen shows the face of the consulting Mayo Clinic doctor, and the doctor is able to control move around, control the robot's camera and even take snapshots by using their laptop or Mac all from Phoenix.

This means that patients no longer need to travel an hour away to the Phoenix area for treatment. Using VGo, rural clinics are able to have access to a neurologist any time of the day or night.

"Before this, stroke patients had to go to the Valley to be treated for stroke. Now we can keep them here in the hospital and treat them here in the community. Their families don't need to travel to the Valley," Karen Schussler, registered nurse and director of the CGRMC Emergency Department.

Recently, Weymouth Fogelberg, 95, was taken to CGRMC and assessed for a stroke by a doctor in Phoenix via the VGo.

"I felt like the doctor was right there in the room with me," Fogelberg told the*The Maricopa Monitor*. Click here to read the entire article from *The Maricopa Monitor*.

"It's amazing at what a remarkable instrument that is. The hospital can only have so many neurologists and you don't have a stroke at everyone's convenience," said Fogelberg.

Using VGo not only means that patients and their families have to travel less, it also means that critical care can be provided at a moment's notice.

CGRMC CEO Rona Curphy said the technology will save lives. "In the case of a stroke, time is a critical component and telestroke medicine buys us time for our patients."

"Urgent and immediate virtual care can be provided to patients — collaborations between stroke neurologists and physicians at the remote sites has resulted in 96 percent accuracy in diagnosing stroke." Dr. Demaerschalk said.

Dr. Demaerschalk emphasizes that the technology is not designed to replace face-to-face contact between doctor and patient.

"But our research strongly suggests that the technology can enhance valuation and treatment for our patients in rural areas, as well as peer-to-peer collaboration among physicians," he said.

Casa Grande Regional Medical Center is one of 11 hospitals to partner with the Telestroke program through Mayo Clinic.

VGO 001400

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VGo User Featured on Inside Edition

Seven-year-old Devon Carrow cannot physically set foot in his neighborhood elementary school in Buffalo, New York, because he suffers from life threatening allergies. Along with the VGo Telepresence Robot that he uses to attend school, Devon was featured on Inside Edition.

His teacher, Dawn Voekler, says Devon is learning like everyone else. Kids see the robot as Devon. "He has really opened up children's eyes and hearts as well as my own just giving kids the opportunity to work with kids who are different."

Click here to learn more about Devon using VGo

Click here to meet more children with special health needs using VGo

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VGO 001402

VGo Enables 5-Year-Old Seymour, TX Girl To Attend School From Home

Little Briley Hostas was diagnosed with Leukemia in 2011 and her doctor recently suggested she stay home to keep from germs during the "sick season" at school.

Briley has had many hills to climb and faced another about a month ago, when her doctor suggested she stay home from school.

But Briley is now able to attend class, without leaving the comforts of her home.

The kindergarten class in Seymour is just how you'd expect it to be, with five year-olds coloring and cutting out school assignments.

But one of those students is on wheels, complete with a computer screen and camera on top.

"It's awesome," one student said.

"When we first got it I was so excited because I was able to see our friend on it," said another.

Their friend is Briley Hostas, who was diagnosed with leukemia in 2011.

Though she's in remission her doctor recently told her to stay home, away from any germs she might pick up at school.

But now with the VGo Robot, Briley doesn't have to miss out.

"There is so much instruction she was missing, even with home-bound that I couldn't give her and so it's just amazing to have this technology so that she can be here all day with us," said Alicia Hostas, Briley's mom and kindergarten teacher.

With the technology Briley is able to take part in class discussions, listening and sharing ideas, but most importantly she gets to be with her friends.

"She lost that social side and she felt like she was alienated from everybody again, with this technology she isn't actually here in person but she feels like she is a part of our class," said Hostas.

A class she experiences sitting at her kitchen table at home, while rolling alongside her classmates at school.

Seymour's superintendent had seen the robot on our newscast and ESC Region 9 was able to provide the Hostas family with it.

Briley started to use the robot several weeks ago.

Briley's mom says they hope Briley will physically be back in the classroom soon.

Courtesy of Fox KFDX-3. Click here to watch the video

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VGO 001404

My classmate, the robot: NY pupil attends school remotely

Washington Post via the *Associated Press*

By Carolyn Thompson | February 15, 2013

WEST SENECA, N.Y. (AP) — In an elementary school hallway, a teacher takes her second-graders to the library, leading a single-file line of giggling boys and girls that's perfectly ordinary until you get to a sleek white robot with a video screen showing the face of a smiling, chubby-cheeked boy.

Devon Carrow's life-threatening allergies don't allow him to go to school. But the 4-foot-tall robot with a wireless video hookup gives him the school experience remotely, allowing him to participate in class, stroll through the hallways, hang out at recess and even take to the auditorium stage when there's a show.

What's most remarkable is how unremarkable this gee-whiz technology is viewed by his classmates. In a class of 7-year-olds raised on video games, avatars and remote-controlled toys, they don't see a robot. They just see Devon.

See more images of Devon and VGo here.

Just before class one recent day, a girl leaned toward the robot to tell Devon the joke making the rounds at Winchester Elementary School: Why did the boy eat his homework? The teacher told him it was a piece of cake.

That Devon isn't actually there is barely acknowledged. While making get-well cards for him during a hospital stay last year, his classmates all drew him as a boy, not a bot.

"In the classroom, the kids are like, 'Devon, come over, we're doing Legos. Show us your Legos,'" says teacher Dawn Voelker.

"I wondered how the little kids would take to him, thinking they'd be amazed," adds Principal Kathleen Brachmann. "But I think kids are so tech-savvy now that they accept it more than we do."

Even Devon doesn't quite get what all the fuss is about. Steering the four-wheeled robot through school and spinning around to see the classmates is just another mouse-and-keyboard challenge.

"It's so cool because it's like playing a game on the computer," says the boy with a mop of curly brown hair who always seems to be smiling. "It's like your objective is to just survive."

For a year now, Devon has attended school using "VGo," a robot shaped a little like a chess pawn and best known for its appearance in a Verizon television ad showing the kind of technology possible using the company's wireless network.

Since it was introduced in 2011 by Nashua, N.H.-based VGo Communications, a couple dozen students across the country have used it, including in New Jersey, Colorado, Wisconsin, Texas and Iowa.

Click here to meet some of the other children with special health needs using VGo today.

For Devon, it was a chance to go to school, albeit remotely, for the first time in his life. He has eosinophilic esophagitis, caused by an allergic white blood cell that grows in his stomach and esophagus. He's also got anaphylactic shock syndrome, which causes life-threatening allergic reactions to triggers including milk and peanuts.

Even though attacks have put him in the intensive care unit twice in the past 18 months, Devon is outgoing and energetic, a jokester whose personality better suits him to the school experience rather than home-schooling.

VGO 001405

But after teachers at Devon's previous school in the Buffalo suburb of West Seneca resisted the idea of having the VGo's camera in the classroom, his mother persisted, and Devon was welcomed at the district's Winchester Elementary.

It was added to Devon's special education plan, and the cost — about $6,000 for the robot and $100 in monthly service fees — is being paid out of the district's budget.

"We looked at it as a great opportunity," Winchester Principal Brachmann says. "Where I think some people would have looked at what are the challenges, what are the problems, we never even had those conversations. It was just, how can we make this work?"

The technology broadens Devon's school experience beyond what would be possible through a video chat. The only restrictions are physical.

The robot senses stairs and stops, but even they aren't insurmountable because, at 18 pounds, the robot is light enough for a teacher to lift. Before moving forward, Devon scans the camera downward to make sure he won't run into a classmate who might be crouching to tie a shoe. The VGo warns of large objects ahead.

"Walking down a hallway, seeing other kids," Brachmann said. "You couldn't expose somebody on a Skype session that way. It would just be like a TV screen. With this he really gets a feel, a sensation, of being there."

On a recent weekday, Devon positioned himself in front of his home computer's camera in a sunroom-turned-classroom in his Orchard Park home and dialed in to Mrs. Voelker's room for the 9:10 a.m. start of school. He controls the VGo alongside teacher Sheri Voss, who comes to his house daily to help navigate and keep him on task.

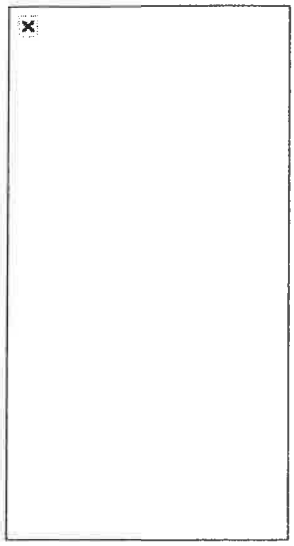
When class was called to order, Devon stood at attention in front of his computer camera, holding a salute to his forehead as the class recited the Pledge of Allegiance.

"We don't treat him any differently," Voelker said. "He still has to turn in his homework. He still has to have his mother sign notebooks. He still has a job in this classroom — he's the greeter.

"And he still has to pay attention — although there's times I look and he's off, the cat's coming in the room."

He's heard through the VGo's speakers. Voelker wears a microphone that amplifies the teacher's voice, which helps all of the students, including Devon, hear her. Instead of raising his hand in class, Devon activates a light on the VGo.

Classmate Daisy Cook said it was a bit awkward at first when the technology would glitch, and it didn't quite seem fair that Devon got to stay home and go to school.



"But now it's kind of cool," she said, her blue eyes widening, "because we can communicate together. It's like he was never on the VGo."

In addition to education, VGo is also attracting attention in the medical and business worlds, allowing doctors to consult with patients and workers to virtually pop into the office, even while traveling.

Learn about some of the healthcare institutions that are using VGo:

Boston Children's Hospital Urology Department

Boston Children's Hospital Plastic & Oral Surgery

El Camino Hospital - Maternity, Cardiac Care, Eldercare

Palomar Health - Remote Family Visits

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VGO 001407

Hospital Bound Student to soon Attend School via Robot

February 15, 2013 | by Lynn Taylor Rick

As she battles a life-threatening disease, Shelby Huff won't be inside a Hill City classroom for another year — at least not physically.

But if her classmates and her community have anything to say about it, Shelby will be there virtually with the help of an interactive robot called VGo.

The robot, which looks much like a Segway, stands several feet tall and has a camera, microphone and video screen that will move from room to room in the school throughout the day. Via its technology, it will keep Shelby in close contact with her teachers and friends even though she will be at home recuperating.

Shelby, 16, was diagnosed in November with a condition called very severe aplastic anemia. Aplastic anemia occurs when the bone marrow stops making enough red and white blood cells and platelets. People with the "very severe" form face life-threatening infections and bleeding.

Within 90 minutes of the official diagnosis on Nov. 20 in Custer, Shelby was on a plane to Sanford Hospital in Sioux Falls for treatment. She has remained there ever since.

"Everything went upside down, but we had no idea how far upside down at that time," said Shelby's grandmother, Linda Brown of Hill City.

Shelby lives with her grandparents, Sam and Linda Brown. Her mother, Jennyfer Huff, lives in Florida and arrived in Sioux Falls shortly after the diagnosis.

The teenager spent nearly 50 consecutive days in the hospital, being treated with various medications and receiving twice weekly platelet transfusions. She remains in Sioux Falls, living in the Ronald McDonald House with a rotating list of relatives accompanying her.

She continues to receive twice-weekly blood transfusions and undergo immunosuppressive therapy, a treatment that weakens the immune system so the marrow can make more blood cells.

While the immunosuppressive therapy fights the anemia, it leaves her vulnerable to infections by weakening her immune system's response to germs. Even when Shelby returns to Hill City — hopefully in the next two to three weeks — she won't be able to return to a school building until Christmas. Having teachers visit her at home is also risky due to their exposure to students and germs throughout the day

That's where VGo comes in.

Virtual, but very real

VGo is a robot that allows a person at a different location to see and hear what's going on wherever the robot is located.

In this situation, Shelby would remain safe in her grandparent's home and remotely direct the robot to move from class to class. Through the video capabilities, she would be able to hear and see what is happening in each classroom as if she were there.

On the school end, teachers and students would be able to see Shelby on the robot's video screen. She would be able to talk to teachers and hear their responses.

"It would be absolutely wonderful for her. She's an extremely social person," said Brown, her grandmother.

When Jennyfer Huff learned about the VGO robot, she immediately thought of her daughter, a self-described social person. "I miss every class. I loved being in school," Shelby said.

Officials at Hill City High were open to the idea from the start, Principal Todd Satter said.

Satter said he loves the idea that Shelby, and eventually other students who are incapacitated, could use the robot to continue their schooling.

"Shelby really can do all the work the kids are doing in class," he said. "It allows her to be in school virtually."

Hill City supports Shelby

Of course, the robot isn't cheap; Satter said it will cost about $7,200. The Hill City High School Student Council has taken on the challenge of raising the money, holding a hot dog eating contest recently and planning for an upcoming walking taco feed.

They were also able to keep the proceeds from a concession stand during a recent basketball game.

"Even parents from the opposing team donated," Satter said.

Satter said Hill City residents have also stepped up. "People have been writing checks," he said. "I'm pretty confident we're going to get there."

Shelby is excited about the possibility of at least "virtually" being back at school, and she's grateful for the "tons of letters" from friends and acquaintances. She's not all that surprised that her schoolmates would step up to help her.

"It's very cool," she said.

Doctors are optimistic about Shelby's long-term prognosis, hoping that the year-long treatments, which will include weekly blood transfusions in Sioux Falls, will eventually "reboot" her system.

The cure rate of the disease has risen to 70 percent with current therapies, Brown said. If the medications don't cure her, doctors will also consider a bone-marrow transplant, but the family doesn't want to have to go that route.

"We would really like to see this succeed for her," Brown said.

In the meantime, Shelby does her best to keep up with school work with a Sioux Falls teacher who visits her at Sanford. Getting back home to Hill City and her friends is her ultimate goal, even if most of the contact will be virtual for now.

"It's been really difficult being away from friends," she said. "I am ready to go home."

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Infant Recovering From Craniofacial Surgery Monitored by Doctors a Thousand Miles Away Using VGo Robot

Emma Mustich of *The Huffington Post* reports

Dominic Pio Gundrum entered the world with a double diagnosis his doctor calls "exquisitely rare." The 7-month-old boy, whose family is the subject of a recent profile in The Boston Globe, was born with an encephalocele, or brain protrusion, and a Tessier facial cleft. Both conditions were detected via sonogram before he was born.

The combination is one "most craniofacial surgeons will go their entire careers without ever seeing ... outside of medical textbooks," according to a post on the Boston Children's Hospital's pediatric health blog.

In a video about a similar surgery he performed several years ago -- which itself was instrumental in helping the Gundrums find their way to Boston Children's Hospital -- Dr. John Meara, who oversaw Dominic's care as the hospital's chief plastic surgeon, explains an encephalocele as "a defect in the bone of the calvarium, [which] is the bone that protects your brain." He adds: "During development what ends up happening is that part of the brain and part of the covering of the brain actually protrudes through that defect."

Boston Children's Hospital's website describes Dominic's Tessier facial cleft as a "large, triangle-shaped gap running from his upper lip through the middle of his nose and forehead."

Doctors at the hospital advised Dominic's parents, Mary and Mark Gundrum, before he was born; five months after his birth, at the beginning of December, they "perform[ed] a seven-hour operation to remove the encephalocele, close the skull, repair the Tessier cleft, and bring the baby's facial features together," the Globe reports.

The Gundrums and their eight children moved out to Boston for the intensive surgery, staying in a house another family had generously donated for their use. After the procedure and three weeks in the ICU, during which he suffered conditions including fungal meningitis, Dominic is now recovering at home in Wisconsin.

Although he is no longer on the East Coast, the baby is still under Dr. Meara's care; since he can't provide that care in person, Dr. Meara watches over his patient using a VGo robot.

In an interview, Mary Gundrum told HuffPost the family has only set the robot up once so far, but plans to use it more going forward. "The doctor's able to control it from where he is in Boston," she said, explaining that Dr. Meara can move it around the Gundrums' house in order to "circle around Dominic."

"At one point we had some bumps or pustules on his incision site that I wasn't sure of. And I wanted to ask him about it. So instead of us just trying to describe what things look like, [the doctor] can actually see it himself; he can zoom in, take still photos -- he can do everything but touch Dominic."

As for Dominic's recovery so far, Gundrum said: "I'm very pleased with it -- I think we all are. We're still

weaning him off of the narcotic, which is probably the most difficult part, but he's almost finished with that, and the more we weaned him, the more we got our son back, so that's very hopeful. And as far as him being stable ... They can't find a pituitary gland on him, which is kind of amazing because he was producing normal hormone levels before he came in. After the surgery, they were kind of out of whack in certain areas, and since then he just continues to stabilize in each of those areas, so that's encouraging."

Dr. Meara told The Boston Globe that Dominic is "developmentally ... appropriate for his age," and Mary told the newspaper she's been told he won't suffer brain damage, but "will probably be legally blind."

"He's very happy to be home -- that's obvious -- and we're happy to have him," she told HuffPost. "We will have one more surgery for cleft palate repair, but that's a lot more straightforward -- it's one of the most common daytime surgeries. So I'm not overly concerned with that. But other than that, he's staying out of the hospital and we plan to keep it that way."

For more on Dominic's diagnosis, surgery and recovery, click over to The Boston Globe.

While Dominic is the youngest patient ever to be observed with VGo, this is not the first time that Children's Hospital Boston has used the robot to monitor paitents. In an ongoing study, Dr. Heip Nguyen and the Urology Department have been using the robot to observe post-surgery patients in their homes. The VGo can help save costly readmissions, but Dr. Ngugen has often said that one of the greatest benefits is that VGo has helped his patients be more involved in their own health - a surprising and pleasant discovery.

Click here to read the article in Healthcare IT News from September

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VGo takes Students to the Zoo

A guest story provided by Margie Marks, Curator of Conservation Education at the Pittsburgh Zoo & PPG Aquarium as posted here.

In early September 2012, a robot straight out of the Star Wars era arrived at the Pittsburgh Zoo & PPG Aquarium with the goal of expanding and enhancing learning opportunities. Named VGo, our new resident is a mobile video and audio-enabled communication system, generously donated by the Verizon Foundation.

A collaboration between New Hampshire-based VGo Communications and Verizon, VGo is a 4G LTE-enabled robot that can be remotely controlled and is capable of cost-effectively connecting parties across town or across the globe.

After several weeks of training, the Zoo staff quickly learned to navigate VGo through the maze of desks and staff in the administration building and everyone was ready for the first trial run. Outfitted with a new, shiny giraffe -patterned coat complete with Zoo and Verizon Foundation logos, VGo was ready too.

A New Kind of Field Trip

Every year more than 300,000 people participate in Zoo education and outreach programs, often travelling long distances to do so. Student field trips to the zoo allow for an experience not possible in the classroom...until now.

But VGo is redefining the concept of 'classroom'. With the ability to broadcast remotely anywhere in the United States, more time can be spent on learning, less on traveling. VGo not only saves time and money, but also supports the Pittsburgh Zoo & PPG Aquarium's conservation message by reducing the emission of carbon dioxide into the atmosphere with less travel. In addition, teachers are able to expand lessons by focusing on larger animals that would not normally be part of the education curriculum, but can be studied in live time using VGo.

VGo and the Sea Turtles

One of the Zoo's programs that is benefiting tremendously from VGo is the popular Sea Turtle Second Chance program. To participate, students had to make a trip to the Zoo to meet the sea turtles and speak with the aquarists. Now VGo takes students on a live, behind-the-scenes tour. An aquarist talks about the turtles and shows a sea turtle to the students through VGo to illustrate the lesson. This live interaction allows students to absorb more information than they would without the up-close look and brings this experience to them in the comfort of their own classroom.

VGo Provides a Unique Experience for All

So far, the response from students and Zoo visitors has been overwhelmingly positive. KidScience students (a year-long program for students ages 11 to 14) received hands-on experience navigating VGo through the public areas of the PPG Aquarium. Students were fascinated by the robot's abilities and asked questions about sensors, connectivity, maximum speed, and software.

The staff of the PPG Aquarium is also working with VGo. Aquarists are able to conduct meet-the-keeper sessions from behind-the-scenes, surprising visitors with the opportunity of a behind-the-scenes look and a live question and answer session.

Technology Enables Learning

The use of technology in opening up opportunities to engage, to learn and experience is the real story here. Thanks to the Verizon Foundation,

the Pittsburgh Zoo & PPG Aquarium is looking forward to making VGo a permanent fixture in our conservation education programs, enhancing and creating even more wonderful Zoo experiences.

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Verizon Promotes Robotic Telepresence by VGo in National Ad

If you watched this year's NFL football play-offs or the Golden Globes award ceremony, you may have seen Verizon's "powerful answers" ad about how VGo and Verizon have teamed up to enable children with special health needs to attend school.

Watch the Commercial or take a peak at another video about Verizon & VGo in Education

While many prefer their privacy, here are published reports on Real-Life Students Using VGo to Attend School

Aiden

Cris

Devon

Lauren

Lyndon

Zach

Paris

Morgan

Nick

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Students Raise Funds to Purchase VGo for Homebound Classmate

During the first week of October, a coin jar was placed in each Lovelady elementary classroom and at the front office to collect money for the annual Coin War, a donation drive where students are encouraged to bring spare change from home that will be given to a charity.

Instead of a traditional charity this year, students chose to donate money to the Region VI Education Service Center's VGo program, which brought a robot to the district for sixth grader Morgan LaRue to use while she recovers at home from recent surgery.

"We usually kind of fish around for something that is related to the school in some way. and this year we chose to help put money toward purchasing another robot, which has allowed one of our students, Morgan LaRue, come to class and join us at school," Elementary Principal Debbie Harrelson said.

The VGo robot is a machine that is controlled wirelessly with a laptop, and uses a two-way camera so the laptop user can see on their screen everything that the robot sees and hears. Because of this machine, Morgan can sit in bed and, through a computer, experience a normal school day.

Morgan, a sixth grader at Lovelady, is recovering at home from a life-saving surgery, and starting this week she still will be able to attend classes daily - with help of a machine she has nicknamed "MoGo."

The school raised a total of $2,545.08 and presented a check to Region VI representatives at the school board meeting Monday, Nov. 19, to help buy another VGo for other districts in the region to use.

"I think it's just awesome of the school to do that," Ashley LaRue. Morgan's mom, said of the donation.

"Nothing will take the place of being able to be there with your friends and being in that classroom," Region VI systems engineer Kip Robins said.
"That teacher asks a question and being able to hear those other responses - you don't get that on a piece of paper and we have the technology now to get all that," Robins explained.

The robot has a screen that will show Morgan in real time so her teachers and friends can talk to her, and the VGo has speakers so when she talks, everyone can hear. By using her mouse or keyboard, she will control the device's movement in real time.

"She's not going to be able to come to school – but with this she'll be able to go about her day and interact with friends and go about her day just like if she was here. "She'll actually be able to change classes, be with her friends during lunch, so it will actually be an interactive day," Lovelady ISD technology assistant Dakota Ham said.

Morgan went after school about six weeks ago to learn how to use the device she then nicknamed MoGo, the week before she had to go to Houston for limb salvage surgery.

She has a rare form of bone cancer, osteosarcoma, and had a tumor in her right leg that had to be removed. Doctors replaced the missing bone with a titanium implant that will expand as she grows, which she had done in 2010 on her left leg and made history as the first patient in the United States to have the expandable implant.

"I just think it's beyond amazing that the school district and Region 6 was able to provide such an opportunity for her. It has been such a tremendous help compared to the first time we went through this," Morgan's mom, Ashley LaRue said.

The district was able to get the VGo from Region 6 Education Service Center for the entire school year, at which point then the district may purchase one of its own. For all of the perks of the machine, the cost would be roughly $6,000, Ham said.

In late September, VGo was brought to the school where Ham began to test the machine, and he learned how to control it so he could later teach Morgan, and also to get students acclimated to a robot roaming the halls.

Basically, the machine is controlled by a single computer, which Morgan now has, over an Internet connection. Using the computer, Morgan calls the machine and it connects - and her full screen becomes the video that VGo is capturing. With either the arrows on the keyboard or a mouse, Morgan controls how the machine moves, like rolling down a hall, turning and stopping, and if she runs into something she gets a "bump" message. Additionally, there is a remote control that comes with the machine that Morgan's teacher will have to operate VGo it if need be. Once the day is done, or VGo is running low on its six-hour battery, it returns to a rechargeable doc in the technology room.

Morgan has used the VGo to go to school twice so far, joining her class around 9 a.m. once they got back from first period band and began working on math and science. She was able to sit up in her bed while wearing her pajamas and participate in the school day.

"When she used it, she rolled right into class and got to do the same lesson that the other students were doing," LaRue said. "She was able to say hello to her friends and they could see her, and she enjoyed that."

Even though she had used VGo to go to class, a teacher still went to Morgan's home to go over instructional material with her later in the week. Instead of the teacher having to recap the entire lesson, Morgan was able to just ask a couple of questions and then complete her work.
"It will put her back more in a regular routine... that will give her daily instruction and more of an opportunity to be right on target with her class instead of only having that instruction a couple of times a week," LaRue said.

Currently, the VGo is on loan to Lovelady from Region VI for the rest of the school year, and is the only one the center owns.
However, with the help of the students' donation, Robins said he can see the program expanding.

"When we don't need VGo here anymore, VGo will go to another school and we'll continue to grow this program for students just like Morgan - students that run into hard times like this," Robins said. "And this will be a program that will continue to grow, and always remember that this program started in Lovelady and we appreciate it. This is a reflection of the parents and teachers here and we appreciate it very much.

Credit: Jenna Duncan | Houston County Courier, November 25, 2012 – Vol. 123, No. 95

VGO 001418

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VGo Prevails in Robotic Telepresence Patent Lawsuit brought by InTouch Health

Monday, December 3, 2012

A Victory for Lower Heathcare Costs

NASHUA, New Hampshire – December 3rd, 2012: On November 29th, at the US Federal District Court in Los Angeles California, a jury found that VGo Communications did not infringe three patents owned by InTouch Technologies Inc (doing business as inTouch Health). In addition, the court found the InTouch submitted patents to be invalid. VGo produces an affordable robotic telepresence solution, while InTouch, with its technology partner iRobot, produces a solution at about 20 times the price of a VGo.

VGo, with decades of robotic and visual communications experience, previously had reviewed InTouch's patents prior to completing the design of its product. In the fall of 2010, InTouch approached VGo with an offer to license a number of InTouch held patents. VGo again looked at its own technology and consulted with legal counsel to be sure that no patents were infringed. VGo declined to license the patents. On November 4, 2011, InTouch filed suit against VGo for infringing dozens of claims in three and then five patents. After requiring VGo to respond to all claims, InTouch eventually reduced the suit to four claims in three patents.

InTouch claimed that VGo used an arbitration method for deciding who can connect to its robotic telepresence system and employed a call-back mechanism – neither of which are used by VGo. Also InTouch claimed that VGo had violated elements of a patent they had purchased from IBM which defined specific methods for remote control of a videoconferencing camera– again VGo does not use these methods.

The eight person jury took approximately three hours to find unanimously that VGo did not infringe any of the claims in the lawsuit, and furthermore accepted the prior art provided by VGo to find that two of InTouch's prime patents were invalid.

InTouch was using the lawsuit to try to force VGo out of the healthcare market. InTouch has used this tactic previously, which has resulted in fewer – and more expensive – choices for healthcare organizations.

Also, separately, VGo requested that The US Patent Office re-examine four other patents held by InTouch. VGo provided supporting documents on why those patents are invalid. To date, the US Patent Office has ruled on three of the re-examination requests and has rejected all of the claims within those patents previously granted to InTouch. The other is still in the re-examination process.

"This is great news for our customers and the healthcare industry," said Peter N. Vicars, CEO of VGo Communications. "InTouch Health has been taking advantage of an overworked patent system in order to secure invalid patents that they then use to bleed competitors with frivolous lawsuits. New companies are producing competitive products at prices significantly less than what InTouch charges, so InTouch is using teams of lawyers to maintain InTouch's exorbitant prices. By winning this case and eliminating invalid patents, new low cost solutions like the one produced by VGo can be made available - and this is what the healthcare industry needs right now – not high priced over-featured products whose time has passed."

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VGO 001420

VGo helps put boy, 7, at the head of his class

Allergies keep boy out of school, but with VGo, he's at head of his class

BY: T.J. Pignataro | The Buffalo News

Devon Carrow delivers notes and attendance papers from Dawn Voelker's second-grade classroom to the main office at Winchester Elementary School in West Seneca.

He meets and greets fellow classmates at the entrance to the school building before the morning bell.

And he leads his class in the Pledge of Allegiance.

But he does it from his home, about five miles away on Lake Avenue in Orchard Park.

Devon, 7, has allergies that are so severe he is not able to sit in Voelker's classroom.

So, he uses a "VGo" robot to traverse Winchester's halls, to talk with his teacher and fellow classmates and to learn just as any other second-grader does - only remotely, from a classroom set up in his home.

"He is really nice to us," says classmate Jason Green, 7.

"And, he's very smart," adds Riley Boody, also 7, ?finishing Jason's sentence. "Every time the teacher asks us something, Devon puts his light on and answers. And, he's funny."

When Devon began using VGo in January, he was among the first students in the nation to utilize the special mobile technology that was envisioned as a way for business leaders to keep track of inventory remotely.

Now the innovation is quickly attracting the attention of educators. Districts in Colorado, Arkansas and the Pittsburgh area are also now putting the $5,000 robot to use, assisting students who have special needs so they can participate in the classroom with fellow students.

"It's not called 'VGo' in the school - it's 'Devon,'?" said his mother, René Carrow, who lauds Winchester's faculty, staff and students for their eagerness to make Devon a part of their school community. "The only thing that's different is Devon is not in the classroom. He's required to do everything every other kid does in the class.

"He doesn't get any specialized individual attention."

Devon has his own desk in the classroom, belonging to the "Bullfrogs" four-student pod in Voelker's class. He's required to be present and attentive when the other kids are at their desks. There is a high-definition camera on his computer at his home desk and on the top of the VGo machine, which stands at about the height of an elementary student and is on wheels, making it mobile, much like a Segway.

From home, Devon manipulates his computer equipment, which sends wireless signals to the VGo, enabling him to see Voelker, the chalkboard and the other students in his class as well as to move about the classroom and the school.

"He's very attentive and he pays attention. He's a good listener," Voelker said of Devon's interaction with her and the class. "It is not 'just a computer,' it is Devon. He's a student just like everyone else is."

Airborne allergies

Devon was a few months old and his mother had just finished making a Christmas-time batch of pizzelles - an Italian pastry- when she got the first inkling something wasn't right with Devon.

"I kissed him ... and he blew up with hives," said Carrow, explaining the event led to a series of visits to the pediatrician and allergist's offices. They determined her infant had severe allergies to peanuts, milk, eggs and other food products.

The roster of Devon's diagnoses show he suffers from eosinophilic esophagitis disease - an allergic inflammatory response in the esophagus - along with anaphylactic shock syndrome, respiratory distress syndrome and asthma.

The severity of airborne allergies jerked from hypothetical into real-life panic three months after the first incident, when Devon was accidentally exposed to peanuts during a visit to his godparents' home.

"That night, we wound up in the hospital with an oxygen tent on him," Carrow said.

More than a dozen other times Carrow has had to treat her son with one or more epinephrine auto-injectors and then call for an ambulance.

"It's not a cure, it's almost like giving someone who had a heart attack an aspirin," Carrow said of the EpiPen. "We go to the emergency room a lot."

With severe allergies to nuts, dairy, meats and numerous other foods, Devon is on an extremely limiteddiet.

"It's easier to tell you what he can have than what he can't," his mother said.

Devon still drinks infant formula, for instance. He's graduated from a bottle to his favorite Thomas the Tank Engine cup. But, in order to get the requisite dietary proteins and iron, Devon drinks hypoallergenic Neocate for breakfast, lunch, dinner and again at night.

"Basically, if he didn't have the Neocate, he probably wouldn't survive," Carrow said.

Otherwise, Devon's diet is confined to potato, corn and apple products.

"My kid can eat french fries for breakfast," quipped Carrow before returning to a more serious tone.

Every ingredient of every product, she said, must be checked before Devon can be allowed to eat it. Anything less could be fatal.

"I have to read everything, very, very carefully," said Carrow.

Taking precautions

Suffice to say, the family takes a lot of precautions.

Among other things, they have:

. Acquired a 29-foot long trailer for Devon - a Webelos-level Boy Scout - to accompany his pack on camping outings while other scouts camp in tents outside.

. Brought their own popcorn to the movie theater. There, they also stake out spots in the top row, covering seats with sheets to avoid airborne or other contamination.

. Required any of Devon's neighborhood friends with pets or other potential allergic contaminants who visit his home to first change their clothes and shower.

. Torn out the carpeting in the home, replacing it with hardwood flooring.

"I have had to change everything in the house," Carrow said.

Sometimes even with all that caution, Devon gets extremely sick.

Like three years ago on Mother's Day. The family was enjoying a brand of popcorn that Devon had happily eaten many times before only to later learn the manufacturer had altered its production process, causing the corn to come in contact with peanut residue at the factory.

"He turned blue and his eyes rolled in the back of his head," said Carrow, recounting Devon's first of three visits to the intensive care unit at Buffalo's Women & Children's Hospital.

After they threatened the popcorn maker with legal action, the manufacturer agreed to place a disclaimer on the product warning about possible peanut contact, according to Carrow.

It was at that time the family knew Devon wouldn't be able to attend school in person.

"He's a walking time bomb," said Carrow, who has a degree in social work but now seldom leaves Devon's side. When she does, her mother, Donna Carrow, takes care of him. Donna Carrow has since moved into the family's home with her daughter, Devon and Devon's 9-year-old brother, Dillon.

Devon also suffers from severe skin allergies. His hands get red and scaly easily. They become so irritated, sometimes the skin splits open and he can't pick up a pen to write. Devon used to wear socks on his hands but, his mother said, as he's gotten older he's become embarrassed to do that.

Even the smell of fabric softener can cause his throat to close.

"He's almost like the boy in a bubble," Carrow said. "I try to let him do some things. I want him to have the best life he could have."

"It's been a struggle for a long time. Do I take some risks with him? Yeah, I do. Because I want him to be a kid. I don't take unnecessary risks. I take minimal risks to see he has as regular as normal."

Common ground

Faculty and staff at Winchester quickly embraced giving Devon the sort of life envisioned by his mother.

There was some early arm-twisting with West Seneca Central School District administrators over Devon's education, Carrow acknowledged. She was dissatisfied with Devon's hour-per-day kindergarten home-schooling program and sought better instruction for her son.

"If you don't push the school system, they're not going to give things," Carrow said. "(You) have to be persistent. Don't ever give up. have the same right as other children to get an education."

The Carrows and the district eventually struck some common ground.

Enter Kristin Myers, the district's director of special education.

Myers worked with the Carrow family to facilitate the acquisition of the VGo system. When Winchester Principal Kathleen Brachmann and first-grade teacher Jennifer Szewc received word about Devon, they pushed to get him as a student.

"There was no hesitation," Brachmann said.

"I don't know if you'd get that every place. That's just how we are here," she said. "A lot of people look at it as a challenge, we look at it as a great opportunity. We feel like it's an honor to have him here."

After being home-schooled in kindergarten through another district elementary school, Devon started in Szewc's first-grade class at Winchester in January. The transition was seamless, they said.

"One of the things about is Devon could turn and talk," Szewc said. "I could say, 'could you go join me on the carpet?' and he would."

"When he would turn on his light, it was like another hand up in the room," Szewc added.

Devon has two teachers who assist him from his house - Sheri Voss and Mary Jo Kempf. His mother set aside a room in the home as a dedicated classroom and the teachers made it look every bit the part. Besides his computer equipment, there are shelves stacked with some favorite books - "Skippyjon Jones," "Thomas the Tank Engine," "If You Give a Cat a Cupcake" along with his school books.

Walls are adorned with a dry-erase board detailing Devon's daily schedule. There are placards with the alphabet, numbers, verbs and adverbs - just like in a real schoolroom.

Devon is fond of learning and is meeting state education benchmarks, school officials said.

Besides "a very bright child," Myers called Devon "an inspiration for everyone who comes into contact with him."

Devon actively participates in his classes, jokes with classmates, "walks" through school hallways on the way to check books out of the library and participates on stage in leadership assemblies at the school. The only two things Devon doesn't currently do with his classmates are gym and lunch.

Brachmann said the wireless connection in the cafeteria is limited but school officials hope to remedy that and invite Devon to lunch for additional socialization.

Still, through the eyes of Devon's classmates, he's one of them, according to Winchester educators. That was silently proven last spring, when his first-grade class made Devon some "get-well" artwork after a nearly fatal allergic reaction again landed him in Women & Children's ICU.

"They drew a picture of a boy," said Brachmann, explaining the class identified with Devon as a person and not as the VGo machine.

It was an emotional day at Winchester. Brachmann said it proved the class accepted Devon as one of them and, she added, was also a testament to the performance of Szewc and the school's staff.

"You learn to be a better teacher," Brachmann said about unique opportunities that arise like this one. "I think our lives are much richer because of it."

A daily struggle

"Will he grow out of it?"

It's the most common question Carrow said she's asked.

By everyone.

And Carrow has no good answer.

"I would hope he would," she said, adding that if recent events are any indication, it's starting to seem more and more unlikely. "Every episode now is getting worse and worse."

Despite the positive outcome with Devon's education, the boy's life is still a daily struggle, his mother said.

Devon is on a daily regimen of various prescription medications, including steroids.

"He's afraid to eat because he's afraid of getting sick," Carrow said.

The family feels it has exhausted the expertise of the medical community here and in the Cincinnati area - where the Carrows have also sought treatment for Devon - so, they say, they're placing their trust in Dr. Hugh A. Sampson, professor of Pediatrics and Immunobiology at the Mount Sinai School of Medicine in New York City.

"They want to try to put him in a research center," said Carrow, explaining Devon could be there by mid-November.

In two weeks, she said, Devon is scheduled to visit Women & Children's for a "whitefish skin-test." If he shows no allergy, it's likely the fish would be introduced into Devon's diet.

Carrow said doctors at Mount Sinai are hopeful that could be a way to introduce high levels of protein into Devon's diet along with an encouraging herbal regimen that Sampson has developed that may be able to help Devon "live better" with his allergies.

All of those treatments must take place in the confines of the New York City hospital, she said.

"They have to be nearby in case something happens," said Carrow.

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Health IT Promises New Paradigm of Patient Care

Read the Full Article at Healthcare IT News

Leading pediatric hospital opens up about how sophisticated information technology helps keep them on top

Healthcare IT News | September 12, 2012 | Erin McCann, Associate Editor BOSTON

"We're not award seekers," said Daniel Nigrin, CIO at Boston Children's Hospital. Standing among a meager 1.2 percent of hospitals achieving the HIMSS Stage 7 Analytics Award, Boston Children's Hospital has one of the nation's most sophisticated electronic health records system, garnering nine 'Most Wired' titles from the *Hospitals and Health Networks*. Knowing this, it's hard to believe Nigrin's assertion, but any visit to the hospital will confirm that it really is all about the patients.

Boston Children's officials shared with *Healthcare IT News* what being completely paperless entails, the role of robots in pediatrics, the theology of telemedicine and how being one of the world's most connected hospitals has precipitated a new paradigm of patient care.

Electronic record evangelists

Boston Children's has the right connections – electronic health record connections, that is. With more than 10 years in the making and expenditures in excess of $50 million, officials at the 395-bed pediatric hospital say the complete automation of patient records was well worth the effort – and the hefty price tag.

Is this story relevant to you?

Scheduling in excess of 557,620 visits annually from pediatric patients worldwide, it is no surprise that holistic clinical data is key, and more importantly, the timely and accurate access to clinical data.
Enter the hospital's electronic health record (EHR) system.

"We now have centralized in a single place basically all of the clinical information about your patient, whether it's ambulatory, emergency department, in-patient, surgical," said Nigrin. "It's all right there, and it's all neatly organized."

Years ago, he explained, this was never a possibility. "In the past, if Johnny was admitted to the in-patient unit, you had to go up to the unit, to the nurses' station, pull out the big fat chart, and if Johnny was a complicated patient," Nigrin added, "You literally had a stack of files."

Today, with a little diet and exercise, Johnny's file is considerably more slender, as health IT has transformed the antiquated stack into sleek, virtual volumes of patient data that clinicians can access with a mere click of a button. Ambulatory notes, X-rays, hospitalizations, immunizations, projection and probability graphs – essentially an unabridged patient history can be accessed through the EHR, which has helped curb medical errors and save time.

"Having everything electronic and nicely catalogued in a single place that you can quickly put your finger on the piece of data you need is a huge, huge win, both for providing good clinical care, but also in respect to time-savings," said Nigrin.

When asked about the complexity of the hospital's EHR system, Nigrin describes it as really dozens of systems that are just very well interconnected. "We tried and hide a lot of that complexity from the end users, because the end users don't care what system it's in, right? They just want to do their work, so we try very hard to make the seams between these systems as seamless as possible."

Some of the major vendors providing these systems include most notably Cerner, which the hospital uses primarily for clinical tools. They also have a significant Epic implementation for things like registration, demographics and scheduling, and for PACS systems – Fuji SYNAPSE is choice.

With patient privacy pegged as a chief concern, proper employee access to these systems is taken seriously. "[The EHR system] works in multiple layers of access," said Marvin Harper, MD, chief medical information officer at Boston Children's. "For a whole variety of reasons, we have over 200 different access positions to our EHR, and what you see and how you see is governed by that."

The road to here and now

The voyage to paperless was not always smooth sailing, but the benefits have made it impossible, "unimaginable" to regress to old ways.

Recounting past memories as a medical student, Harper remembers patient health records being – how to say – a little less HIPAA compliant? "One of my jobs at the VA hospital was to go run down, and they would have alphabetized shoe boxes of the results on the lab tests, and you'd go and write down the results and then go back to the team." You just can't go back to that kind of system, he said, likening it to a journalist today using a typewriter for a story, and then sending it in via fax. It's just not going to happen.

Now that there's no going back, Harper and Nigrin have their eyes fixed on the future. So, what's the next step? Data management, they said.

"We're trying to figure out if you're swimming in a sea of data, how do you organize the data so it's useful to people," said Harper.

This next step comes in the form of the National Institute of Health-funded i2b2 Center (Informatics for Integrating Biology and the Bedside). It's a mouthful, said Nigrin and Harper, but that mouthful may bring myriad benefits for patient care.

i2b2 allows the clinician to access already existing patient data to identify groups of patients based on certain attributes a clinician is looking for. Nigrin illustrated this by searching for patients with both hypertension and diabetes. He entered the medical specifics into the Web-based system, and upon searching hundreds of thousands of patient accounts, 485 patients meeting those criteria were listed after a span of only 7.1 seconds.

"You can imagine this is an incredibly useful tool for doing research, but even for trying to optimize quality care," Nigrin added.

He cited the hypothetical example of a medication found to have an adverse health effect. Because each and every patient medication is listed in the system. "We can ask a tool like this to find us all of the patients who are on medication X that we know of, and quickly get a list and contact them," he said.

This is considered population management – a relatively new category of medicine, but one that has proved itself a valuable asset to the field of medical research.

"You can define your population by a drug they take, an allergy they have, by a disorder they have, and be able to suddenly both identity them but then track certain characteristics about them, which will tell you how well or how poorly you're doing in managing that population," Harper said. "Instead of on a patient-by-patient basis having to make medical decisions, you can start to make medical decisions by groups."

Strolling through Stage 7

For Boston Children's, Stage 7 was by no means the goal of the hospital's EHR implementation, but rather just a welcomed byproduct.

HIMSS awarded the hospital its Stage 7 award in December 2010, a time when only 52 hospitals nationwide has received this designation. That number has since jumped to 92.

Because boosting IT support for clinical care in hopes of improving patient safety was the primary goal, the feat never proved a big challenge for the hospital. "The vast majority [of our EHR implementation] was well before meaningful use was a twinkle in an administrator's eye," Nigrin said. "We didn't do this knowing meaningful use money was coming in," he said.

The hospital now enjoys being completely paperless, and all entities within Boston Children's health information exchange network can now exchange data securely and efficiently.

Barcodes boost quality

Another technology the hospital utilizes that has precipitated improved patient care is its bedside barcode medication scanning.

The Institute of Medicine estimates that medication errors harm more than 1.5 million people each year, and cost hospitals an excess of $3.5 billion a year. With such alarming national statistics, Boston Children's set out to curb these all-too-common medical errors.

The process entails the nurse first scanning his or her ID to record who administered the patient's medication, then scanning the patient's barcode bracelet, then finally the medication.

Upon the implementation of the barcode scanning, the number of errors the system caught was astounding.

"We always knew it would provide an additional level of medication safety, but we weren't expecting the degree to which that was the case," Nigrin said. Numerous studies have shown that barcode scanning could reduce potential medication errors by up to 97 percent.

"When you introduce these systems, you become aware of issues you weren't aware of before," Harper added. "So if I accidently gave you the dose of Tylenol I was supposed to give to Johnny, it might be I never figured out that I made that mistake," he said. The barcoding system automatically alerts you each time this kind of mistake happens now. "The system makes you aware of what you're intercepting but it also makes you aware of what you were doing before," Harper added.

The telemedicine trio

Implementing one of the nation's most advanced EHR systems in conjunction with achieving Stage 7 are not the hospital's only accomplishments meriting bragging rights.

In July, Boston Children's also launched three telehealth pilot programs, aimed at testing the viability of the fledgling tele-technology, that officials say is just starting to make its big debut.

"The telehealth industry generally is pretty young," said Naomi Fried, chief innovation officer at Boston Children's Hospital. "You can't go to literature and read that everyone's done these things already."

Fried heads the hospital's Innovation Acceleration Program, a two-year-old program responsible for spearheading several initiatives aimed at spurring innovation technology at the hospital. One of these initiatives consists of the three pilots currently being tested at the hospital.

The trio of pilots includes TeleDermatology, TeleConnect and TeleUrology.

"With all of these projects, I think the mantra is the right care, at the right place, at the right time," said Shawn Farrell, the Telehealth and Telemedicine program manager at Boston Children's.

The TeleDerm pilot was created in response to first dermatology being one of the most sought after medical specialties – with wait times often averaging two-to-three months – and second, there exists an insufficient number of dermatologists to meet the growing need of patients.

The TeleDerm pilot allows clinicians to securely send patient skin images and data to a dermatologist rather than having the patient visit the hospital.

Despite the physician-to-physician nature of the pilot, Fried maintained that the big beneficiary is ultimately the patient "because of the access improvement, because they're getting diagnosed potentially more quickly, and because of the tremendous convenience of not having to go to another clinic appointment."

The second pliot, TeleConnect, consists of a med surge intensive care unit clinician at Children's providing their expertise and clinical support remotely to a community hospital emergency room. This pilot, Farrell explained, is "about getting that physician to the bedside in the emergency room in an acute emergency moment to help make better decisions about the care and treatment of that patient."

Because the intensivist can visualize and continually monitor the patient, better care decisions can be made, particularly when it comes to patient transport. Critical care transportation, Farrell said, is both costly and in high demand By reducing the number of unnecessary patient transports, the hospital can really begin to drive down costs. "We want to try to make the best decision about resource utilization," added Farrell.

The third pilot program, and the most interactive among the three, is the VGo TeleUrology robot, a project spearheaded by Bob Nguyen, MD, urologist at Boston Children's.

Robot revolution reforms care

A lot of children who've had urological surgery require monitoring, Nguyen explained. They don't, however, require the level that you receive in the hospital, but they do need more monitoring than the parents can provide. Enter the VGo robot, which graciously accompanies the children home to further monitor their health.

"We thought this was the perfect patient population to send a robot home with them, so that they could take care of these kids, provide that high quality care that we've always been wanting them to have, but not having to spend the money of them staying in the hospital."

The approximately three-foot tall robots are all named after SpongeBob characters. *Healthcare IT News* interviewed Mr. Krabs, who, interestingly enough, proved to be altogether pleasant.

The results of Mr. Krabs and his cohorts, thus far, have been remarkable. Nguyen has witnessed children connect with the robot, ultimately leading them to be more involved in their own health.

He told a story about how a child patient outfitted her robot in a dress because she thought it was naked, or the child who rushed home from school each day to greet the robot. This connection, Nguyen said, has powerful implications for the child's recovery and health.

"The kids became more engaged in their healthcare. They suddenly cared about what was going on with them; they suddenly cared about what surgery they had and why they had it, and they cared about what they should do in the future to keep themselves healthy," Nguyen remarked.

Kids began to ask questions about their health. "It really became something where these kids start going, 'Well, why do I have reflux?' No one ever asked me that before. The parents may ask you, but the kids, never."

"Or the kids go, 'If I drink more water, that means I won't get these infections, right?' Kids are starting to preempt a lot of the things we're trying to do."

Nguyen is working on developing a robot that can take urine samples from the child or perform such things as finger pricks to then relay data levels back to the clinician. This prototype will also be capable of simulating interactive educational modules for the children, which he said would further engage the child in the recovery process.

In addition to the child being more involved with his or her health, which translates to health benefits, Fried expects the pilots will show that telemedicine implementation will ultimately translate into cost savings. "When you take care to the patient, you don't require a brick-and-mortar space for them anymore." Although patient outcomes are the predominant driver behind the telehealth pilots, Fried said the extra benefit of financial savings is a welcomed bonus for an industry continuing to see rising costs.

Biggest reason for success

Health IT has clearly played a crucial role in transforming pediatric care at Boston Children's Hospital, but all individuals interviewed point to clinician engagement as the driving force behind its success. "I think it's one of the primary reasons that over the years, we've been successful is that we've used clinicians to be part of the team," said Nigrin.

Thus, despite the shift towards a culture of cutting-edge creations, towards paper-tossing and chronic-cased computing, there can be no forgetting the human drive, the uniquely biological enthusiasm and determination to improve status quo. Here, there can be no forgetting the minds behind the metal.

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Click to watch Bob Nguyen, MD, urologist at Boston Children's Hospital, show off his department's VGo Robotic Telepresence Device.

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Thousands Of Hospitals Face Penalties For High Readmission Rates

Contact us to learn how VGo is being used to control readmissions

August 13, 2012 | by Jordan Rau

Medicare is cracking down on hospital readmissions in a way that is going to hurt the bottom line of facilities in most parts of the nation.

Come October, 2,211 hospitals will have their Medicare readmissions reduced by as much as 1 percent, records show. It's part of a new effort, authorized by the Affordable Care Act, to get hospitals to pay more attention to ensuring that patients receive the care they need after they leave. Nearly 1 in 5 Medicare beneficiaries is readmitted within a month.

Among the hospitals getting penalized are many big names, including Mount Sinai Hospital and New York-Presbyterian Hospital in Manhattan, the University of Michigan Health System in Ann Arbor and Yale-New Haven Hospital in Connecticut. (There's a bit of irony in that last one, as Yale researchers helped Medicare measure readmissions.

Massachusetts General Hospital, just lauded as the best hospital in the country by *U.S. News*, will lose one half a percent of Medicare payments for each admitted patient. A total of 278 hospitals are getting the maximum penalty. You can look up your hospital here.

Unsurprisingly, the punishments are not going down well among hospitals, which view the penalties as counterproductive. "You're probably going to end up penalizing those very places that need to put resources into patients when they leave the hospital," says Atul Grover, chief public policy officer of the Association of American Medical Colleges.

Doctors say the reasons many of their patients return—not filling the prescriptions they get or adhering to appropriate diets—are beyond their control. Hospitals with many low-income or black patients tend to have higher readmissions, they complain, and indeed the brunt of the readmission penalties is falling on hospitals with the poorest patient populations.

"It's our mission, it's good, it's what we want to do, but to be penalized because we care for those folks doesn't seem right," says John Lynch, chief medical officer at Barnes-Jewish Hospital in St. Louis, which will lose 1 percent of its reimbursements.

Plus, hospitals say, sometimes readmissions are necessary; in fact a few hospitals getting the maximum penalty, like Olympia Medical Center in Los Angeles, actually have some of the lowest mortality rates in the country.

Dr. Eric Coleman, a national expert on readmissions at the University of Colorado School of Medicine, says hospitals are starting to pay attention to readmissions, which used to be welcomed by some executives because the second admission meant more revenue. "I'm not sure penalties alone are going to move the needle," Coleman says, "but they have raised awareness and moved many hospitals to action."

See the full article from NPR here.

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VGo Featured on NBC Nightly News with Brian Williams

VGo Robotic Telepresence System was recently featured on NBC Nightly News with Brian Williams. VGo is part of a study by Oregon Health and Sciences University (OHSU) on monitoring for the aging population.

Click here to view the video.

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VGo Robots will be Making the Rounds with Nurses

VGo units will be taken by VNAVNH nurses to homes of patients in the group's home care and hospice services to allow medical specialists in other locations to have live consultations about the case

By David Brooks | July 29, 2012 | NASHUA – Robots from the Nashua company VGo will soon be accompany

ing visiting nurses on their rounds in western New Hampshire and parts of Vermont, the latest expansion into medical arenas by the company's "telepresence " devices.

"We have found tremendous interest in health care," said Ned Semonite, vice president of product management and marketing for VGo Communications. The return on investment "comes pretty quickly for that industry. We have systems in hospitals, skilled nursing facilities, clinics."

Visiting Nurse & Hospice of Vermont and New Hampshire has leased four VGo robots as a pilot program. They will be taken by nurses to homes of patients in the group's home care and hospice services to allow medical specialists in other locations to have live consultations about the case.

"With specialists, it's difficult to have them get to all our patients, some of whom are pretty remote," said Craig Amoth, director of development and community relations for the group, which serves 100 towns in the Connecticut Ri

ver Valley, from areas to the west of Keene north through Plymouth, plus roughly the eastern third of Vermont.

"It's really to enhance the expertise of the nurse who will be there in the home."

This pilot program is designed to test how well the robots can help patients without raising costs, partly so the association can get their use covered by insurance payments.

"If we can show the efficacy, we can talk to Medicare, Medicaid, third-party insurers, to say, 'Look at how we can impact patient outcomes and reduce costs,' " Amoth said.

He said the association will cover the cost of the pilot test.

"The pressure to bring health care costs into line with reimbursements means we're always looking for ways to increase efficiency as well as improve outcomes," Amoth said.

VGo robots are basically wireless video-conference screens and cameras placed on remote-controlled, rolling platforms.

A robot's operator can see, listen to and talk with people far away via cameras and microphones, as is done with video-conferencing websites, and remotely move the screen and camera around the building or change its angle and zoom, increasing interaction.

The result is sometimes called "telepresence" because it give an illusion of the person actually being present.

VGo robots have various attachments that can, among other things, dispense medication on command from the remote operator.

Their batteries are recharged via units plugged into the wall; the robots must return to the charging station occasionally.

A home must have a WiFi Internet router and a broadband connection for the VGo units to operate there.

"There are a few places here and there where we won't be able to deploy them, but what we're finding is that more and more homes are adopting this," Amoth said. "We don't think it's going to be a limitation for us."

A few companies made similar products, most notably industry leader iRobot, of Waltham, Mass., which drew a lot of publicity last week with a rollout of its own health care telepresence robot for hospitals.

Doctor Shortage Likely to Worsen With Health Law

By ANNIE LOWREY and ROBERT PEAR

RIVERSIDE, Calif. — In the Inland Empire, an economically depressed region in Southern California, President Obama's health care law is expected to extend insurance coverage to more than 300,000 people by 2014. But coverage will not necessarily translate into care: Local health experts doubt there will be enough doctors to meet the area's needs. There are not enough now.

Other places around the country, including the Mississippi Delta, Detroit and suburban Phoenix, face similar problems. The Association of American Medical Colleges estimates that in 2015 the country will have 62,900 fewer doctors than needed. And that number will more than double by 2025, as the expansion of insurance coverage and the aging of baby boomers drive up demand for care. Even without the health care law, the shortfall of doctors in 2025 would still exceed 100,000.

Health experts, including many who support the law, say there is little that the government or the medical profession will be able to do to close the gap by 2014, when the law begins extending coverage to about 30 million Americans. It typically takes a decade to train a doctor.

"We have a shortage of every kind of doctor, except for plastic surgeons and dermatologists," said Dr. G. Richard Olds, the dean of the new medical school at the University of California, Riverside, founded in part to address the region's doctor shortage. "We'll have a 5,000-physician shortage in 10 years, no matter what anybody does."

Experts describe a doctor shortage as an "invisible problem." Patients still get care, but the process is often slow and difficult. In Riverside, it has left residents driving long distances to doctors, languishing on waiting lists, overusing emergency rooms and even forgoing care.

"It results in delayed care and higher levels of acuity," said Dustin Corcoran, the chief executive of the California Medical Association, which represents 35,000 physicians. People "access the health care system through the emergency department, rather than establishing a relationship with a primary care physician who might keep them from getting sicker."

In the Inland Empire, encompassing the counties of Riverside and San Bernardino, the shortage of doctors is already severe. The population of Riverside County swelled 42 percent in the 2000s, gaining more than 644,000 people. It has continued to grow despite the collapse of one of the country's biggest property bubbles and a jobless rate of 11.8 percent in the Riverside-San Bernardino-Ontario metro area.

But the growth in the number of physicians has lagged, in no small part because the area has trouble attracting doctors, who might make more money and prefer living in nearby Orange County or Los Angeles.

A government council has recommended that a given region have 60 to 80 primary care doctors per 100,000 residents, and 85 to 105 specialists. The Inland Empire has about 40 primary care doctors and 70 specialists per 100,000 residents — the worst shortage in California, in both cases.

Moreover, across the country, fewer than half of primary care clinicians were accepting new Medicaid patients as of 2008, making it hard for the poor to find care even when they are eligible for Medicaid. The expansion of Medicaid accounts for more than one-third of the overall growth in coverage in President Obama's health care law.

Providers say they are bracing for the surge of the newly insured into an already strained system.

Temetry Lindsey, the chief executive of Inland Behavioral & Health Services, which provides medical care to about 12,000 area residents, many of them low income, said she was speeding patient-processing systems, packing doctors' schedules tighter and seeking to hire more physicians.

"We know we are going to be overrun at some point," Ms. Lindsey said, estimating that the clinics would see new demand from 10,000 to 25,000 residents by 2014. She added that hiring new doctors had proved a struggle, in part because of the "stigma" of working in this part of California.

Across the country, a factor increasing demand, along with expansion of coverage in the law and simple population growth, is the aging of the baby boom generation. Medicare officials predict that enrollment will surge to 73.2 million in 2025, up 44 percent from 50.7 million this year.

"Older Americans require significantly more health care," said Dr. Darrell G. Kirch, the president of the Association of American Medical Colleges. "Older individuals are more likely to have multiple chronic conditions, requiring more intensive, coordinated care."

The pool of doctors has not kept pace, and will not, health experts said. Medical school enrollment is increasing, but not as fast as the population. The number of training positions for medical school graduates is lagging. Younger doctors are on average working fewer hours than their predecessors. And about a third of the country's doctors are 55 or older, and nearing retirement.

Physician compensation is also an issue. The proportion of medical students choosing to enter primary care has declined in the past 15 years, as average earnings for primary care doctors and specialists, like orthopedic surgeons and radiologists, have diverged. A study by the Medical Group Management Association found that in 2010, primary care doctors made about $200,000 a year. Specialists often made twice as much.

The Obama administration has sought to ease the shortage. The health care law increases Medicaid's primary care payment rates in 2013 and 2014. It also includes money to train new primary care doctors, reward them for working in underserved communities and strengthen community health centers.

But the provisions within the law are expected to increase the number of primary care doctors by perhaps 3,000 in the coming decade. Communities around the country need about 45,000.

Many health experts in California said that while they welcomed the expansion of coverage, they expected that the state simply would not be ready for the new demand. "It's going to be necessary to use the resources that we have smarter" in light of the doctor shortages, said Dr. Mark D. Smith, who heads the California HealthCare Foundation, a nonprofit group.

Dr. Smith said building more walk-in clinics, allowing nurses to provide more care and encouraging doctors to work in teams would all be part of the answer. Mr. Corcoran of the California Medical Association also said the state would need to stop cutting Medicaid payment rates; instead, it needed to increase them to make seeing those patients economically feasible for doctors.

More doctors might be part of the answer as well. The U.C. Riverside medical school is hoping to enroll its first students in August 2013, and is planning a number of policies to encourage its graduates to stay in the area and practice primary care.

But Dr. Olds said changing how doctors provided care would be more important than minting new doctors. "I'm only adding 22 new students to this equation," he said. "That's not enough to put a dent in a 5,000-doctor shortage."

Click here to read the full article.

VGO 001438

VGo to Work with Nurses in Patients' Homes

Visiting Nurse and Hospice of Vermont and New Hampshire announced its agreement with VGo which will enable four remotely-driven robots to be deployed for patient assistance

July 25, 2012 | By KIMBERLY HOUGHTON, Union Leader Correspondent

NASHUA— VGo Communications Inc. is teaming with an area health-care organization to offer New Hampshire's first telepresence robots to patients.

Visiting Nurse and Hospice of Vermont and New Hampshire announced its agreement with the local company Wednesday, which will enable four remotely-driven robots to be deployed for patient assistance.

"We are the first in the region to try something like this. It is pretty groundbreaking," said Craig Amoth, spokesman for VNAVNH.

Amoth stressed that the portable VGo robots will not replace nurses, but rather allow patients access to multiple professionals and experts in addition to a visiting nurse.

Mobile consulting

A four-wheel robot will be able to travel to patients' homes with nurses, and with the use of advanced technology, it will enable other health-care workers to provide consultations and support from another location using WiFi.

"We are on the true leading edge of this. We believe the robotic telepresence will have significant impact on patient outcomes and staff," said Amoth, explaining that specialists and consultants can be available to share their expertise without having to spend an hour on the road traveling to remote locations in New Hampshire or Vermont.

VGo Communications, housed at 100 Innovative Way, develops and markets visual communications solutions for hospitals, homes, schools and the workplace. Its new telepresence robot, which was launched about a year ago, has since been featured by several national media outlets, specifically for its capability of allowing sick children to still attend school using technological advancements. The company was named one of five finalists for the 2010 Product of the Year Award by the New Hampshire High Technology Council.

"VNAVNH's visionary approach to improving health care at home is a perfect match with our goals of replicating a person in a distant location at a very affordable cost," said Peter N. Vicars, CEO of VGo, in a statement. "For about $10 a day, their nurses can visit more clients, spending more time with each one and less time on the road.

"Researchers have proven that patients enjoy interacting with their caregivers using VGo and look forward to each visit."

Although four robotic units are about to be deployed, Amoth is optimistic the trial period will be successful and that more robots may eventually be utilized.

Future uses

Initially, the robots will only be used while a nurse is visiting with a patient, but Amoth said it is conceivable that in the future, the robot units may be able to stay with patients when nurses are not present.

"We are continuously looking for ways to increase levels of care, independence and safety in the home. VGo is the first affordable solution that enables us to expand client engagement without a dramatic increase in cost, while still preserving a person-to-person interaction," Jeanne A. McLaughlin, president and CEO of VNAVNH, said in a press release. "People often need more care and attention, not less, but that's hard to do in rural areas without an army of staff."

Frequent visits

According to McLaughlin, VGo's lightweight and ease of deployment means that nurses and doctors can now visit with select patients more frequently.

By eliminating the need to travel for each visit, McLaughlin said that professional staff can better utilize their time and respond to client needs and unforeseen problems that arise much quicker.

For instance, Amoth explained that if a client is having a complication with a wound that doesn't seem to be healing properly, the visiting nurse can use the robotic telepresence to speak with a wound-care specialist elsewhere, show them live and up-close video footage of the wound and receive immediate medical advice.

"This is very exciting to have (the robots) deployed here in New Hampshire," said Ned Semonite, vice president of marketing for VGo. "We do think in time that this will be something that is common, in the same way that people use Skype today. People will have instant access to medical experts."

Semonite said the robot is user friendly and requires no setup, adding that clients — including elderly patients — are receptive to the modern concept. VGo robots cost about $6,000 to purchase, along with an annual service contract of about $1,200.

VGO 001440

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The VGo Goes Where Everyone Goes: Schools, Hospitals, and Homes

July 28, 2012 | By: Monika Wahi | BOSTON, MA | Attendees of the The World Congress Leadership Summit on Telemedicine at the Colonnade Hotel in Boston July 26-27 were intrigued to watch the VGo, a robot with specialized capabilities to interact intimately with people, tooling around the exhibitor area. Ned Semonite, Vice President of Product Management and Marketing at VGo Communications in Nashua, NH was at the helm, navigating the VGo to interested attendees, and demonstrating how VGo can help a clinician see a patient remotely.

The VGo is equipped with two important capabilities: a small screen on which the person controlling the VGo can project his or her face, and a small camera that can be directed and controlled remotely via a laptop console. Semonite demonstrated the robot approaching an attendee, with his face on the screen interacting with her and asking about the hypothetical rash on her arm. When she raised her arm, he then directed the camera so that it zoomed in on the imaginary rash.

It is actually very easy to control," Semonite explained as he deftly navigated the VGo between tables and chairs. His laptop controller appeared much like the view in Quake II, where the person controlling has what is termed as "first-person shooter" point-of-view. An ironic term, given what the VGo has been used for so far - both inside and outside of health care.

Although the primary promotion of the VGo at the conference was its telemedicine applications, Semonite described many ways the VGo has been used:

- A homebound girl with a severe allergry uses her VGo to "go to school" for her. She navigates the VGo between classes with her friends, and is able to have a closer-to-life experience socially as well as intellectually at school.
- This month, the Visiting Nurse and Hospice of Vermont and New Hampshire announced their agreement to deploy VGo in client's homes.
- The Oregon Health and Science University tested VGo's acceptance in the homes of healthy elders. Described by the Portland Business Journal as "Skype on wheels", the older individuals loved having the VGo in their homes. They enjoyed having "visitors" by way of the VGo.
- A hospital in California is using the VGo to allow relatives to remotely visit very sick patients who cannot receive visitors.

To view the whole article and watch the video, click here.

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Visiting Nurse and Hospice Organization to deploy Robotic Telepresence to Advance Home Healthcare

VGo robots will extend the reach of the VNAVNH and raise service levels by facilitating remote nursing visits

WEST LEBANON, & NASHUA, NH, July 24, 2012: Visiting Nurse & Hospice of Vermont and New Hampshire (VNAVNH), and VGo Communications, the leader in robotic telepresence, announced their agreement to be the first to deploy telepresence robots for use in delivering care in New Hampshire and Vermont clients' homes.

"We are continually looking for ways to increase levels of care, independence and safety in the home," said Jeanne A. McLaughlin MSN, MSEd, President/CEO of VNAVNH. "VGo is the first affordable solution that enables us to expand client engagement without a dramatic increase in cost, while still preserving a person to person interaction. People often need more care and attention, not less, but that's hard to do in rural areas without an army of staff. VGo's light weight and ease of deployment means that nurses and doctors can now visit with select patients more frequently. By eliminating the need to travel for each visit, professional staff can better utilize their time and respond to client's needs and unforeseen problems that arise much quicker."

VNAH will initially leverage its fleet of VGo initially in four ways:

- Care and support for clients recovering from surgery or for others with complex medical needs
- Clinical specialty support for home healthcare or hospice nurses
- Wound care assessment and treatment consultation
- Consultation for chemotherapy, antibiotics, hydration or other infusion therapies

"VNAVNH's visionary approach to improving healthcare at home is a perfect match with our goals of replicating a person in a distant location at a very affordable cost," said Peter N. Vicars, CEO of VGo. "For about $10 a day, their nurses can visit more clients, spending more time with each one and less time on the road. Researchers have proven that patients enjoy interacting with their caregivers using VGo and look forward to each visit."

For more information on VNAVNH, visit http://www.vnavnh.org
For more information on VGo, visit http://www.vgocom.com

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About Visiting Nurse & Hospice of Vermont and New Hampshire
The Visiting Nurse & Hospice of Vermont and New Hampshire (VNAVNH) is a compassionate, non-profit home healthcare organization. VNAVNH is committed to providing the highest quality home health care and support services to individuals and their families, while also serving the communities in their region with education and wellness programs. Serving nearly 113 towns in Vermont and New Hampshire and covering 4,000 square miles along the Connecticut River Valley, the VNAVNH cares for more than 5,000 people each year, making over 132,000 home visits to people of all ages and at all stages of life.

About VGo
VGo Communications, Inc. develops and markets visual communications solutions for the hospital, home, school and workplace. VGo has leveraged the recent trends of widespread wireless networks, lower specialized component costs and the universal acceptance of video as a communications medium to become the Robotic Telepresence market leader. With the VGo solution, an individual's presence is replicated in a distant location

such that they can interact and perform their job in ways not previously possible. Now they can see, be seen, hear, be heard and move around in any remote facility – just as if they were there. VGo enables: healthcare providers to deliver lower cost services and improved quality of care, businesses to increase productivity of remote and travelling employees, and homebound students to attend school – all with a great user experience and at an affordable price.

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The Verizon Foundation Provides 15 VGos to US Classrooms

Treatments for a brain tumor kept Paris Luckowski out of his fourth grade classroom for much of last spring. Yet the Newark, N.J., student was able to keep pace -- and even socialize -- with his St. Philip's Academy classmates during school.

His presence in the bustling hallways and in class was possible thanks to a robot equipped with interactive communication powered by Verizon's 4G LTE wireless network. The four-foot VGo robot's "face" is a screen through which Luckowski's classmates and teachers could see him. In turn, Luckowski could see and contribute in class via Webcam video and a microphone. Controlling the robot from home via computer, Luckowski guided his hi-tech stand-in as it scooted around the school on wheels.

The interactive robot is the result of collaboration between Verizon and VGo, a product of a unique Verizon Innovation Center in Waltham, Mass. The center is one of two such Verizon labs where companies can work with our experts to incorporate the transformational power of 4G LTE into new devices and applications .

The Verizon Foundation saw the VGo "telepresence" robots as an opportunity to explore innovative uses of our technology and is providing VGos to 15 institutions nationwide. At St. Philip's in Newark, NJ, the robot provides a variety of academic benefits: enabling a student from Ghana to be in a classroom sharing her daily life and culture with students; allowing a learning specialist to observe a student remotely without distracting the class; bringing an algebra tutor into the class virtually to teach advanced students while the teacher helps other students one-on-one; and giving distant parents the chance to get a virtual experience of what goes on in the classroom.

Markets for robot technology include, among others, the health care industry, where robots enable doctors and care givers to diagnose and provide other services remotely, and the security field, where the robots can serve as mobile eyes and ears around the clock.

In Luckowski's case, the Verizon-VGo effort is providing more than a high school education, it's enabled him to escape his isolated world, interact with his peers and make new friends outside his home.

Learn More about the Verizon & VGo Partnership

Learn More about Students Using VGo

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Children's Hospital Boston Testing Three Innovative Telemedicine Pilots

At Children's Hospital Boston, several telemedicine pilots are currently underway to determine their viability, including VGo Robotic Telepresence System - which is so popular, that patients don't want to part with it

July 17, 2012 by Arundhati Parmar, MedCityNews

Cheap communications technologies have brought more muscle to the field of telemedicine, and organizations are looking to leverage these tools in innovative ways to provide care to patients at a distance.

At Children's Hospital Boston, several telemedicine pilots are currently underway to determine their viability. At the MedCity CONVERGE Conference last week in Philadelphia, Naomi Fried, chief innovation officer of the hospital, provided a brief overview of three promising pilots.

VGo Robot

These communications robots go home with the child who has undergone urological surgery at Children's and remain for a two-week period. The video conferencing robot allows physicians to be able to see the patient at home with the parent and communicate with them.

The program has been so successful that patients have a hard time letting go of the sleek, shapely communications robot at the end of the two weeks.

"They don't want to give the robot up and they really feel connected to the physician (through it)," Fried said.

Currently there are 5 VGo robots that are getting circulated around.

"What's exciting about the pediatric patient population is that they are so open to technology," Fried said. "They are digital natives and they are not intimidated by it."

The other two pilots are Physician-Physician Virtual Consultation in dermatology and ER physician-to-ICU physician connection. All three pilots have been ongoing for a few months and the goal is to collect data.

"Telemedicine is a strategic health initiative at Children's Hospital Boston," Fried said, noting that it represents a "paradigm shift" in healthcare delivery.

To read the full article, click here.

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El Camino Hospital Implements VGo

The hospital of 'Silicon Valley' uses their built-in infrastructure and a variety of technologies, including VGo, to improve quality of care, patient experience

Excerpts from article written by Jaimy Lee, and published July 7, 2012 on ModernHealthcare.com

Ask Greg Walton, chief information officer at El Camino Hospital, to predict the future of healthcare and what he sees is an ever-increasing reliance on wireless technology.

"The U.S. healthcare sector is going to change a great deal," Walton says. "One of the things we're going to have to do is be where the patient is. We don't have enough caregivers and resources to do that any other way but electronically. Things like telehealth and 'smart health' on a smartphone and body area networks—I'm going to predict... that's the next big explosion in care and patient interaction."

El Camino found a perfect fit with Walton, a longtime health information technology executive who arrived at the hospital in late 2007. The 361-bed community hospital is based in Mountain View, Calif., a city that is home to Google, Intuit and multiple other Silicon Valley technology companies, and is considered one of the most advanced users of wireless and mobile technology among all U.S. hospitals.

El Camino's history as a technology pioneer among hospitals is well-established. It was the first hospital to implement a computer-aided medical information system in 1971 and computerized physician order entry the following year.

Staying connected

A recent patient case put El Camino's technology and wireless network to the test. A pregnant woman with a heart condition was admitted to the hospital in May, leading clinicians to question whether she should be placed in a cardiac unit for monitoring or in the separate women's hospital to prepare for the birth of her baby.

Around that time, a sales representative had dropped by to demonstrate the VGo, a robot with two-way video-communications capabilities.

Walton agreed to buy the VGo, borrowed the sample that day and the hospital staff placed it in the patient's room in the women's hospital, which allowed a cardiac nurse in a separate facility to remotely monitor her.

"It really makes a difference when you meet the caregiver where they are in a mobile fashion and meet the patient where they are in their course of treatment," Walton says.

Using the robot opened up the hospital's staff to the different ways that two-way monitoring can be used, such as in the hospital's nursing home or as a security tool.

"The infrastructure makes new things possible all the time," Walton says. "If I was still fighting dead spots and if I was dealing with other more traditional problems, we wouldn't be tackling these kinds of things. We wouldn't have the confidence."

El Camino's confidence in its technology and wireless capabilities has started to extend beyond the hospital campus.

It is moving forward with three telehealth programs, one of which will monitor patients leaving the hospital with the two-way communications robot in an effort to reduce readmissions. The VGo will connect the patient in the nursing home with his or her physician.

"Mobility, convenience, ease of use and access are all going to manifest themselves in those other things that are far more important," Walton says. "Technology is a tool."

The impending addition of medical-grade wireless technology, also called medical body-area networks, to the medical-device market will likely lead the way toward further use of the hospital's wireless network.

"There's a whole new era opening up as the body can transmit real-time to the systems that can capture it and help the caregivers provide care," Walton says. "That's going to require wireless. You don't want to tether anybody. You want them to have complete mobility."

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Northeast Arkansas Student Goes to School Via Robot

By: CNN | Updated: May 17, 2012

A sixth grader in Northeast Arkansas is getting to fulfill a dream of going to school.

Zachary Thomason has a rare illness that makes even breathing a challenge.

But now, a robot bought by the Paragould School District will let him sit in class like other students.

Zach has been diagnosed with X-linked Myotubular Myopathy, a condition associated with muscle weakness and decreased muscle mass.

"He has very thin, weak bones and tiny little muscles and then the rest of the tiny little muscle, tiny little bone and then the fat around like on his arm or something, and it's so small," explains his mom, Tonya Thomason.

His body is so weak, he can't eat or breath on his own.

"In the first grade, he was able to attend school six visits, and he was welcomed by the children," she says.

Since then, technology has changed.

"Next year, we'll be able to participate on a daily basis and hit the core subjects," says Zach's mom.

Zach is testing a VGo robot equipped with a camera and controlled on the computer. It will allow him to participate in class.

"Zach got to sit in on a science project for the first time, and the speech path was over there with him and they actually had to turn down the volume because Zach wanted to keep interrupting the class because he was so excited about being there," says Special Education Director Kelly Colbert. She says a lot went into installing the robot and the addition should be a thrill.

"It's so hard to turn the pages of a book. He cannot write. He can't do the math because he needs manipulatives to be able to work with. He can't hold his little fingers up to count," she explains.

Although Zack will need help all his life, this robot, at least for a little while, can help him feel like everyone else.

"He has all the little dreams and make believe and goals in his little world that everybody else does. he's just limited to his world."

Zach is testing the robot every day for a few hours at a time.

Watch the Video

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Paragould School District Purchases Robot

Paragould student with rare illness attends school

http://www.paragoulddailypress.com/articles/2012/03/07/local_news/doc4f5..

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VGo and United Cerebral Palsy Demo Advanced Assistive Control Solutions for Robotic Telepresence

Organizations have partnered to develop new tools for people with disabilities to expand their independence

VGO COMMUNICATIONS, INC. People can easily visit with others using VGo. Not only can they interact, but the remote person can go most anywhere within a facility by driving VGo with simple controls. (PRNewsFoto/VGo Communications, Inc.) NASHUA, NH UNITED STATES

NASHUA, NEW HAMPSHIRE & WASHINGTON, DC, April 26, 2012: VGo Communications, the leader in robotic telepresence, and United Cerebral Palsy (UCP)—an international advocate, educating and providing support services for children and adults with a spectrum of disabilities—today announced a partnership to collaborate and work together to define and deliver accessibility enhancements to VGo's robotic telepresence solution. A demonstration of prototype voice activated remote robotic telepresence driving controls will be seen by attendees of the 2012 UCP Annual Conference, *Transitioning to Tomorrow*, in Washington, DC.

"We saw what VGo was doing for homebound students and realized that with some usability enhancements, VGo could be a dramatic life altering tool for many people with disabilities," said Stephen Bennett, UCP President and CEO. "Imagine the opportunities and quality of life improvements for people who currently cannot go places because their disability prevents access or makes it too expensive. UCP is excited to be working with VGo to make this technology available to people with disabilities so they can live life without limits."

"We're very excited about jointly developing specific usability enhancements for people served by United Cerebral Palsy," said Peter N. Vicars, CEO of VGo. "Our users today find controlling a VGo with their computer mouse or keyboard keys very easy, but indeed not everyone can use a computer in a traditional way. We know how impactful VGo has been for students that are homebound and can't go to school. Soon VGo can be available to other disabled people so they can move around in a distant place without first having to get themselves there."

For more information about UCP, visit www.ucp.org.

For more information about VGo, visit www.vgocom.com.

# # #

About United Cerebral Palsy

United Cerebral Palsy (UCP) educates, advocates and provides support services to ensure a life without limits for people with a spectrum of disabilities. Together with nearly 100 affiliates, UCP has a mission to advance the independence, productivity and full citizenship of people with a spectrum of disabilities by providing services and support to more than 176,000 children and adults every day—one person at a time, one family at a time. UCP works to enact real change—to revolutionize care, raise standards of living and create opportunities—impacting the lives of millions living with disabilities. For more than 60 years, UCP has worked to ensure the inclusion of individuals with disabilities in every facet of society. Together, with parents and caregivers, UCP will continue to push for the social, legal and technological changes that increase accessibility and independence, allowing people with disabilities to dream their own dreams, for the next 60 years, and beyond. For more information, visit www.ucp.org.

About VGo

VGo Communications, Inc. develops and markets visual communications solutions for the workplace. The company was founded in 2007 by experienced successful veterans of the visual communications and robotics industries. VGo has leveraged the recent trends of widespread wireless high speed networks, lower specialized component costs and the universal acceptance of video as a communications medium to become the Robotic Telepresence market leader.

With the VGo solution, an individual's presence is replicated in a distant location such that they can interact and perform their job in ways not previously possible. Now they can see, be seen, hear, be heard and move around in any remote facility –just as if they were there. VGo enables: healthcare providers to deliver lower cost services and improved quality of care, businesses to increase productivity of remote and travelling employees, and homebound students to attend school – all with a great user experience and at an affordable price.

Download the press release.

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VGo with Novatel Selected as CTIA e-Tech Award Finalist

WASHINGTON, D.C., April 19, 2012 – International CTIA WIRELESS® 2012 today announced the Emerging Technology (E-Tech) Awards finalists that represent the industry's most innovative wireless products and services in the areas of mobile apps, consumer electronics, enterprise and vertical markets and network infrastructure.

On Wednesday, May 9 at 2:00 p.m. CDT, Jon Fortt, technology correspondent for CNBC, will make known the E-Tech Awards winners on the Exhibit Innovations Stage at Booth 4575 at International CTIA WIRELESS, taking place May 8-10, 2012 at the Ernest N. Morial Convention Center in New Orleans.

CTIA E-Tech Awards submissions were judged on innovation, functionality, technological importance, implementation and overall "wow" factor. Online judging for the 15 awards categories was conducted by a panel of recognized industry experts, media and analysts.

Attendees are encouraged to take a look at the submissions when they are displayed in Booth 4575 at the Emerging Technology Zone on the tradeshow floor throughout the show. In addition, attendees may vote for their favorite entries online and via text during International CTIA WIRELESS. To vote for the "Best Online Pick," website visitors should vote at www.ctiashow.com/awards. The entry that earns the most text votes on-site during the show will be named "Best in Show."

CLICK HERE TO TO VOTE FOR VGO!

The 2012 CTIA E-Tech Awards finalists in the Healthcare and Wellness Category are:

- ARD400-W 3G Dosimeter and Server Solution, AnyDATA Corporation
- AT&T mHealth Solutions presents DiabetesManager®, AT&T and WellDoc
- iglucose™, PositiveID Corporation
- Valencell V-LINC™, Valencell
- VGo with integrated Novatel Wireless' Expedite® E362 PCI Express Mini Card for 4G/LTE, Novatel Wireless

Click here to read the full release

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VGO 001454

VGo Expands Healthcare Focus

VGo Expands Healthcare Focus

Medical Executive, Bern Terry, Joins Team to Head Sales

NASHUA, New Hampshire - March 5, 2012: VGo Communications, the leader in robotic telepresence, announced that Bern Terry has joined the company as Vice President of Sales, reporting to the CEO and President, Peter N. Vicars. Mr. Terry will lead the company's sales efforts and direct its continuing expansion into targeted segments of the healthcare market.

"Bern is a great addition to the VGO team, as he is well respected throughout the healthcare industry." said Mr. Vicars, CEO of VGo. "Bern's vast experience with hundreds of hospitals and home health care providers will enable VGo to accelerate its success in delivering cost-effective innovative solutions for a range of challenges facing clinicians and healthcare providers today."

Mr. Terry brings over 30 years of sales and business development experience to the VGo team. Bern was instrumental in the growth of Lifeline Systems to its dominance in the personal emergency response systems market which resulted in its acquisition by Philips Healthcare for $750M. Most recently Bern was Executive Vice President of Extended-Family, a premium private pay home care and support company. At Extended-Family he raised two rounds of funding, developed marketing and sales strategies, and expanded the business into multiple regions.

"As with Lifeline, I want to work with an organization that is positively impacting people's lives," said Mr. Terry. "As I was researching VGo, I was interested by the applicability of this new technology for improving outcomes and lowering costs for healthcare providers. This technology is remarkably easy to use, saves time and improves clinician-patient communications. In addition, I was impressed by the enthusiasm emanating from their customers. Users all said this simple solution is making a real difference. Medical staff and patients said VGo empowered them do things not previously possible."

Mr. Terry currently serves on the Advisory Council of the Osher Lifelong Learning Institute at the University of Vermont. Bern holds a BA in Economics from Middlebury College.

For more information go to www.vgocom.com

# # #

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VGO 001456

Iowa Boy Attends Class With VGo Robot

February 17, 2012 - Edgewood, Iowa - The latest technology dominates many classrooms in Eastern Iowa. But for one boy in Edgewood, advanced technology in the form of the VGo Robotic Telepresence System, is his only way to be inside a classroom.

Edgewood-Colesburg Elementary school is a typical school building. Inside is a typical classroom full of students embracing the latest technology. But in one second grade classroom, one piece of technology is anything but typical. This technology is a friend - Aidan Bailey.

"Aidan is very immune suppressed. And he is even more so now because he just had this major surgery. His body is weakened by that. " Aidan's grandmother, Lori Gerhart said. Aidan was born with several health problems including a bad set of lungs. He's had two lung transplant surgeries. The most recent was just a few months ago.

Aidan interacts with his teacher and classmates through the VGo from the safety of his home, 15 miles away. That's where he controls the robot's movement using just his laptop. He is able to see and hear his teacher, and interact with his classmates for projects and between lessons, too. Aiden had been using Skype to attend class, but it didn't offer mobility. He has been using his VGo since June 2011, when his community planned a fundraiser to purchase the telepresence robot.

Aidan's Grandmother, Lori Gerhart said, "He is expected to do every single thing as every other kid does in his class."

Aidan's health issues don't stop him from being a kid. He loves pretending to be a police officer. He's also fascinated with vacuum cleaners.

Gerhart said, "I don't imagine Aidan's path is ever going to be an easy path. But school takes the focus off that medical stuff. "

Click here to read more about Aidan Bailey.


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PA Teen Uses VGo to Continue Learning from Home

The Pittsburgh Tribune Review has reported that homebound student Cris Colaluca goes to school using the VGo Robotic Telepresence System. Cris was also featured on both WTAE-TV (Robot Allows 7th-Grader With Spina Bifida To Attend Class From Home) and WQED-TV (Roboclass Reconnecting a Homebound Student).

Cris' teachers at Mohawk Junior High School in Lawrence Country, PA can hear and see Cris clearly through a screen set atop a 4-foot-tall, 20-pound mobile robot called a VGo. As the first student in the state to use the technology, Cris is attending school for the first time in six years.

"I was surprised there was something out there to help me," said Cris, 14, of New Castle, an affable boy with a crop of curly brown hair and a quick smile.

Cris was born with spina bifida but attended school until his first-grade year, when he developed a rare condition that caused his body to seize almost 90 percent of the night.

"His brain was getting no rest," said his mother, Terry Colaluca.

The seizures caused respiratory problems as well as achalasia, a disorder affecting the ability of the esophagus to move food toward the stomach. Cris now takes 21 medications daily, including steroids to control the seizures. He has 16 doctors.

Cris no longer can physically tolerate school. For several years, teachers came to his home. He tried a stationary web cam but missed out on the peer interaction he remembered from earlier years. He needed a difference solution for distance learning.

Last year, Mohawk technology coordinator Theresa McConnell discovered a solution when she saw a news report on the VGo, made by the Boston-based company of the same name. Thoughout the U.S., there are about 20 students using VGo to go to school for various health reasons, including immune deficiencies and severe allergies.

"I knew that was exactly what we needed," she said.

Cris can control the VGo — which has a camera, microphone and video display — anywhere in the school via Wi -Fi coverage. Using a computer mouse to navigate the robot, Cris can look all around and zoom in and out. VGo is battery-powered and can run up to a full day between charges. It's stored at the school and charges on a docking station overnight.

The VGo cost the district $5,995 plus a $1,195 annual service contract. That's money well spent, educators say.

"In the past, we used technology to bring the world to Cris. Now it allows Cris to come to the world," said Kathy Kwolek, superintendent of the Mohawk Area School District.

Lorree Houk, assistant to the superintendent, has worked with Cris for years and was instrumental in obtaining the VGo, which required school board approval. Members were enthusiastic about the purchase, administrators said.

"Every day when I see him go down the hallway, I almost get a tear in my eye," Houk said. "It's a great experience."

At home, Cris' bedroom doubles as a classroom. He has his desk next to a shelf stocked with school supplies. Every morning, Cris sits at his computer, 15 minutes before class begins, alongside Mohawk teacher Josh Long, who works at home with him daily.

Above Cris' desk is a map of the school hand-drawn on green construction paper, though by now, he doesn't seem to need it. Between classes, Cris zips his robot down the school's crowded hallways, pausing occasionally to chat if a friend stops him to say hi. Once he's in class, Cris positions his VGo in a spot near the front, often gliding into a space between two desks next to his classmates.

Fred Gadelmeyer, 18, a Mohawk senior, escorts Cris' VGo after his first class, a journey that requires a ride on the elevator. He said he was initially surprised by the robot's design, but now it simply fits into the scene.

"You don't see anything, but you know there is always someone driving it from home," he said. "It's kind of neat."

Cris is an avid learner, but it's clear math is where he shines brightest. On a recent day, Cris lit up as teacher Ben Edwards greeted him before class, joking with him and commenting on the Troy Polamalu jersey he was wearing.

Edwards was Cris' home teacher last year. The goal is to have Cris learning independently by his junior year in high school, but for now, the extra attention helps him stay on task and troubleshoot any issues he might have with the VGo.

"I like to see him grow," Edwards said. "He comes in and jokes with the other kids. He's so willing to learn. He always wants to get started. That shows a lot about him."

Being back in school has changed Cris in ways his mother struggles to explain.

"There was an old Cris, the boy that existed before the seizures hit. The seizures changed his health and his personality," she said. "He's still a happy-go-lucky kid, but because he had no peer interaction, he became subdued. "When VGo came into his life, some of that spark came back. Some of his personality is back. It's an enthusiasm I haven't seen in a long time."

After school, Cris loves working on his masterpiece — a city built of Legos that dominates an entire table in his playroom. Here, in what Cris calls Pittsburgh City, is everything modern society needs: a hotel, a pet shop, office buildings. In typical Pittsburgh fashion, it even has a construction zone. On a shelf above the city sit Lego versions of landmarks both local and national: Fallingwater, the White House, the Seattle Space Needle.

Though Cris has created a world all his own, he's much more interested in the world he can now explore every day at school.

"I missed school," he said. "I missed all my friends."

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Utah Teens Raise Funds to Provide Children's Medical Center With VGo Robot

Kearns High School students, from left: Thao Nguyen, Zach Lester and Eric Mijanos, talk about the VGo robot they raised fund for. (Photo credit: Rick Egan, The Salt Lake Tribune)

On Thursday, The Salt Lake City Tribune reported that the iCougars at Kearns High School and Salt Lake City-based nonprofit Operation Kids have donated a VGo Robotic Telepresence System to the Primary Children's Medical Center. The iCougars are a cyber group that have helped the school better use technology since a federal grant placed an iPod Touch in the hands of every student.

The tech-savvy teens at Kearns High students raised $3,500 — half of the VGo's price tag — through selling iCougar and "love bytes" T-shirts and wristbands, along with securing a matching donation from a private foundation. Operation Kids pitched in the other $3,500.

The robot relays real-time video of class to the child's laptop, allowing the student to ask questions and make comments during class. "We found a technology-based service project. It's awesome," said 17-year-old Eric Mijangos, an iCougar. "It was so much fun to play around with. I could see how it would be a real benefit for someone who is bed-bound."

The project is the first of a new Operation Kids program called Club OK. Operation Kids president Stephen Wunderli hopes to see branches of Club OK at high schools throughout Utah and the nation. There are 20 to 30 more schools planning to join Club OK in the next few months, he said. "We believe that kids, in many ways, are self-educating. If we provide challenges and resources, they will find a way to help their community," Wunderli said. "That's where they learn leadership. That's where they learn how to get along. And it's where they learn confidence."

Wunderli expects more VGo robots to be donated to children's hospitals through Club OK. At Primary Children's, he said, there may be 20 or 30 kids at any time who would like to go to school remotely. The engagement in school, he noted, can help in their well-being and recovery.

Ashley Gutierrez, student body president of Kearns High, said she was impressed by a demonstration of VGo she saw Thursday morning. "It kind of blew me away because I didn't think this was possible," she said. "This is going to make a big difference if more high schools get involved."

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People Attend CES Without Being There Via VGo and Other Media Insights

January 22, 2012

The Consumer Electronics Show drew over 150,000 people to the Las Vegas Convention Center, many of whom were excited to learn more about the VGo Robotic Telepresence System. With all the media coverage and blogposts, here are a few highlights and favorites.

- In partnership with Verizon Wireless, VGo announced that the Robotic Telepresence System is now available with an embedded 4G/LTE modem. These 4G/LTE enabled VGo units, with a cost of $6,895, will be available for shipment in February. The systems feature both Wi-Fi and the new 4G/LTE connectivity.
- Mobile Magazine featured a video of the 4G/LTE enabled VGo at CES. In the post, Mobile Magazine highlighted just one of the many uses for this state-of-the-art robotic telepresence device.
- Gigacom's witty headline "4G with Your Coffee? Verizon Sticks LTE in Just About Everything" features VGo and makes the point that remote users want and need a broader range of coverage than Wi-Fi can sometimes offer. VGo is the only telepresence device on the market available with 4G/LTE connectivity.
- Tech savvy site Engadget posted a video of the VGo Robotic Telepresence System at the Verizon Wireless booth being controlled by co-founder and inventor Tim Root.
- CES 2012 uploaded a video from the MEMS TechZone booth. VGo co-founder Tom Ryden and VGo partner Freescale Semiconductor provided an interview with the help of Alex Dopplinger, a Freescale marketing manager, from her home office in Ottawa, Canada.
- The Street, a leading digital financial media company, named VGo one of the 5 Hot Products of CES 2012.
- Last but not least, Telepresence Options posted an article, "How to Crash CES with a VGo Telepresence Robot" with a video clip of the author taking VGo for a spin. His advice for future VGo users: "Relax and have fun and you will be comfortably driving around in minutes."

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VGo is Reconnecting Homebound Student With Classmates

14-year-old Cris Colaluca attends school in Bessemer, Lawrence County, PA using a VGo telepresence robot that lets him talk with classmates and teachers and participate in class exercises as if he was right there in school. (From WQED -TV, Pittsburgh 360)

Pittsburgh, PA | January 12, 2012 (WQED-TV) - 14-year old Cris Colaluca, born with spina bifida and stricken with a rare seizure disorder and other health conditions, hasn't been able to attend school since second grade. "The school experience before the robot was not a very good one," says Cris' mother Terry. But now, with the help of the VGo Robotic Telepresence System, Cris is not only attending class at Mohawk Junior/Senior High School, but is able to join assemblies, go to club meetings, and is even part of the student council.

Technology Coordinator Theresa McConnell heard about VGo on the news and immediately knew it was the solution the school district had been looking for to help Cris. From his room at home, Cris uses his laptop to remotely control the robot to allows him to attend class as if he was physically there. The VGo gives Cris the opportunity to do something he's been missing all these years. "I can interact with the kids and have fun," says Cris. He can not only see and hear his classmates and teacher, he can talk to them as well. Cris' instructor Joshua Long says that he now has more confidence when interacting with his peers and teachers. Terry Colaluca, Cris' mother, says she can't begin to explain the difference in her son now that he has the VGo to attend school, "The change in Cris is almost miraculous."

Cris' teachers say that having Cris on the VGo Robot in the classroom as a remote student is just like having any other student. Teacher Michele Peterson says, "He's able to be right at the group with the other kids... It's just been very normal." "I really like that Cris is able to do things other than just school. He's able to go to the activity fair... he's able to go to a club meeting, he can go to an assembly and those are things Cris hasn't been able to do for a long, long time," says teacher Ben Edward. And Jessalyn Smith, Cris' sister, says she is "so happy that he gets the chance to experience what I experienced when I was in school.

Superintendent of Mohawk Area Schools Kathy Kwolek says that having Cris attend school with the VGo is teaching all the students an important lesson. "Compassion for others, and for teenagers, that is very difficult for them to learn unless you have an experience like this, and think that is opening this up to our kids."

Watch the full story on Pittsburgh 360 with Tonia Caruso

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Verizon Staffs Its CES Booth with People Who Aren't There Via VGo

VGo employee Angela Paris speaks with attendees at CES 2012, demonstrating VGo's Verizon 4G LTE connectivity. Though she wasn't able to attend the Las Vegas conference in person, she worked in the Verizon 4G LTE booth by controlling this VGO from her laptop in Boston.

From the Other Side of the Country, Staff Use a VGo with Embedded 4G LTE to Showcase the Latest Network Enabled Applications

LAS VEGAS, NV, BASKING RIDGE, NJ, and NASHUA, NH – From the 2012 International Consumer Electronics Show (CES), Verizon Wireless and VGo announced the demonstration of a state-of- the-art robotic telepresence with embedded 4G LTE connectivity in the Verizon booth (Las Vegas Convention Center, South Hall, Booth #30259). Direct from Verizon's LTE Innovation Center, a remote person's presence is replicated by a VGo in the booth, enabling complete freedom of movement and interactive conversations with attendees.

VGo is a productivity improvement solution that enables a person to replicate himself in a distant location and have the freedom to move around as if the person was physically there. VGo's are being used today in enterprises where a person needs to manage remotely or participate in a project team. Healthcare organizations are using VGo to monitor patients, leading to higher levels of care at lower costs. Schools are saving money by enabling home/hospital bound and special needs students to attend class with all their friends without the additional costs of tutors. With embedded Verizon 4G LTE connectivity, VGo's graceful form factor is preserved, while expanding the range of mobility by not requiring VGo to be close to Wi-Fi access points. In addition, congestion issues are managed and setup is extremely fast and easy.

Peter N. Vicars, president and chief executive officer for VGo Communications said, "When you have a solution that is guided remotely, the wireless connectivity is unbelievably important – we don't work without it. Using a wide area, high-speed wireless network greatly expands the applications for VGo, and Verizon 4G LTE is the first service that meets the unique requirements of our real-time solution."

Verizon Wireless leads the way in 4G with the largest 4G LTE network and most reliable 4G network in the United States, which now covers more than 200 million people in 190 markets. Verizon established its Innovation Program to encourage collaboration and help advance the 4G LTE ecosystem. The company's LTE Innovation Center in Waltham, Mass., and its Application Innovation Center in San Francisco were created to inspire, enable and develop non-traditional devices, services and applications that take advantage of Verizon Wireless' industry-leading wireless networks.

Through the Innovation Program, Verizon seeks to expand the possibilities of 4G LTE by working with diverse companies, from start-ups to established players, in industries representing a broad range of verticals. VGo has been a featured participant in the Verizon's Innovation Program since the spring of 2011. Development assistance was provided for the embedding of 4G LTE capabilities into the VGo, and introductions were provided to technology partners resulting in commercial relationships between VGo and Novatel for the supply of their E362 4G LTE modem and with Taoglas for their PA.700.A antenna. For more information about Verizon at CES, visit www verizonwireless.com/ces or follow Verizon Wireless news on Twitter at @VZWnews.

(EDITOR'S NOTE: Media attending CES 2012 in Las Vegas can visit Verizon Wireless and VGo at LVCC, South Hall, Booth #30259.)

About Verizon Wireless

Verizon Wireless operates the nation's largest 4G LTE network and largest, most reliable 3G network. The company serves 107.7 million total wireless connections, including 90.7 million retail customers. Headquartered in Basking Ridge, N.J., with nearly 83,000 employees nationwide, Verizon Wireless is a joint venture of Verizon Communications (NYSE, NASDAQ: VZ) and Vodafone (LSE, NASDAQ: VOD). For more information, visit www verizonwireless.com. To preview and request broadcast-quality video footage and high-resolution stills of Verizon Wireless operations, log on to the Verizon Wireless Multimedia Library at www.verizonwireless.com/multimedia.

About VGo

VGo Communications, Inc. develops and markets visual communications solutions for the workplace. By leveraging the recent trends of widespread wireless high speed networks, lower specialized component costs and the universal acceptance of video as a communications medium VGo is creating a new market category called "Robotic Telepresence." With VGo, an individual's presence is established in a distant location such that they can interact and perform their job in ways not previously possible. Now you can see, hear, be seen, be heard and move around in any remote site – just as if you were there. Primary applications include healthcare, monitoring and remote management. VGo's channel partners will enable businesses to increase productivity of remote and travelling employees, healthcare providers to deliver lower cost services and improved quality of care, and small companies to check on their operations - all with a great user experience and at an affordable price. For more information visit www.vgocom.com

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After Surgery, a Robot May Be At Your Side

In quest for efficiency, savings, hospital is testing at-home mechanical monitors

By Jay Fitzgerald
Globe Correspondent

When Erin Tally took Aidan, her 2-year-old son, home from Children's Hospital Boston on the day after his urinary surgery, she brought along a new friend: a 4-foot-6, 17-pound, two-wheeled robot that would help deliver care to her recovering child.

Over about two weeks that included five video consultations, the robot, made by VGo Communications Inc., of Nashua, eliminated the need for Tally to drive Aidan into Boston every three days for post-surgical checkups.

With cameras, advanced audio gear, and a video screen on its "face," the robot allowed Aidan and his parents to talk with nurses and doctors in Boston. They could see and communicate with Aidan and his parents, take close-up photos of his surgical scars for doctors to review, and help determine what type of medications he needed.

"It was kind of comforting to know it was there," said Tally, adding that Aidan was groggy after the surgery and needed the extra care. "He was tired and couldn't run around like he usually does."

The VGo device, priced at about $6,000, is part of a five-robot pilot program at Children's Hospital, testing whether the devices can help monitor patients after they leave the hospital. Such teleconference devices are increasingly being used in limited ways across the nation, but the Children's program is being conducted on a larger scale and is considered a first in health care.

"Eventually, I see a whole fleet of these robots being sent home with patients," said Dr Hiep T Nguyen, an associate professor at Harvard Medical School and director of Children's Hospital's Robotic Surgery Research and Training Center. "With this technology, we're going to be able to replace hospital monitoring with home-based monitoring."

Including Aidan Tally, eight Children's patients have been sent home with Vgo robots over the past few months. Children's hopes to test the robots on about 40 at-home patients before taking the pilot program to the next level: sending patients home early, along with a robotic companion.

Nguyen said he could "only loosely define VGo as a true robot," because its functions are limited. Communicating over Verizon Wireless's high-speed 4G LTE network, VGo robots conduct two-way video and audio consultations. A 5-inch screen, with a camera and microphone attached, serves as the "head" of VGo.

The robot's movements and functions are controlled by computer by hospital staffers. They can remotely drive the robot around a house, with the VGo's camera looking up and down to avoid running into walls, people, or household items.

Nguyen envisions robots that will be able to measure blood pressure, take a pulse, and conduct blood and urine tests, sending the information to hospital personnel for review. Robots could also be used to monitor home-bound elderly patients who can't make it to hospitals for checkups.

"We're at a kind of tipping point in health care," said Jorge Sanchez de Lozada, assistant director of information technology at Massachusetts General Hospital's Institute of Health Professionals, who added that the hospital is considering doing its own tests of home-use robots. "This technology is definitely where health care is going."

Nguyen added that hospitals are under pressure to reduce health care costs, and robots could be used to cut expensive hospital stays.

"Physicians like me are constantly being asked to be more efficient with our time and money," Nguyen said. "This is a technology that allows us to be very cautious, efficient, and innovative at the same time."

After developing and testing prototypes of its robots, five-year-old VGo Communications worked with Verizon Wireless's Innovation Program center in Waltham, where the telecom company helps incubate new technologies, to embed Verizon's cellular communications technology into the robots. Through its connection to the cellular network, a VGo does not need to rely on Internet broadband connections.

VGo Communications has raised more than $12 million in venture capital since its founding and has 16 employees. It has sold about 200 of the robots, manufactured for it by a company in Spokane, Wash., since January.

"We think we have a lot of good traction in this niche," said Peter Vicars, the company's chief executive.

Another potential use for the robots is as avatars for children too sick to attend school. The devices could go into classes, allowing a student to "attend" from home. At this time, about 20 students across the nation use VGo to attend school because of various health concerns, including spina bifida, immune deficiancies and severe allergies.

The robots could also be sold for security monitoring tasks. But health care is the most intriguing field, industry officials say.

Read the complete Boston Globe coverage on VGo's remote healthcare solution

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VGo Enables Fort Collins Ninth-Grader Attend School Despite Dangerous Allergies

FORT COLLINS, Colo. (CBS4) – A Fort Collins ninth-grader has allergies so dangerous she can't even risk being inside her high school. But she's still going to school and sees her friends because she has a robot that goes to class for her.

"I have a severe dairy allergy," 14-year-old Lauren Robinson said.

It's an allergy that has left Robinson homebound for her freshman year at Fossil Ridge High School because being in school could kill her.

With a Wi-Fi robot called a VGo, Robinson's teachers and friends can see and talk with her while she's safe at home controlling the robot from her keyboard.

When CBS4's Mike Hooker paid Robinson a visit, she and a partner worked on a project in speech class.

"It feels like we're just talking," she said.

Click here, to see a video of Lauren using her VGo.

CBS4 News Coverage

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VGo and Novatel show off 4G LTE Connectivity

SAN DIEGO, California – October 7, 2011: VGo Communications, the leader in robotic telepresence, announced the demonstration of a prototype VGo with the integrated capability to connect directly to the Verizon 4G LTE network. The unique connectivity is result of a joint development effort between VGo Communications, Novatel Wireless and the Verizon Wireless Innovation Center. The operational VGo can be seen and driven in the Novatel Wireless booth (#301) at the CTIA Enterprise and Applications Conference in San Diego from October 11 through October 13.

"We've maintained our sleek, cool design by invisibly integrating a Novatel Wireless Expedite® E362 module inside the VGo," said Tim Root, VGo's Co-Founder and VP of Development. "VGo's mobility and services expands infinitely by 4G LTE connectivity. Many organizations will also find deployment greatly simplified with 4G coverage embedded inside."

"When we developed our line of embedded 4GExpedite modules, we knew 4G would allow for a whole new set of innovative applications," said Rob Hadley, CMO of Novatel Wireless, "The VGo innovation is truly demonstrating the power of 4G and the potential for enabling very unique capabilities that can change and enhance people's lives."

With the VGo solution, an individual's presence is replicated in a distant location such that they can interact and perform the task at hand in ways not previously possible. Now they can see, be seen, hear, be heard and move around in any remote facility –just as if they were there. VGo will enable: businesses to increase productivity of remote and travelling employees, healthcare providers to deliver lower cost services and improved quality of care, and homebound students to attend school – all with a great user experience and at an affordable price.

For more information go to www.vgocom.com

# # #

About VGo

VGo Communications, Inc. develops and markets visual communications solutions for the workplace. The company was founded in 2007 by experienced successful veterans of the visual communications and robotics industries. VGo is VC backed and is based in Nashua, NH. The company is leveraging the recent trends of widespread wireless high speed networks, lower specialized component costs and the universal acceptance of video as a communications medium to create a new market category called "Robotic Telepresence."

Read the Novatel press release.

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Supreme Court Justice Launches Civics Contest - VGo is the Prize

PHILADELPHIA, Sept. 16, 2011 /PRNewswire/ -- Retired U.S. Supreme Court Justice Sandra Day O'Connor and the Verizon Foundation are celebrating Constitution Day (www.constitutionday.com) by launching a national contest for middle schools to renew the teaching of civic engagement.

The contest, Civic Impact Challenge, involves using iCivics, an online education project that O'Connor spearheaded, to teach students civics and encourage them to learn about their rights and responsibilities as citizens and to understand the workings of the U.S. government.

"Students need education and inspiration to understand how they fit into today's democratic process," said O'Connor. "The Civic Impact Challenge and iCivics are much more than classroom lessons – they prepare students to become responsible citizens of a democracy and engaged participants in civil society. We want students to see that they can start getting involved today, whether through student government, volunteerism or other activity."

The Civic Impact Challenge contest is open to fifth-grade to 12th-grade classrooms across the country and ends Nov. 30, 2011. Starting immediately, teachers can enroll their class by visiting www.iCivics.org/Impact-Challenge-2011. The official rules can be found at: http://www.icivics.org/impact-challenge-2011-official-rules.

Classes participating in the contest will earn "impact points" by playing any of 14 civics games that are part of the iCivics curriculum, all accessible from school or at home at www.icivics.org/games. These games cover such topics as civil rights, how a bill becomes a law, and the role of local government. The class that earns the most impact points between Oct. 3 and Nov. 30 will win a VGo telepresence robot. The VGo robot enables students to take virtual field trips to museums and educational institutions and host multicultural learning experiences with classrooms abroad. It also gives home-bound students an opportunity to participate in classroom activities. The winning class will also receive a virtual visit from O'Connor and have the chance to talk with the first woman to serve on the U.S. Supreme Court.

After the contest, students can donate their earned impact points to benefit a variety of community projects run by other youth, connecting their classroom civic education to real-world civic participation.

The Civic Impact Challenge is funded through a $20,000 grant from the Verizon Foundation, which uses its technology, financial resources and partnerships to address critical social issues. The grant also facilitates the availability of iCivics resources on Verizon Thinkfinity, the interactive educational platform that provides tens of thousands of free resources for use in and out of the classroom. The Verizon Foundation has invested more than $33 million in education initiatives.

"Sandra Day O'Connor is a passionate voice for civics education and an inspiration to teachers and students," said Rose Kirk, president of the Verizon Foundation. "The foundation is eager to use Verizon's Thinkfinity.org to bring her vision and exceptional resources to our educators and parents."

Gene Koo, executive director of iCivics, said: "On Constitution Day, every school is required to teach about the Constitution, but in reality schools are preparing young people to become good citizens every single day. I'm excited that we will be able to offer our high-quality games, activities and lesson plans through Thinkfinity.org, reflecting Verizon's commitment to supporting the civic mission of schools."

Content for Verizon Thinkfinity is provided through a partnership between the Verizon Foundation and 10 of the nation's leading organizations in the fields of education and literacy.

O'Connor to Kick Off Thinkfinity Education Speaker Series

To bring even more resources to educators, the Verizon Foundation has launched the Thinkfinity Education Speaker Series (www.thinkfinity.org/speakerseries), an online program that will bring some of the most inspiring voices in education to educators and parents. O'Connor will be the first speaker in the series, which launches on Sept. 27.

The series is available exclusively to members of the Thinkfinity Community, a virtual home to engaging, thoughtful dialogue on some of today's toughest classroom issues. Join the Thinkfinity Community for free at www.thinkfinity.org/community

About iCivics

Founded by Justice Sandra Day O'Connor to revitalize American civic education, iCivics provides free, high-quality learning materials to teachers and students. iCivics has pioneered the use of educational video games and other interactive media to energize learning about government and civil society. iCivics resources have been used by over two million young people in all 50 states. Visit www.iCivics.org to find civic education resources and to learn more.

About the Verizon Foundation

The Verizon Foundation, the philanthropic arm of Verizon, uses its technology, financial resources and partnerships to address critical social issues, with a focus on education and domestic violence prevention. In 2010, the foundation awarded nearly $67 million to nonprofit agencies in the U.S. and abroad. Through Verizon Volunteers, one of the nation's largest employee volunteer programs, Verizon employees and retirees have volunteered nearly 6 million hours of community service since 2000. For more information on the foundation, visit www.verizonfoundation.org.

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Someday, Cris Colaluca wants to drive a train.

Cyberstudent by Dan Irwin, New Castle News

Someday, Cris Colaluca wants to drive a train. For now, the Mohawk seventh-grader is making do with a robot.

Cris, who has a rare seizure disorder that prevents him from attending school, is believed to be just the second homebound student in the nation to report for classes through an avatar called VGo. The 13 year old maneuvers his cybernetic doppelganger through the halls of the district's junior high school via a laptop computer that is set up in his room at home. Once in the classroom, Cris can see and be seen by his teacher and fellow students through a monitor, microphone, sound system and camera on the robot. He is able to ask and answer questions and participate in discussions

"It's a nice robot," Cris said. "It has a Dolby sound system, it has a camera – just like Skype – and I can interact with other kids, go to assemblies. It's much better than a web cam. I can move it around on wheels". So thrilled is Cris with the robot that he had his picture taken with it during summer practice sessions at the school, and he made copies for the doctors – one local pediatrician and 15 Pittsburgh specialists – who attend to him.

"He was just so excited," said his mother, Terry Colaluca. "He gave one to Dr. (Andrew) Urbach at Children's (Hospital), who's been treating his seizures from the start (at age six). Dr. Urbach looked at me and said, "This is amazing. I've never seen him like this."

"Sometimes, when you have a sick child, just that little bit of hope helps with the medical situation, too, because they say that your attitude has a lot to do with your healing." Despite being born with several challenging health conditions, Cris started first grade on time at Mohawk. But in February of that year, he was diagnosed with a condition that causes his body to seize through the night as he sleeps. That led to a related condition, atypical absence seizures, manifested during the day. Cris missed the end of the first grade year, and although he attempted to return in the fall as a second grader, "it was just too much for his body to take," Terry said. Initially, the school district provided a teacher for in-home instruction, a situation Terry describes as difficult. "In fact", she said, "up until last year, it was very adversarial."

In 2010, Lorree Houk, assistant to the district's superintendent and Theresa McConnell, technology coordinate, set up a web cam for Cris. It was a giant step forward, but it still had its limitations. The focus was fixed, restricting his ability to interact with the teacher and students in the classroom. Additionally, McConnell noted, "He wasn't able to go to the auditorium for assemblies or to a basketball game, like he can with this unit" (the VGo).

Last spring, though, McConnell saw a TV news report on a Texas youth who was the first in the country to use VGo technology to attend school remotely. With district approval, she investigated and the unit was in place by summer.

But was Mohawk Junior High ready for the robot that enabled him to do so?
After the briefest of acclimation periods, the answer appears to be yes.

Cris, homebound because of a rare seizure disorder, is back in a classroom setting for the first time since second grade, thanks to a robot known as VGo. The 13-year-old operates the avatar — officially, a mobile videoconferencing system — from a laptop in his home, maneuvering it from one seventh-grade class to another and interacting with students and teachers once he arrives.

Even with two summer practice sessions under his belt, it's still a bit of a work in progress."
"The first week was hard," Cris said. "I ran into a couple of people the first day. I ran into a kid today. (The first week), there were lots of kids looking into the screen."

It wasn't long, though, before students and teachers alike got past the novelty and settled down to business as usual.

"Adults, when we think of a robot, we think of 'Lost in Space,' " said Michele Peterson, Cris' language arts teacher. "But kids in general are so used to technology that to them, this is just another thing, like a cell phone or Skyping.

"When he first rolled into class, we were staring at it, but I explained to the kids what this is and what we are doing and because you can see his face (on a small monitor), I think that's what makes it work. Now, he's just another kid in the hall."

In addition, Principal Ray Omer met with each grade during the first week of classes to talk about the new cyberkid in school.

David Bredl, Cris' science teacher, said it was awkward at first to incorporate the robot into the classroom setting, but that he and his students have adjusted.
"The kids (around the school) are pretty amazed by it," he said. "Some of the older kids especially, they've got no idea what's going on, so they'll be looking at it as it goes down the hall.

"But not these kids," he said, referring to his second-period class. "It's second nature to them. It became second nature to them two or three days into the school year." Peterson agreed. "It's fascinating, but it's nothing out of the ordinary," she said. "It's just like having another student in the classroom. We do group work, and he's right in with the group, and the kids are interacting with him."

Peterson, Bredl and Cris' other teachers must have tests and other papers ready each day to send to Cris' home with instructor Joshua Long, who stays with his student throughout the day. Long supervises the paperwork and is certified to teach Cris in all his subjects should there be an extended service outage.

With the in-school challenges attended to, the district now turns its attention outward, said Lorree Houk, assistant to the superintendent.

"We want to get the word out to other school districts," Houk noted, "that if they have students who can't come to school for physical reasons, this is a great option."

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VGo announces new President and CEO, Peter N. Vicars

NASHUA, New Hampshire - September 8, 2011: VGo Communications, the leader in robotic telepresence, announced the appointment of Peter N. Vicars as President and CEO, effective immediately.

Mr. Vicars will lead the company in its next phase of revenue growth, expansion into new markets and new capital financing. Over the past year, the cross functional senior management team has managed the successful introduction of VGo's first solution into the business market for robotic telepresence.

A seasoned executive, Mr. Vicars has served as CEO for seven companies, both public and private, including Chantry Networks, Cayman Systems, and Tekelec. As CEO, he has raised over $90 million in venture capital financing and substantially increased shareholder value.

"We are delighted to have attracted a leader of Peter's caliber and track record to capitalize on the company's strong position," said Nina Saberi, general partner at Castile Ventures and chairman of VGo. "Peter brings an ideal skill set and experience base to lead VGo as it builds on its early market prominence and scales towards broad market adoption."

With a deep passion for break-through technology, Mr. Vicars has run established businesses, as well as early stage companies. Most recently, Mr. Vicars led Heavy Lift Systems, an innovative clean-tech business for which he successfully secured DOE grant funding. He has also served as an independent director for a number of early -stage businesses.

"I am very excited by the opportunity with VGo," said Mr. Vicars. "It's rare to find a technology that will not only change people's lives but also is such a delight for its users. With a great first solution and the lead in this new product category, VGo is well positioned to dominate the market. I look forward to leading this talented team as we grow the market, the company, and our profits."

With the VGo solution, an individual's presence is replicated in a distant location such that they can interact and perform their job in ways not previously possible. Now they can see, be seen, hear, be heard and move around in any remote facility –just as if they were there. VGo will enable: businesses to increase productivity of remote and travelling employees, healthcare providers to deliver lower cost services and improved quality of care, and homebound students to attend school – all with a great user experience and at an affordable price.

VGo new CEO Press Release

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VGo User Lyndon Baty Featured in Sports Illustrated and on the Today Show

Highschooler Lyndon Baty, of Knox City, Texas was featured recently in Sports Illustrated and on the Today Show. Read the Sports Illustrated article and click below for the Today Show video.

Click here to watch Lyndon on the Today Show

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Sports Illustrated - A Boy and His Bot

Highschooler Lyndon Baty, of Knox City, Texas is a budding sportscaster. Do you think a compromised immune system is going to stop him? Don't count on it.

The August 2012 issue of Sports Illustrated explains how VGo has enabled Lyndon to go to school alongside his classmates and church with his family on Sundays.

Read the Sports Illustrated article about Lyndon and his "Baty Bot"

Lyndon has also been featured nationally in print, online, and on tv:

- Watch Lyndon on the Today Show
- Read the Huffington Post article about Lyndon
- Watch Lyndon's story as told by ABC News

http://www.huffingtonpost.com/2011/02/06/texas-student-lyndon-baty-vgo-r..

Read the Sports Illustrated article about Lyndon and his "Baty Bot"

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VGo User on CNBC

VGo customer BuildingLink.com was featured recently on CNBC's "The New Industrial Revolution" (brief commercial precedes the story).

Watch the video

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BusinessWeek: Ten Technologies to Assist Workers

VGo was featured in BusinessWeek on July 24, 2011 as one of Ten Technologies to Assist Workers. The article highlights VGo's ability to be powered remotely by a user at home to communicate more effectively with colleagues who are in the office.

Read the article

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Dermatologist Uses VGo for Dermatologic Emergencies

PRESS RELEASE

DERMATOLOGIST USING ROBOT FOR DERMATOLOGIC EMERGENCIES

Technology enables dermatologists to treat emergencies when remote from office

DELRAY BEACH, Florida (May 28, 2011) – Dermatology patients in Palm Beach County now have the comfort of knowing their doctor is available to see them for emergencies even when he is on vacation. Dr. Steven Hacker, a top selling author for physicians, and recognized by his peers as one of the top dermatologists in Florida, is the first dermatologist in the country to introduce the brand new robotic telemedicine technology as a service to his patients.

"The robot is relatively new in healthcare. It is 100% remote controlled and is called VGO. It works well for my patients that are in need of emergency attention for such conditions as Shingles, acute infections and post-operative issues," said Dr. Hacker. He has been using the device in his practice for the last six months.

Telemedicine and Teledermatology, specifically, are currently not reimbursed by Medicare. Dr. Hacker cautions, "This is not a money making device. It is simply a service that I can provide to my patients to insure they always have physician coverage. If my patient develops Shingles or an acute bacterial infection and I am out of town, I still need to examine them to get them started on medicine immediately. Medicaredoes not reimburse for this so many doctors will not want to purchase the robotic device. Regardless, it remains good medicine," says Dr. Hacker.

Dr. Hacker points out limitations to the robot. He does not use it to evaluate moles, pigmented lesions, or possible skin cancer because resolution and zoom functionality are not at a level adequate for this type of evaluation. "However, for pattern recognition, acute rashes such as Shingles or Poison Ivy and postoperative complications, for example, it is more than adequate," says Dr. Hacker.

To learn about Dr. Steven Hacker and his new VGo robot, visit www.PalmBeachDermasurgery.com or call 561.276.3111.

Article about VGo in July/August 2011 MedEsthetics Magazine

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Verizon Selects VGo as a 4G LTE Network Collaborator

VGo has been working with the Verizon Innovation Center to provide the convenience of 4G LTE to its robotic telepresence product line. At the Center's launch event on July 12, 2011, Tim Root, VGo chief technology officer and founder, spoke about how people can establish their presence in a distant location such that they can interact and perform their job in ways not previously possible.

VGo allows an individual to see, hear, interact and independently move around in any remote site-enabling anyone to be anywhere. VGo's industry-leading solution reduces costs while improving productivity for remote workers, health care providers and homebound students.

With 4G LTE technology, VGo's telepresence robots will benefit from a wider operational range, no longer relying on established Wi-Fi networks, thus enabling deployment to a greater variety of businesses and locations while simplifying connectivity and setup considerations.

Read the Verizon Innovation Center press release
Innovation Center Launch Event Video (VGo featured at 2:03)

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VGo Highlighted in EE Times' Robotics Feature Story

The latest issue of EE Times explores the robotics industry, featuring VGo's telepresence solution.

Read the EE Times article

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VGo Enables Iowa Boy to Join His Classmates in School

KWWL Coverage

Colesburg, Iowa (KWWL) - In February we introduced you to Aidan Bailey. He's had a double lung transplant, not letting him join the other students at school. He has been skyping to his first grade classroom and now that's changing.

The Edgewood-Colesburg school district raised enough money to fund a robot.

Skype has helped Aidan, but this robot is even better.

"This way he can look down at what they are doing and not run into everything," said Edgewood-Colesburg teacher, Linda Tegeler.

This is Aidan Bailey's eyes, ears and now even feet.

In Aidan's home he can control the robot with his computer.

In the classroom, this four-foot robot joins the students in his place.

"One of the biggest advantages to the VGO Robot is instead of being stationary on a computer Aidan gets to move around wherever he wants. Are you coming?," said KWWL-TV reporter Nikki Newbrough.

"This way it gives him the option of moving around if he has a questions he just moves around the room until he finds me," added Tegeler.

And finding Mrs. Tegeler has been a little tough at times because Aidan has only been in school a couple of times because of his low immune system.

"I think its like really cool because like there are two remotes," said classmate Mariah Cherne. "One where Mrs. Tegeler can drive when Aidan doesn't know where to go and then Aidan can drive when he knows where he needs to go."

Technology at its best helping a little boy have as normal of an education as possible.

"We are so fortunate there are so many people that believe every child should have a good education no matter what their situation is," said Aidan's grandmother Lori Gearhart.

Watch the video to see Aidan in his classroom thanks to VGo

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PositiveID Corporation and VGo Communications Host Joint Demonstration of Wireless Health Solutions at ATA

TAMPA, FL – May 2, 2011 – PositiveID Corporation ("PositiveID") (NASDAQ: PSID), a leader in next-generation patient monitoring and diagnostics, and VGo Communications, Inc. ("VGo"), the leading provider of robotic telepresence solutions, announced today that the companies will host a joint demonstration of their innovative wireless health solutions working together at the American Telemedicine Association Annual International Meeting and Exhibition 2011 in Tampa, Florida. The companies will demonstrate PositiveID's iglucose™ wireless communication device for diabetes management operating in conjunction with VGo's robotic telepresence to show the ability of wireless technology to transform healthcare through mobile interaction between patients and healthcare providers.

Demonstration Details

Demos will take place twice daily on May 2 and 3 at 12:30 pm ET and 2:30 pm ET in PositiveID's booth (#1340). The live demonstration will show a student using iglucose in a hypothetical classroom environment. Once the student checks her blood glucose readings, a text message will be sent via iglucose to the "remote school nurse" (in Boston). The student's low blood sugar reading will prompt the nurse, using a VGo, to check on the student in Tampa. The VGo will travel from its booth (#1040) to booth #1340, all under the control of the nurse in Boston. The nurse will then
have a short face-to-face conversation with the student and advise the student of actions to take to stabilize her blood sugar.

About iglucose

iglucose uses the power of mobile technology to revolutionize the way individuals with diabetes manage their condition. iglucose wirelessly communicates blood glucose readings from data-capable glucometers to the iglucose database, where they can be shared with family members and health care professionals via email, text message or the database itself. For the 25.8 million Americans with diabetes, iglucose can help revolutionize the way they manage their disease, while reducing costs and providing greater convenience and freedom.

About VGo

Through VGo's robotic telepresence, anindividual's presence is established in a distant location such that they can interact and perform their job in ways not previously possible. VGo allows an individual to see, hear, interact and move around in any remote site, just as if that person were there. VGo is not a videoconferencing/telepresence solution. With a videoconference, two or more people meet through TV monitors or PCs where people on both sides of the call must be sitting there in front the camera. With VGo, a person is completely independent of the people in the remote location. VGo's remote controlled mobility and physical presence makes it something totally new.

About VGo Communications, Inc.

VGo Communications, Inc. develops and markets visual communications solutions for the workplace. VGo's experienced successful veterans of visual communications and robotics industries are leveraging the recent trends of widespread wireless high speed networks, lower specialized component costs and the universal acceptance of video as a communications medium to create a new market category called "Robotic Telepresence."

About PositiveID Corporation

PositiveID Corporation develops and markets healthcare and information management products through its diagnostic devices and identification technologies, and its proprietary disease management tools. PositiveID's implantable healthcare devices and external hardware and software products are designed to communicate wirelessly to improve healthcare and the patient's quality of life. For more information on PositiveID, please visit www.PositiveIDCorp.com.

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USA Today reports: Dominican Republic-controlled robot works in Virginia

CLEAR BROOK, Va. (AP) — In a house in the Dominican Republic, Erwin Deininger moves a computer mouse.

Thousands of miles away in Frederick County, a 4-foot-tall state-of-the-art robot comes to life in a small factory, out of place among the old wood paneling and mechanical pencil sharpeners that adorn the walls and the steel machines that grind and crank on the factory floor.

Located on Martinsburg Pike in Clear Brook, the factory is Reimers Electra Steam Inc. — a manufacturer of electric boilers and steam generators since 1908. It has been at its present location since 1947.

Deininger, 51, an electrical engineer, lives in the Caribbean but works remotely for the company through a $5,000 video conferencing VGo robot — the 88th one ever made.

"The company is old, but we're on the cutting edge," said Anne Burkhart, who works in accounting. "It's the security of knowing that when we need (Deininger's) expertise, he's closer than a computer and phone call away."

Company President Roger Burkhart bought the VGo to keep the 13-year veteran — one of only three engineers — on staff after his wife's work took him away from the area.

"Erwin is invaluable," he said. "He's an excellent engineer, excellent employee and excellent friend. Having someone with his skill and attitude is important."

Deininger moved to the Dominican Republic in August after his wife, who is an attorney with the United States Agency for International Development, was transferred to the Caribbean nation for a four-year stint.

Five years ago, when she was transferred to the Netherlands for three years, he worked from afar using Skype - an application that allows users to see and talk to each other via a computer screen.

But this time around, Burkhart hit the Web to find a more efficient way for his employee to work.

A VGo was the answer.

The robot is equipped with two driving and two balancing wheels, a bumper, series of lights, microphone, speaker, camera, and two-way video display, on which Deininger is seen in his faraway room.

Through the VGo, Deininger controls the robot's direction and speed, and can talk and take pictures. Employees often find the robot patrolling the factory floor, offering advice on equipment repairs and projects, or roaming the office asking them about family and weather.

"He just shows up out of nowhere," Roger Burkhart said. "The robot has become Erwin. If he could open doors, he'd be unstoppable."

Deininger controls the robot for about an hour a day. When he's done, he drives it into a docking station at the facility to recharge.

"Does it replace me completely?" Deininger said from the small VGo screen on Wednesday. "Of course not, but it's halfway between not being there at all and being there physically."

The robot can be accessed online anywhere in the world through a special program. Burkhart said he sometimes works after hours through the robot from his home so he can talk to employees on the second shift. When finished, he logs out, and the robot can be used by someone else.

"In the first couple of weeks, it was a novelty," he said. "Now, we don't pay attention. We just say, 'There goes Erwin.'"

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Business Week Feature Story - I'll Have My Robots Contact Your Robots

VGo Featured in BusinessWeek - "I'll Have My Robots Contact Your Robots"

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New York Sunday Times article on the Graying Population Features VGo

New York Times Article (see page 3)

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Video interview with Homebound High School Freshman who attends class using VGo

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Homebound Student attends Class via VGo

Homebound Student Attends Classes via Robot

Haskell-Knox Shared Service Arrangement and Knox City – O'Brien CSID Deploys Communications Technology that Enables Distance Learning for Special Needs Students
by Jeanne' Snyder, M.Ed, M.S. CCC/SLP, Director, Haskell-Knox Shared Service Arrangement

January 12, 2011, Knox City, TX —Haskell-Knox Shared Service Arrangement (H-KSSA) and Knox City – O'Brien Consolidated Independent School District's Knox City High School in Knox City, Texas, has teamed up with VGo Communications, a provider of visual communications solutions, to deploy a distance-learning program for special needs students who cannot attend school in-person.

New Technology is allowing a medically fragile high school student to attend classes at his local high school campus via the Internet and "Robotic Telepresence". VGo Communications (www.vgocom.com) has recently begun to market an affordable visual communications solution that is controlled via wireless high speed networks. A recent series of events happened to fall into place to enable a deserving Knox City High School student to return to school for this spring semester – virutually using a VGo.

Lyndon, a freshman has a rare medical condition, Polycystic Kidney Disease that required a kidney transplant prior to his ever being able to attend a regular classroom back when he was 7 years old. His prior education was provided by the school's special education Shared Service Arrangement homebound programming. Following a successful transplant, he was able to attend the public schools until last year when he began having symptoms of transplant rejection. Doctors ordered him to go back to a homebound setting as his immune system has become severely suppressed. Although the school has provided staff to go out and instruct him on a limited schedule, a large portion of the responsibility fell heavily on his parents.

The Haskell-Knox Shared Service Arrangement, provider of special education for the member district, Knox City-O'Brien CISD was intent on getting some type of technology in place. It was needed so that Lyndon could stay up with the instruction his peers were receiving. Several attempts with different types of assistive technology were considered, tried or failed to get the desired results. Then in December, H-KSSA's Director, Jeanne' Snyder contacted Mike Campbell, a consultant with Region 9's Educational Service Center in Wichita Falls, Texas. After explaining the need for the student to get classroom lectures and notes, Mike agreed to come out and consult.

The Timing was Right

A sales rep visited Mike the following day and asked to show him a new technological piece of equipment he had with him. It was a Vgo. This robot is a new invention from a small town company in New Hampshire that fit the needs of a boy in a small town in Texas to a "T"! So quickly things fell into place. In less than a month the Vgo is located on the High School Campus, but the student can be anywhere – his presence is transmitted and controlled using his laptop computer. The robot has wheels so Lyndon can drive down the hallways and into classroom. It has a monitor that shows Lyndon's face and speakers to project his voice as he converses. In turn the camera allows him to "see and hear" what the other students are experiencing. He can interact as if he was there. All this is from his secure environment whether it is home or the hospital or wherever his current location may be so long as he can access the internet.

Overcoming challenges

Last Tuesday, he was allowed to try it out for the first time. The biggest obstacle was having Lyndon find classrooms in a building where he's never attended class. Once a map of the building was prepared for him he has had no problems getting from class to class to the docking station where his "robotic self" recharges until the next time he needs to attend.

"You cannot imagine the empowerment and social life it has given back to this student and his family," reports Snyder. He is now able to take notes in science class and observe labs as they take place. He is also able to joke with classmates and faculty. Last week Lyndon joked about one of the drawbacks of the system, when a coach asked him if he wanted a door opened. "Yeah, I don't have any arms!" replied a smiling Lyndon as the classroom door was opened for the robot to go through. Students, staff and others freely respond to the VGo as if it is the actual teenager. Lyndon now experience the classroom firsthand while responding directly. One of his

teachers explained that the student body has readily accepted the virtual student, and studying Shakespeare lends itself so much easier with participation in class discussions.

Lyndon's mother may have summed it up best when she reports: "the VGo has integrated Lyndon back into the classroom where he is able to participate in classroom discussions and activities as if he were physically there. Most importantly, the VGo has given back his daily socialization that illness has taken away. It allows him to interact with his peers in the classroom, and hallways and it opens up a whole new world of opportunities for him. VGo has given him a reason to get up in the mornings so he can go to school. I wish everyone was as excited about school as Lyndon."

What next? Lyndon is interested in participating in extracurricular activities, band, stock shows and more. Who knows? He is sure to have many more doors opened for him.

About Haskell-Knox Shared Service Arrangement

H-KSSA provides specially designed instruction and services to those eligible under the Individuals with Disabilities Education Act (IDEA, part B) a federally funded special education program. Member districts include five rural school districts in Haskell and Knox Counties – Benjamin ISD, Knox City-O'Brien CISD, Munday ISD, Paint Creek ISD and Rule ISD. Haskell-Knox was the first rural group of schools in Texas to join together as a consortium in order to pool resources to meet the needs of students in special education starting in 1971. This original pilot project continues to succeed 40 years later.

About Knox City-O'Brien Consolidated Independent School District

Knox City – O'Brien CISD provides public education to students in these North Central Texas rural communities. Located in both Knox and Haskell counties, these Pre-K through 12th grade schools are a recognized district by the Texas Education Agency. Students are encouraged to excel in all they do, whether they are enrolled in the elementary, middle, or high school. KC-O'B pupils have demonstrated excellence with academics, athletics and other initiatives.

About VGo Communications

VGo Communications, Inc. develops and markets visual communications solutions for the workplace. Based in Nashua, NH, just north of Boston, MA, VGo Communications is leveraging the recent trends of widespread wireless high-speed networks, lower specialized component costs and the universal acceptance of video as a communications medium to deliver solutions to a new market category called "Robotic Telepresence".

Texas "Region 9" Education Service Center

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VGo recognized as one of the top five products in 2010

November 15, 2010
The New Hampshire High Technology Council honored VGo Communications with its Judges Award in recognition of VGo's new robotic telepresence solution. The Judges Award is presented to the five companies that are selected as having produced one of the top five products of 2010. New Hampshire State Governor, John Lynch, personally presented a citation to Mr. Brad Kayton, VGo's CEO. Governor Lynch said, "I commend you for your hard work, dedication, and innovation and wish you all the best in the future."

"We are honored to have received this award", said Mr. Kayton. "We believe robotic telepresence will change the way people work and are very pleased to see that the NHHTC agrees. As a new company, it is also very exciting to be grouped with the other Judges Award winners who have been in business for anywhere from one to four decades. We've accomplished a tremendous amount in just a short period of time and we're not stopping here."

Other Award winners are Ektron for enhancements to its web content management platform, HyperTherm for a new metal cutting laser tool, Sky-Scan for its 3D projection system and Warner Power for its smart power transformer.

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"A Visit From VGo the Telepresence Robot"

The Jacksonville Daily Progress Tue Nov 02, 2010

JACKSONVILLE — VGo, a four-foot tall telepresence bot, made quite an impression on some Nichols Intermediate School students when he visited their school.

The robot was featured as part of the SUPERNet Consortium meeting that was held Thursday in Jacksonville at the Nichols campus.

JISD is part of the SUPERNet Consortium, a collaboration of 17 East Texas school districts united to provide educational resources through technology. The group was formed in 1996 to provide affordable Internet access and enhanced resources to remote areas.

VGo stole the show as he demonstrated his two-way video and audio capability to students and attendees. The user can control the robot's movements remotely and communicate with others in a teleconference while freely interacting with those in the room.

Read how VGo stole the show at SUPERNet Consortium in Jacksonville, TX

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"The Boss is Robotic, and Rolling Up Behind You"

By John Markoff, The New York Times, September 4, 2010

SACRAMENTO — Dr. Alan Shatzel's pager beeped at 9 on a Saturday morning. A man had suffered a stroke, and someone had to decide, quickly, whether to give him an anticlotting drug that could mean the difference between life and death.

Dr. Shatzel, a neurologist, hustled not to the emergency room where the patient lay — 260 miles away, in Bakersfield — but to a darkened room at a hospital here. He took a seat in front of the latest tools of his trade: computer monitors, a keyboard and a joystick that control his assistant on the scene — a robot on wheels.

He guided the roughly five-foot-tall machine, which has a large monitor as its "head," into the patient's room in Bakersfield. Dr. Shatzel's face appeared on screen, and his voice issued from a speaker.

Dr. Shatzel acknowledged the nurse and introduced himself to the patient's grandson, explaining that he would question the patient to determine whether he was a candidate for the drug. The robot's stereophonic hearing conveyed the answers. Using the hypersensitive camera on the monitor, Dr. Shatzel zoomed in and out and swung the display left and right, much as if he were turning his head to look around the room.

For years, the military and law enforcement agencies have used specialized robots to disarm bombs and carry out other dangerous missions. This summer, such systems helped seal a BP well a mile below the surface of the Gulf of Mexico. Now, with rapidly falling costs, the next frontiers are the office, the hospital and the home.

Mobile robots are now being used in hundreds of hospitals nationwide as the eyes, ears and voices of doctors who cannot be there in person. They are being rolled out in workplaces, allowing employees in disparate locales to communicate more easily and letting managers supervise employees from afar. And they are being tested as caregivers in assisted-living centers.

"Computers are beginning to grow wheels and roll around in the environment," said Jeanne Dietsch, a veteran roboticist and co-founder of MobileRobots Inc., a robot maker in Amherst, N.H., and a division of Adept Technologies.

Skeptics say these machines do not represent a great improvement over video teleconferencing. But advocates say the experience is substantially better, shifting control of space and time to the remote user.

"Most of the existing videoconferencing technology is designed for meetings," said Pamela J. Hinds, co-director at the Center for Work, Technology and Organization at Stanford University. "That is not where most work gets done."

For now, most of the mobile robots, sometimes called telepresence robots, are little more than ventriloquists' dummies with long, invisible strings. But some models have artificial intelligence that lets them do some things on their own, and they will inevitably grow smarter and more agile. They will not only represent the human users, they will augment them.

"The beauty of mobile telepresence is it challenges the notion of what it means to be somewhere," said Colin Angle, chief executive of one of the largest robot manufacturers, iRobot.

The robot is what allowed Dr. Shatzel to "be" in the patient's room far away. From an earlier telephone conversation with the emergency room doctor, the patient's condition had not been clear. But in speaking directly with the patient, examining his face and control of his hands and glancing with the camera at the cardiac monitor in the room, Dr. Shatzel could assess the stroke, he said, with the same acuity as if he were there. He instructed the staff to administer the drug.

"We had a good outcome," he said later.

Dr. John Whapham, a Loyola University neurologist who has helped create several regional networks providing telemedicine with robots made by InTouch Health, says that when he began using the robot during his residency, he would carry his laptop in a backpack so he could perform consultations anytime.

"I'll pull out the laptop, and when I'm on Michigan Avenue here in Chicago, put it on a garbage can or on the seat of a bus stop," he said. "You're live, and you can walk around, examine, image, zoom in and out. I do it all the time."

Expanding the Workplace

"I'm very thin in this new outfit," Mike Beltzner says, breaking the ice in a room of Silicon Valley computer programmers. In the flesh, he is 2,200 miles away, at home in Toronto with his cat. But at this meeting his face appears on a 15-inch LCD atop a narrow aluminum machine resembling an upright vacuum cleaner. Indeed, as this robot rolls around the room it looks as if it could just as easily be sweeping.

Mr. Beltzner rolls the robot to a large conference table in the Mountain View headquarters of the Mozilla Corporation, maker of Firefox, a popular Web browser. By swiveling his camera eye back and forth, he can see the entire room and chats comfortably with the assembled team.

An hour earlier, Mr. Beltzner, director of Firefox, was logged into a different robot on the other side of the building to attend the weekly all-hands meeting. With a pink lei on one shoulder and a jaunty cap on the other, the robot was surrounded by more than 100 young software engineers, each sitting with a wirelessly connected laptop.

Aside from the occasional greeting, no one seems to notice the disembodied Mr. Beltzner until he is called upon by Mary Colvig, a Mozilla marketing manager. She wants employees to share the chore of leading tours of the office each week.

"What do you want me to do?" Mr. Beltzner asks, his voice piping from twin speakers in the robot's chest.

"I would like you to give tours," she responds from the front of the room. "That would be pretty insane."

When the meeting ends, "Robo-Beltzner" — as one colleague calls him — mingles in the large room, chatting. Then Mr. Beltzner executes a nifty pirouette and moves the robot, made by Willow Garage of Menlo Park, Calif., to a charging station.

Like many other Silicon Valley companies, Mozilla has employees around the world, and in the month since it began testing the system, as many as 10 employees have logged in to run errands, chat and attend meetings.

Mr. Beltzner has now used the Willow Garage robot for more than a month, usually four to six times a week to attend meetings and chat with his co-workers in Mountain View. He finds it to be a distinctly different experience from a video teleconference or a computer chat system.

"With the robot, I find that I'm getting the same kind of interpersonal connection during the meetings and the same kind of nonverbal contact" that he would get if he were in the room, he said. "It's a lot easier to have harder conversations when I 'roll the robot,' " he added, referring to reviewing an employee's performance or discussing technical issues.

There are few drawbacks to the robots, the company's employees agree, although Erica Jostedt, a Mozilla communications manager, notes that the virtual Mr. Beltzner is ruder than his flesh-and-blood Canadian counterpart.

"I came to a meeting with him, and he didn't even open the door for me!" she said, laughing.

The robot, of course, has no arms.

That has not stopped other programmers from commuting to Silicon Valley robotically.

Each morning for the past year, Chad Evans's robot has sat with its back to a freeway in a double aisle of cubicles occupied by software designers at Philips Healthcare in Foster City, Calif.

Mr. Evans, a software designer himself, sits more than 2,000 miles away at home in Atlanta. But "Chadbot," a four-foot-tall prototype built by RoboDynamics of Santa Monica, Calif., allows him to live where he chooses and work West Coast hours.

When he is sitting at his desk in Atlanta, Mr. Evans is visible in a small monitor at the top of the robot, which is usually plugged into a recharging station. His workmates can see at a glance whether he is available for a quick chat by simply peering down the aisle.

When Mr. Evans needs to go to a meeting in Foster City or visit a colleague, he drives the robot to a desk or a meeting room. If someone is willing to help him by pressing the elevator buttons, he can even visit other floors.

"Using Skype would require me to initiate a phone call," he said. "This gives me more of a passive ability. I'm just sitting here like I would be at my desk if I was in the office. I see people coming and going, and they see me and they think, 'Oh yeah, there was something I wanted to ask Chad.' "

It took a while for his co-workers to get used to Chad as Chadbot. "The first three weeks were the weirdest experience I've ever had," said Karl McGuinness, a software architect whose desk is adjacent to the robot. "You'd hear his voice, and I'd think, 'What the heck is going on?' "

The Boss, or Big Brother?

Tom Serani's boss had grown frustrated that while Mr. Serani was on the road, his 20 salespeople working the phones back at company headquarters did not have the same zip as when he was in the office.

"The new guys were not doing quite as well," said the boss, Neal Creighton, a co-founder of RatePoint, a company based in Needham, Mass., that tracks Internet users' opinions of products and companies.

When RatePoint was approached by VGo Communications to test a mobile robot, Mr. Creighton jumped at the chance.

From his hotel room, Mr. Serani can roll a robot up to an office cubicle back at headquarters, listen in on a telephone sales pitch and offer advice.

Mr. Serani was initially skeptical. "I immediately saw the potential," he said. "It was more a question of 'How do I position this so I don't have my guys running out of the building calling the local reporters about how insane I am?' "

But in practice, he said: "Our sales team responded a lot differently to the robot than they did to the speakerphone. They were looking at it like it was a person, and their behavior patterns were completely different when it was here."

Still, the possibility that remotely operated robots might be used by some managers as surveillance devices, or as peeping Toms, has made some in the fledgling industry nervous.

"I don't want this technology to be seen as a means of oppression," said Trevor Blackwell, founder and chief executive of Anybots, the maker of QB, a $15,000 mobile robot that balances on two wheels like a Segway and will be shipped commercially beginning this fall.

Others argue that the design of a robot determines how it will be perceived in the workplace. "Larger screens for showing the pilot's video create a greater sense of presence, whereas little to none suggests surveillance," said Sanford Dickert, a Willow Garage executive.

There are also skeptics about the value of the current generation of mobile robots. "It's cool, but it's a little gimmicky," said Michael Arrington, founder and co-editor of the technology news Web site TechCrunch. Although he now lives much of the year in Seattle and manages his Silicon Valley Web site from afar, he said he would consider the robot as a stunt, perhaps for an interview, but not for running his company.

"You can walk around, but you can't really see what's going on," he said.

A Tool for the Elderly

All five of the United States companies that have announced or are already selling mobile robots are adding or experimenting with automation. For example, it will not be unusual for mobile robots in the next year to feature collision avoidance and lane-following technologies like those now offered in luxury automobiles. **Already VGo's robot automatically parks itself when it is driven within a foot or two of its recharging station.**

Such automated robots could help in caring for a rapidly aging population.

VGo's executives said they ultimately envisioned their robots being used by family members to pay visits and offer help to elderly parents, allowing them to remain independent longer. At the simplest, the VGo robots could help workers in assisted-living homes check in on residents and make sure they were taking medicines at the correct time each day.

"We're not replacing low-cost labor," said Brad Kayton, VGo's chief executive. "We're acting as a supplement for it."

Others see the robots as a new means of mobility for the elderly, allowing them to stay in better contact with friends and family and visit museums and theaters, among other possible applications.

VGO 001500

As technology advances, designers say, mobile robots will allow the elderly and others to do more than be in two places at one time. The robots will augment their human users, enhancing their senses by offering capabilities like better vision and hearing as well as futuristic skills like face recognition.

Still, no one believes the telepresence robots will be accepted without some resistance.

Lou Mazzucchelli, an expert in video teleconferencing, suggested that workers might make fun of their robot-enhanced managers behind their backs.

Moreover, there may be unpredictable consequences. The robots might become a new target for frustrated colleagues. "All of these products," he said, "are just begging me to kick them over."

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"You, Robot - Nashua start-up hopes to revolutionize meetings at work by untethering video equipment from the conference room"

By Scott Kirsner, Globe Columnist | May 30, 2010

Sitting in his cubicle in Nashua, Tim Root clicks his mouse a few times to steer a tall, white robot around a corner and through the doorway of a conference room. Root's face is visible on a small screen where you'd expect the robot's head to be. He says hello, and joins a meeting in progress.

Both Root's cubicle and the conference room are inside the headquarters of VGo Communications Inc., the company Root founded in 2007. But the company has had people "beam in" to its robots from as far away as China, and VGo's premise is that this kind of robot-enabled "telepresence" is exactly what the videoconferencing business needs: a way of being somewhere, without getting on a plane, that is much better than simply showing up as a face on a wall-mounted flat-screen TV.

Early next month, Root's company will introduce its product, known as the VGo, at a Las Vegas trade show. To design and launch the product, the company (originally known as North End Technologies) has raised more than $8 million in venture capital funding, much of it from Castile Ventures, a Waltham firm. But Vgo will soon face competition from at least two West Coast start-ups that plan to start selling their own videoconferencing bots later this year.

Being able to roll down the aisles of a production facility, or cruise into the cafeteria for a lunchtime chat, is an entirely different thing than trudging into a conference room for a scheduled videoconference meeting, says Root.

"We wanted to build a device that could represent you in another location," he says. "You can have ad hoc interactions with it as you roam around."

Root started thinking about the opportunity for a new, more mobile approach to videoconferencing while serving as the chief technology officer at PictureTel Corp., an early maker of videoconferencing systems based in Andover. But it wasn't until he met Grinnell Moore, an alumnus of iRobot Corp., that the company really started to take shape.

"A lot of roboticists have tried to build a robot and throw a camera and a microphone on it, and say you can use it for videoconferencing," Root says. "We wanted to come at it from a communications perspective, and look at how it could actually support conversations."

What they developed is an elegant, two-wheeled robot a little shorter than a floor lamp; it looks like it could have been cast as an extra in the futuristic Pixar movie "Wall-E." VGo created not just the robot, but also the software that runs on a desktop or laptop to control the machine and communicate through it. VGo plans to start selling the robot next month for $5,000 through a network of videoconferencing distributors like Marlborough-based OmniPresence Inc.; a mandatory maintenance and support contract will cost $1,200 per year.

The robot is easy to guide, either by using a mouse or the arrow keys on a computer keyboard. The camera automatically turns down at the floor when you start moving, so you can see any obstacles, and there are infrared sensors that tell you when you're about to bump into something. A downward-facing sensor constantly looks for stairs or ledges, to prevent you from taking a tumble.

There are two speakers built into the bot, and four microphones that light up green to indicate you're listening to the proceedings in a room or glow red when you're on "mute." When you need to see something at a higher resolution — like the writing on a whiteboard, for instance — you can take a still snapshot that's quickly downloaded to your computer for closer scrutiny.

But videoconferencing still isn't perfect: Even in a demo conducted inside Vgo's offices, with Root talking about the company's effort to create "world-class hardware and software," the image on the robot's screen can freeze, the audio can get garbled, and the speaker's lips can drift out of sync with his voice. Videoconferencing is still waiting for its "Jazz Singer" moment, when everything works well enough to reliably impress people.

Earlier this week, using a videoconferencing bot developed by Willow Garage Inc., a Silicon Valley company that plans to bring its "Texai" product to market later this year, I got some experience using the bot for long-distance

communication. From my home in Cambridge, I "dialed in" to a robot parked at Willow's California headquarters and listened for a while as a company executive demonstrated one of the company's humanoid robots for a roomful of journalists.

It was easy to see and hear him when he spoke to the group, but afterward, when the room broke up into a dozen cacophonous conversations, I suddenly felt like an 80-year-old man in a noisy restaurant. It was impossible to make out what people were saying, figure out when there was an appropriate opening to ask a question, or get anyone's attention by calling out to them.

But by moving around the room, I had a much richer sense of "being there" that I would have by simply viewing a live webcast. (Willow hasn't yet set a price for the Texai, which has a bigger screen than the Vgo.) Along with Willow Garage, another Silicon Valley start-up, Anybots Inc., founded by one-time Cambridge entrepreneur Trevor Blackwell, has announced plans to start selling a $15,000 videoconferencing bot this fall.

Brad Kayton, VGo's chief executive, says the company has been testing its robots with about 40 prospective customers, at universities, manufacturers, call centers, health care providers, and retailers. One executive at a chemical company, Kayton says, was able to monitor experiments in various company labs without having to hop on a plane.

Two analysts I spoke with differed on the potential for robotic videoconferencing. Rob Enderle, a technology analyst at the Enderle Group who has written about the slow spread of traditional videoconferencing systems, said that "the closer we get to simulating being there, the better an alternative to travel it will become."

But Dan Kara, president of the publishing company Robotics Trends in Framingham, said, "I'm not quite sold on mobile telepresence. How is it that much better than having someone at the remote site carry around a netbook computer with a free copy of Skype on it?"

Interestingly, a decade ago, a start-up called iRobot introduced a robotic videoconferencing system at exactly the same price as the VGo ($4,995) in exactly the same place (a Las Vegas trade show). Cofounder Colin Angle told me then that he'd be disappointed if the company "didn't sell several thousand of these next year," meaning in 2001.

But iRobot never put the device into production. Not enough homes or offices had wireless networks yet, and the company would have needed large volumes of orders to be able to turn a profit at the $4,995 price point.

"I don't think we were wrong about robots and videoconferencing," says cofounder Helen Greiner. "It was just well ahead of its time."

VGo's Root is convinced that the time is now. He harkens back to the moment when cellular phones were liberated from vehicles, and suddenly consumers could tote one along anywhere. "Now, anyone over the age of 8 has at least one mobile phone," he says.

What will be ironic is if Vgo, with two iRobot veterans on its 20-person team, winds up competing not just with the two West Coast start-ups, but with iRobot, now a publicly traded company with about 500 employees based in Bedford.

Though iRobot hasn't announced any plans to return to the robo-conferencing arena, Angle writes in an e-mail, "We have long felt that the right product and the right price would find an exciting market. And we continue to perform research and experiment in this space."

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NH has role in expanding use of robots

THE UNION LEADER, By MICHAEL COUSINEAU | August 17, 2014

NASHUA - Robots testing antennas for cruise ships, working alongside car mechanics and helping doctors make video house calls are only a few ways New Hampshire companies are making life easier, safer and more efficient.

"People are being more creative with what they want a robot to do or test," said Mike Fortier, president of Mikrolar, a designer and manufacturer of robotic devices in Hampton.

Robots are working along assembly lines at Osram Sylvania's three New Hampshire plants making light bulbs and helping children too sick to attend school to participate via mobile robots with video hookups.

"Robots are doing more and more things around you every day," Manchester inventor Dean Kamen said last week.

Some robots serve as testing grounds to improve repairs on injured satellites.

Fortier's 10-person company built three robots for NASA. "We essentially simulate the lack of gravity," he said, adding the third robot "does something I can't tell you about."

His company also built robots that simulate the motion of a moving cruise ship to test antennas and is involved in testing of prosthetic legs for the U.S. Department of Veterans Affairs, with his robot simulating the ground moving.

Advancing prosthetics

Kamen is another person working on prosthetics. With a $40 million budget and assistance from other companies, he and his team created a fully functioning prosthetic arm that some might consider bionic.

What Kamen started a quarter century ago, the FIRST robotics competition for high school students, has helped produce a new crop of robotics engineers.

While attending a Florida event featuring robotics companies from around the country last year, he heard people yell out their ties to FIRST.

"As I walk down the line of the event space, and I am not exaggerating, almost without exception ... every booth you pass by, 'Dean, I'm such and such, Team 1163 four years ago. Now, I'm working for XYZ robotics,'" Kamen recalled. "The robotics companies, the universities that are now teaching robotics, all send their people scouting at FIRST the way the sports coaches from universities scout."

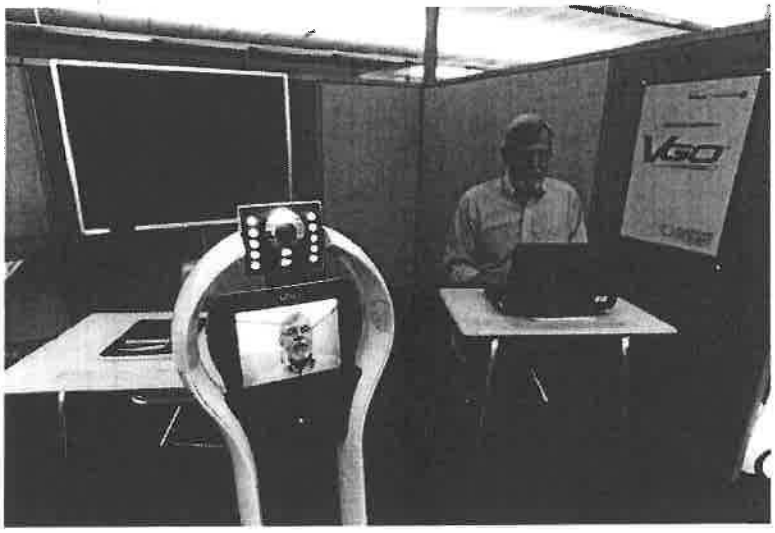
In Nashua, VGo Communications has designed a mobile 4-foot robot that allows people to talk to others via video hookup, whether it be for sick kids or stumped auto mechanics."

A lot of people will say it's kind of like Skype on wheels," said Thomas Ryden, the company's co-founder. "I think that is a lot of our view that it will be in every home, and you'll have the ability to have this assistant to help out with tasks and kind of be that personal assistant in the home."

Ryden said Boston Children's Hospital has five VGo robots, but insurance companies haven't kept pace with technology.

"There's a lot of work that a doctor cannot do through our product or videoconferencing because they don't get reimbursed for that," he said.

Ryden attributed part of the rise in robotics companies in southern New Hampshire to the branching out of former workers at Bay State robotics companies, like himself, an alum of iRobot, which launched the Roomba vacuum-cleaning robots.



8/1/14--Co-Founder Thomas Ryden gives a demonstration of his company's robot in a set used to illustrate the robot's classroom application at VGo in Nashua on Aug. 1, 2014. DAVID LANE/UNION LEADER

Robots at work

Osram employs robots at its plants in Manchester, Hillsborough and Exeter, and they are often faster and perform more precisely than humans, according to John Tremblay, Osram's director of industrialization.

"They're predominately robots tied into production lines," Tremblay said. "You wouldn't be able to be competitive unless you have the technology."

Through the decades, Hollywood has both glamorized and demonized robots, making some wonder whether robots someday will dominate or replace humans.

Ryden said people shouldn't expect to see Rosie the robot, the maid who worked for a futuristic family on the 1960s television show "The Jetsons," walking through their front door anytime soon.

"I think we are certainly trending that way, but this is early on," Ryden said.

Kamen was more skeptical.

"Never," he said. "I think what science fiction is really, really good at is looking into the future in a whimsical way and imagining using today's technologies or today's perception of what technology can do and projecting it into a future application, but by the time the future gets here, we don't implement it with today's technology. We implement with the technology of the future."

Play important role

But robots definitely have a role in society.

"I think robotic technology will continue to be developed to do things that humans either don't do very well or puts humans at unreasonable risk to do or are very expensive for humans to do and a robot will be able to improve the quality and reduce the cost of that function," Kamen said.

"Eventually, you may see some robots that, because of the function they're trying to accomplish, happen to be of human size and do human physical things, but I think that will probably be the last thing you'll see them do because humans are pretty good at doing things that humans are good at," he said. "Let's make robots that are good at the things that we're not so good at or that are dangerous for us to do."

Kamen said humans can use technology for good or evil just like fire can be used to cook food or set your house ablaze.

"There is no technology in the world that has enough power to do something important that's good that doesn't have the same amount of power to do something important that could be harmful, either intentionally or

otherwise," Kamen said. "But the technology itself is not moral or immoral. The technology is amoral. What people decide to do with technology is always subject to, and I think there's appropriate concern, that it's always subject to what is the intent of the person. And it's unrealistic and naive to assume that we will build any advanced technology of any kind that doesn't have the potential to do harm."

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EXHIBIT J

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VGo featured on Modern Healthcare

VGo was recently featured on ModernHealthcare.com in an article called "Robots get to Work."

The VGo acts as a personal avatar—or, as the company says, "replicates a person in a distant location"—via the robot's camera, microphones and video display. The remote user can move the VGo around a facility. The robot has applications in telemedicine, and the company also pitches it to hospitals and nursing homes as a way for family members to virtually visit their loved ones.

Cost: Starts at about $6,000, plus an annual service contract of about $1,200

Users: Oregon Health & Science University, Portland; El Camino Hospital (pictured above), Mountain View, Calif.; Intermountain Healthcare, Salt Lake City; Casa Grande (Ariz.) Regional Medical Center; Rady Children's Hospital-San Diego

VGO 001378

EXHIBIT K

The Power of Wireless Technology to Transform HealthCare

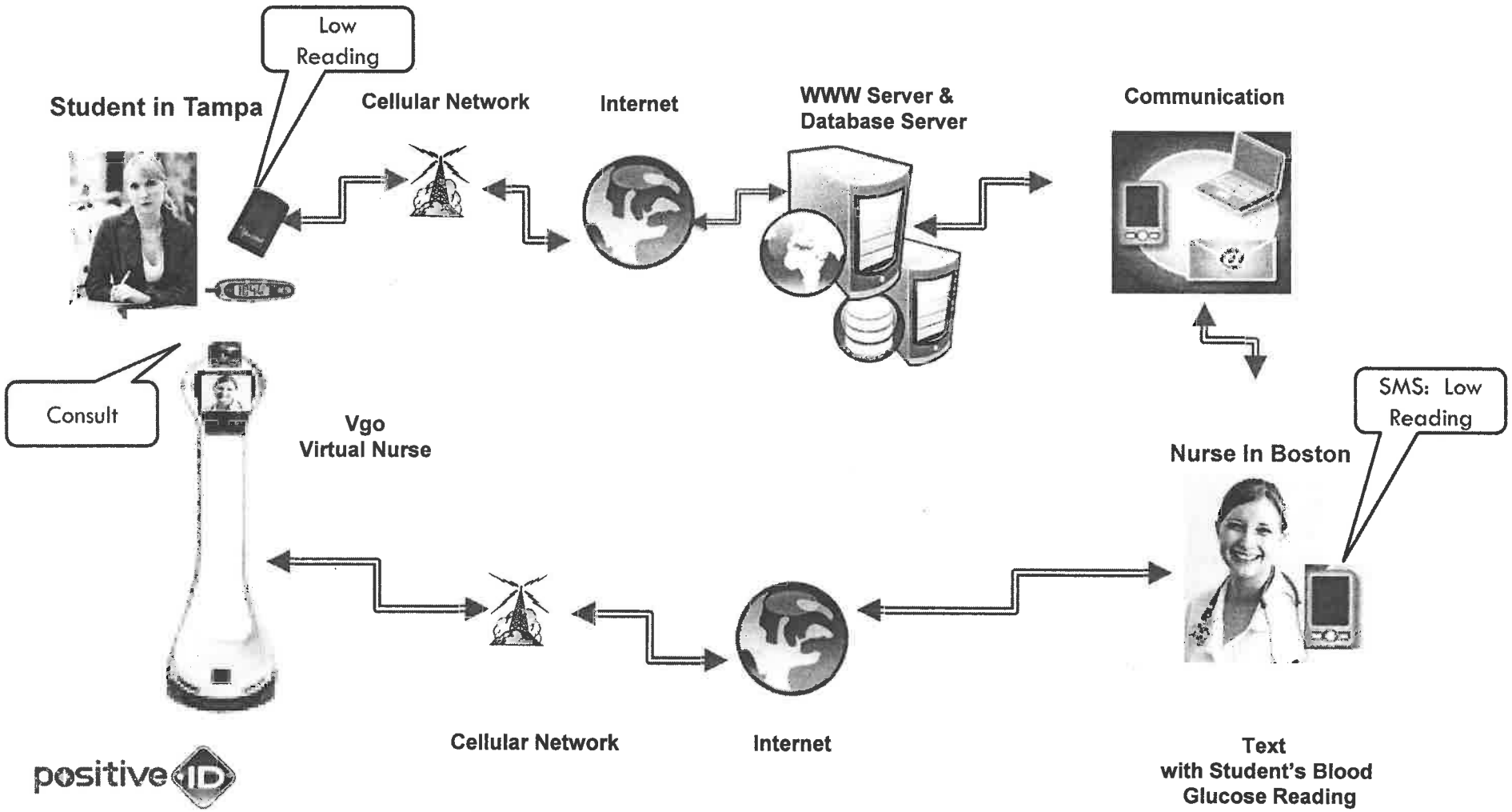
Presented by

positive ID

&

VGO

Virtual School Nurse



VGO 001321

Possibilities for the Future

- The Virtual School Nurse took less than 1 minute to integrate two disparate wireless programs
- Both Solutions are focused on reducing costs and delivering greater value……..a must for health care reform
- Wireless health solutions have the ability to transform healthcare as we know it…..

positive ID

Thank You!

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positive ID

Thank You!

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EXHIBIT L

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PositiveID Corporation and VGo Communications Host Joint Demonstration of Wireless Health Solutions at ATA

TAMPA, FL – May 2, 2011 – PositiveID Corporation ("PositiveID") (NASDAQ: PSID), a leader in next-generation patient monitoring and diagnostics, and VGo Communications, Inc. ("VGo"), the leading provider of robotic telepresence solutions, announced today that the companies will host a joint demonstration of their innovative wireless health solutions working together at the American Telemedicine Association Annual International Meeting and Exhibition 2011 in Tampa, Florida. The companies will demonstrate PositiveID's iglucose™ wireless communication device for diabetes management operating in conjunction with VGo's robotic telepresence to show the ability of wireless technology to transform healthcare through mobile interaction between patients and healthcare providers.

Demonstration Details

Demos will take place twice daily on May 2 and 3 at 12:30 pm ET and 2:30 pm ET in PositiveID's booth (#1340). The live demonstration will show a student using iglucose in a hypothetical classroom environment. Once the student checks her blood glucose readings, a text message will be sent via iglucose to the "remote school nurse" (in Boston). The student's low blood sugar reading will prompt the nurse, using a VGo, to check on the student in Tampa. The VGo will travel from its booth (#1040) to booth #1340, all under the control of the nurse in Boston. The nurse will then
have a short face-to-face conversation with the student and advise the student of actions to take to stabilize her blood sugar.

About iglucose

iglucose uses the power of mobile technology to revolutionize the way individuals with diabetes manage their condition. iglucose wirelessly communicates blood glucose readings from data-capable glucometers to the iglucose database, where they can be shared with family members and health care professionals via email, text message or the database itself. For the 25.8 million Americans with diabetes, iglucose can help revolutionize the way they manage their disease, while reducing costs and providing greater convenience and freedom.

About VGo

Through VGo's robotic telepresence, anindividual's presence is established in a distant location such that they can interact and perform their job in ways not previously possible. VGo allows an individual to see, hear, interact and move around in any remote site, just as if that person were there. VGo is not a videoconferencing/telepresence solution. With a videoconference, two or more people meet through TV monitors or PCs where people on both sides of the call must be sitting there in front the camera. With VGo, a person is completely independent of the people in the remote location. VGo's remote controlled mobility and physical presence makes it something totally new.

About VGo Communications, Inc.

VGo Communications, Inc. develops and markets visual communications solutions for the workplace. VGo's experienced successful veterans of visual communications and robotics industries are leveraging the recent trends of widespread wireless high speed networks, lower specialized component costs and the universal acceptance of video as a communications medium to create a new market category called "Robotic Telepresence."

About PositiveID Corporation

PositiveID Corporation develops and markets healthcare and information management products through its diagnostic devices and identification technologies, and its proprietary disease management tools. PositiveID's implantable healthcare devices and external hardware and software products are designed to communicate wirelessly to improve healthcare and the patient's quality of life. For more information on PositiveID, please visit www.PositiveIDCorp.com.