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**Yadav et al.**

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(54) **WEARABLE TISSUE RECEPTACLE**

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**A45F 5/00** (2006.01)

**B65D 83/08** (2006.01)

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**2005/008** (2013.01)

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B65H 2402/41; B65H 1/04; A45F  
2005/008; A45F 5/04; A45C 2011/007;  
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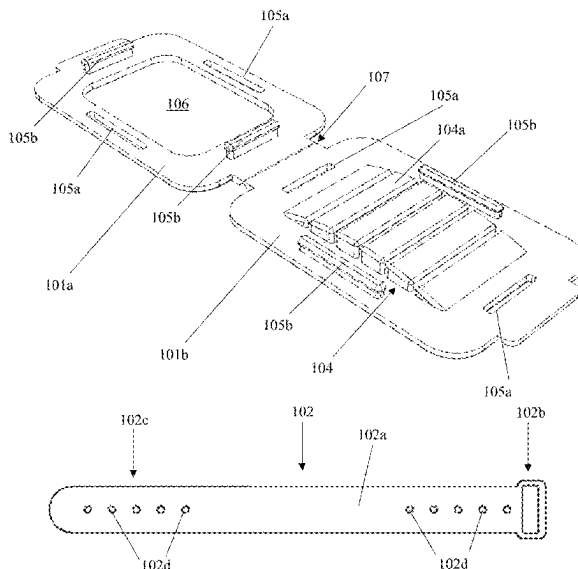
See application file for complete search history.

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**ABSTRACT**

A wearable tissue receptacle having: a main unit having: a lower part; and a ribbed bridge disposed on the lower part, the ribbed bridge comprising a plurality of ribs, wherein the ribs form a rounded arch; a strap configured to be attached to the main unit, wherein the strap is configured to secure the main unit to a user; a securing ridge disposed on the main unit and a securing cavity disposed on the main unit, wherein the securing ridge is configured to be selectively engage with the securing cavity to secure a tissue bundle to the main unit. The wearable tissue receptacle is configured to provide an attached user with easy to access to a tissue bundle for wiping their nose, face, etc., which may be replaced quickly and easily. The wearable tissue receptacle may thusly be configured to prevent or reduce the proliferation of germs and viruses.

**20 Claims, 14 Drawing Sheets**



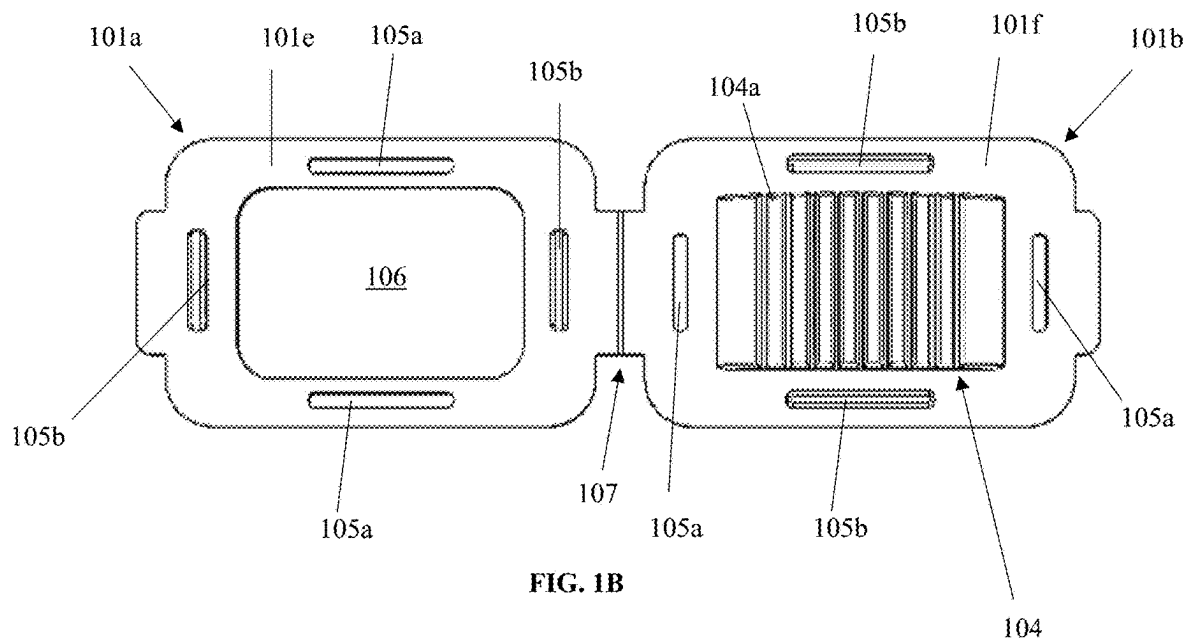
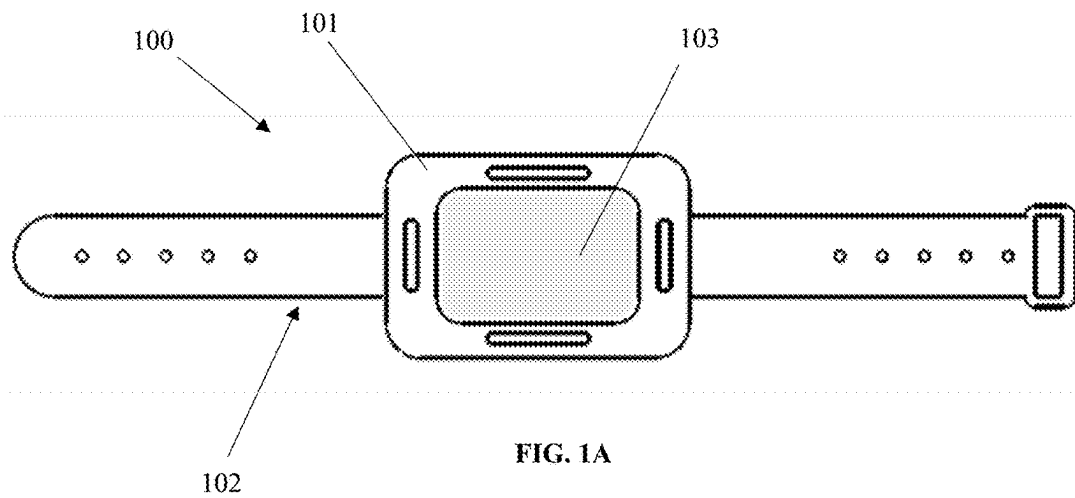
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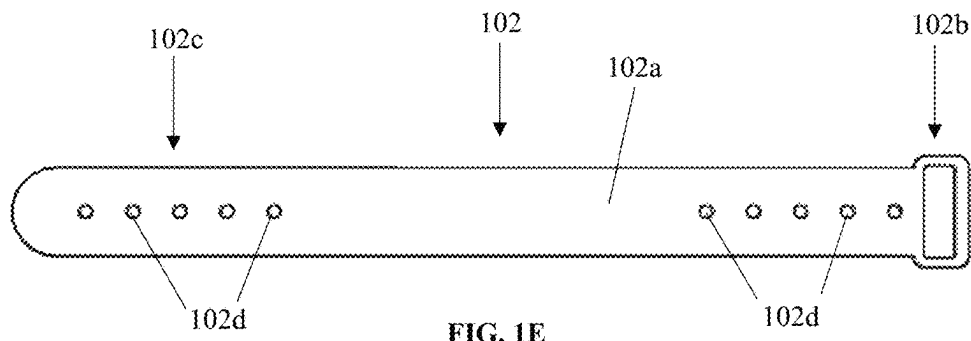
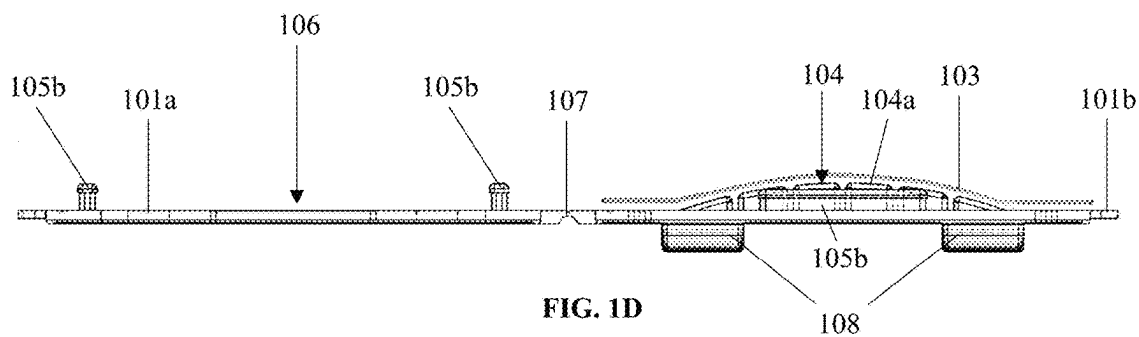
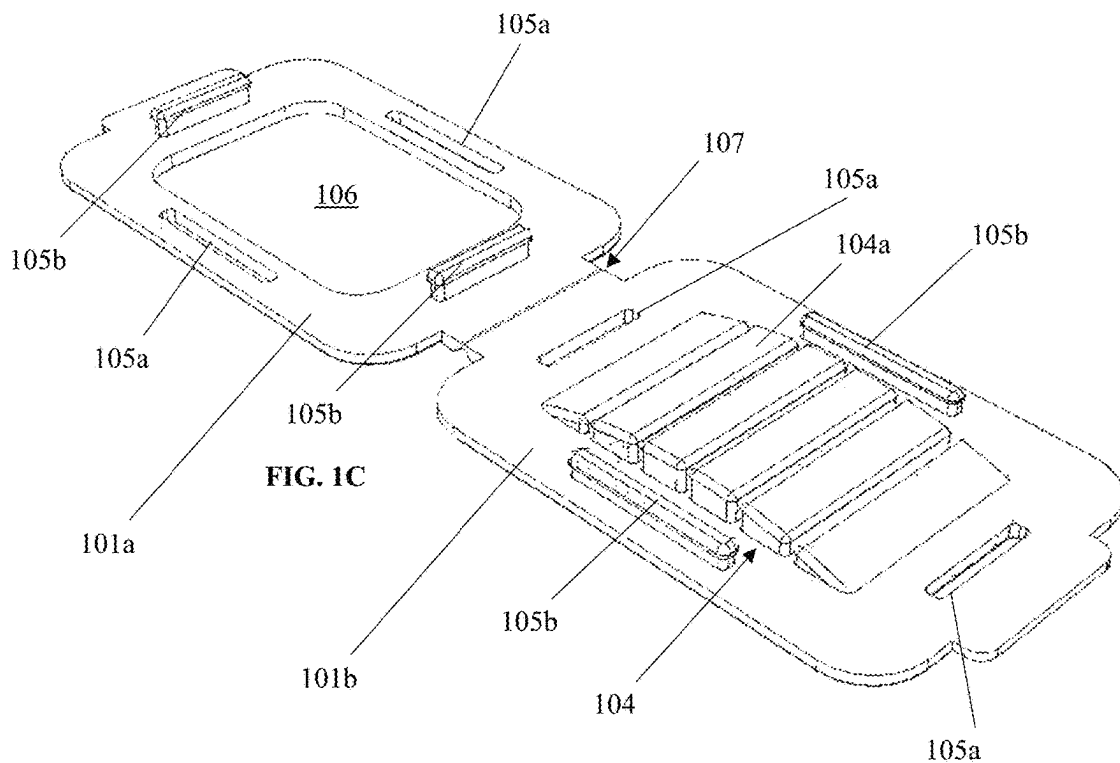
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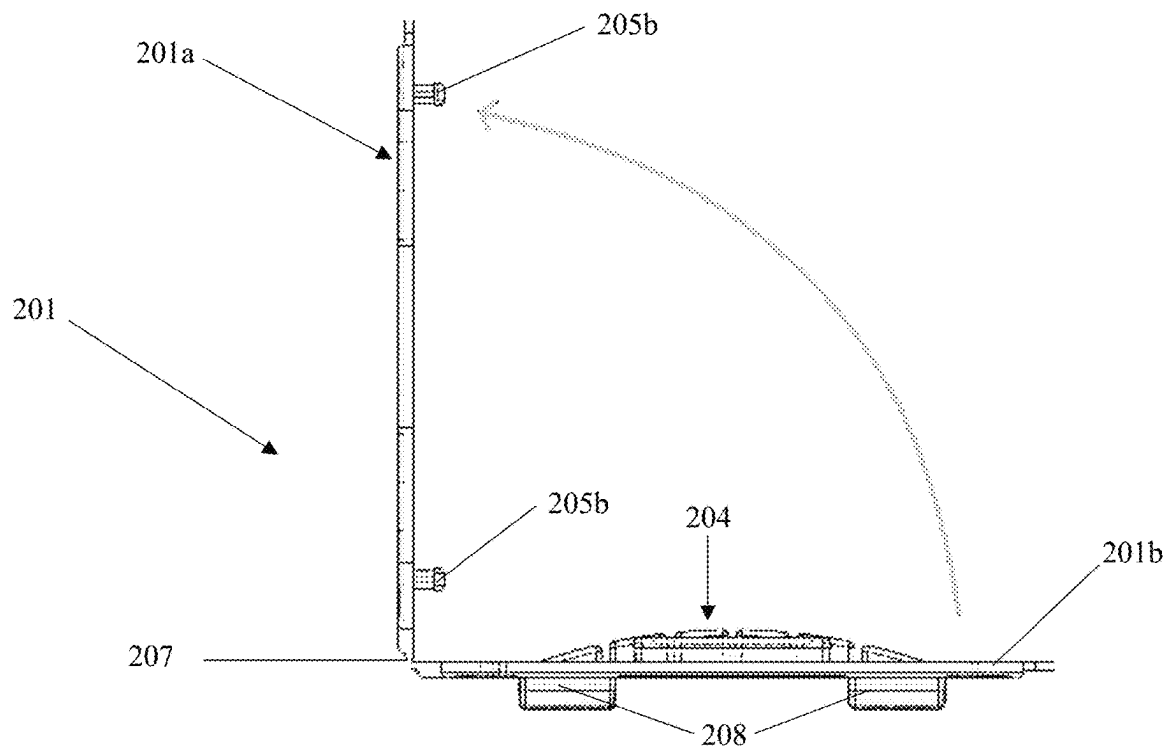


FIG. 2A

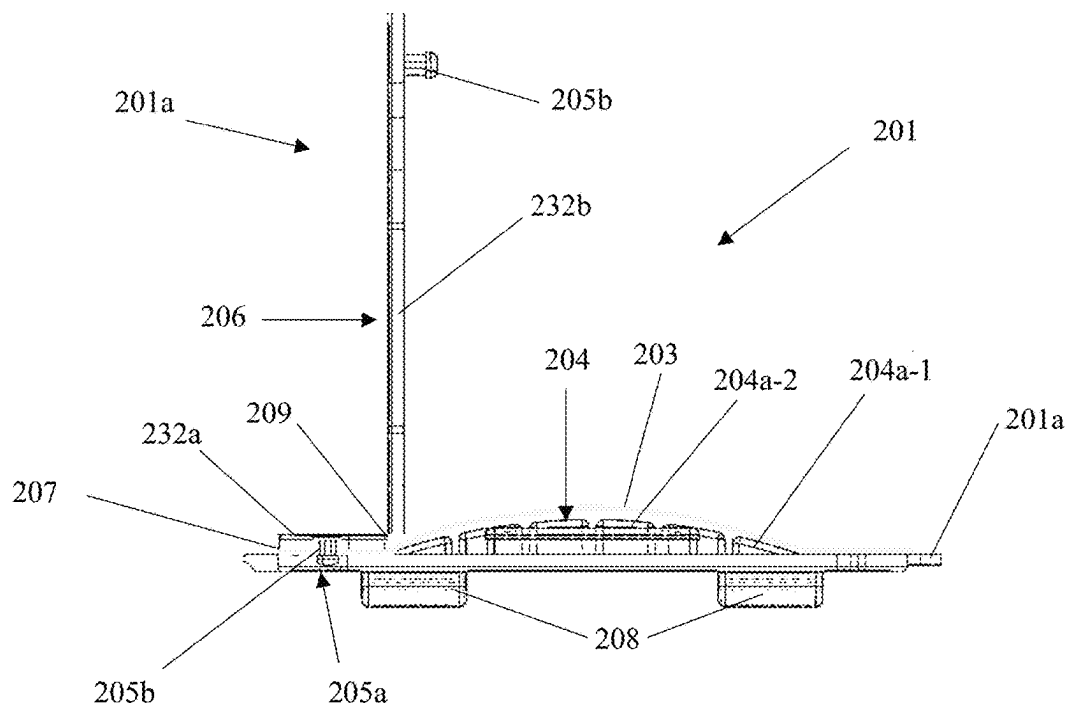


FIG. 2B

FIG. 3A

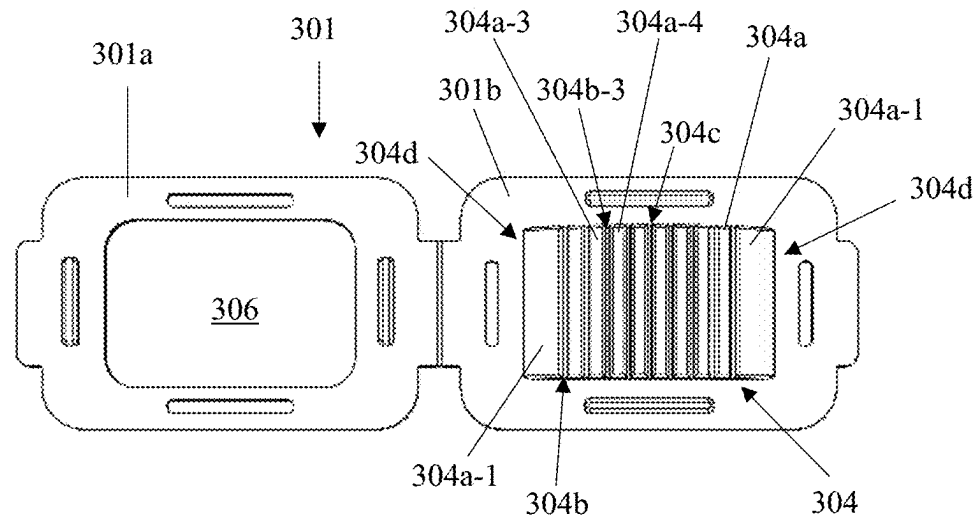
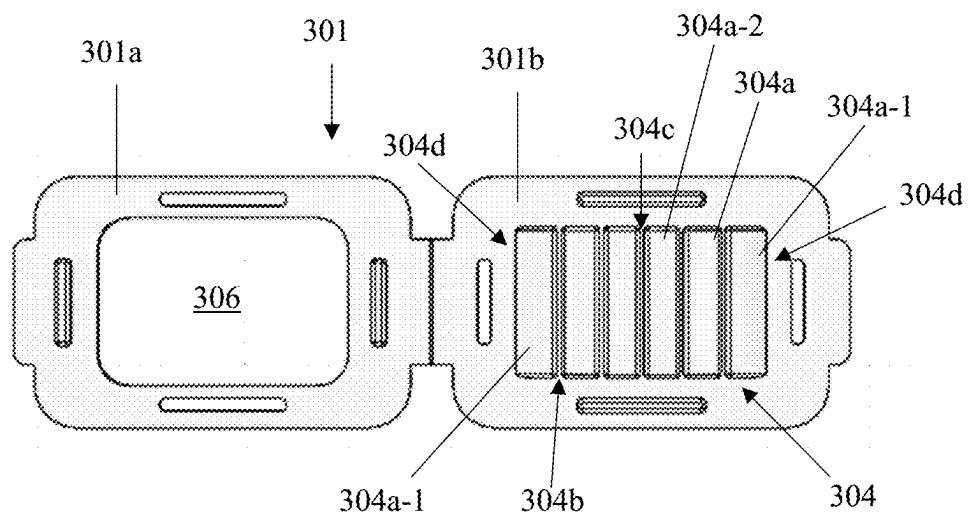
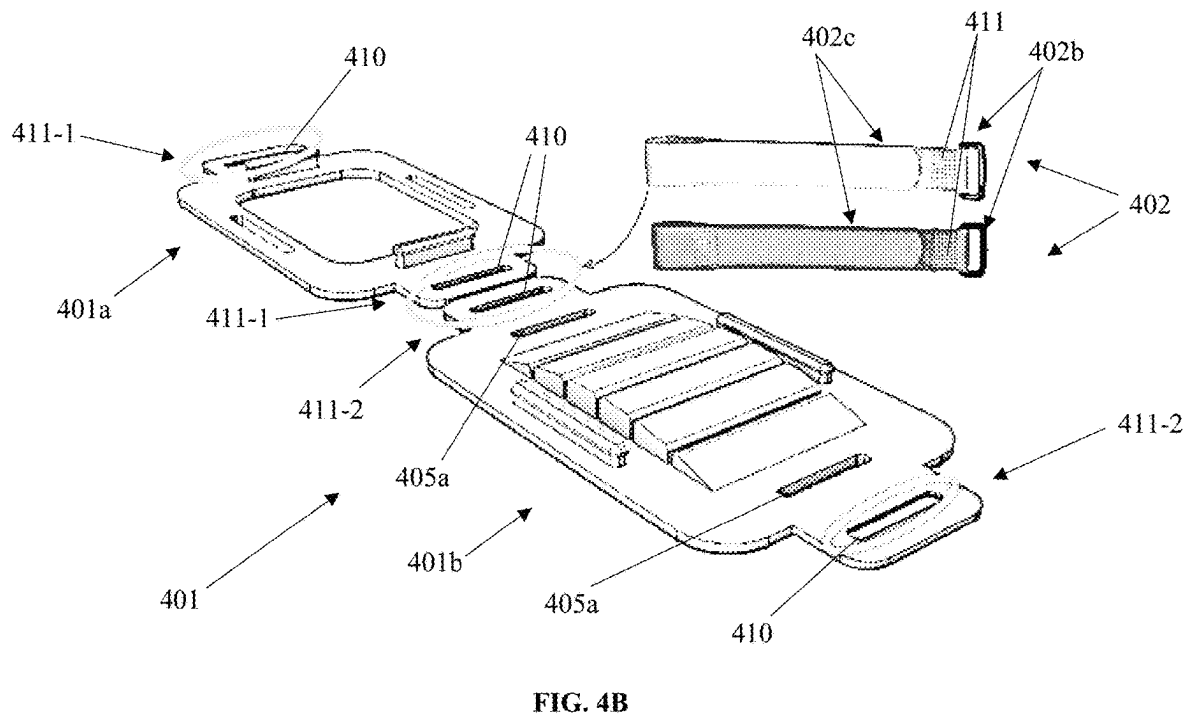
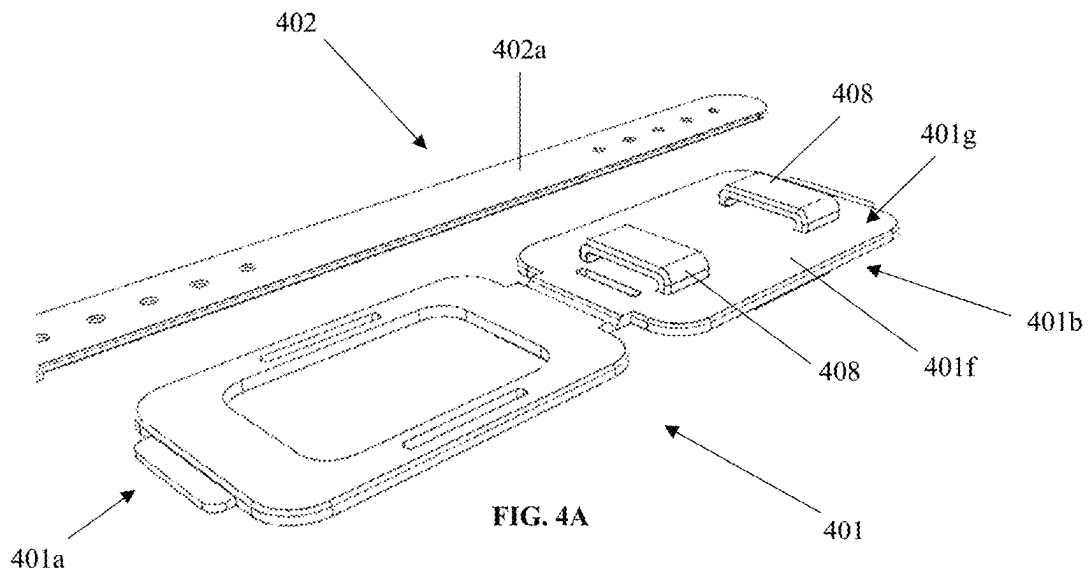
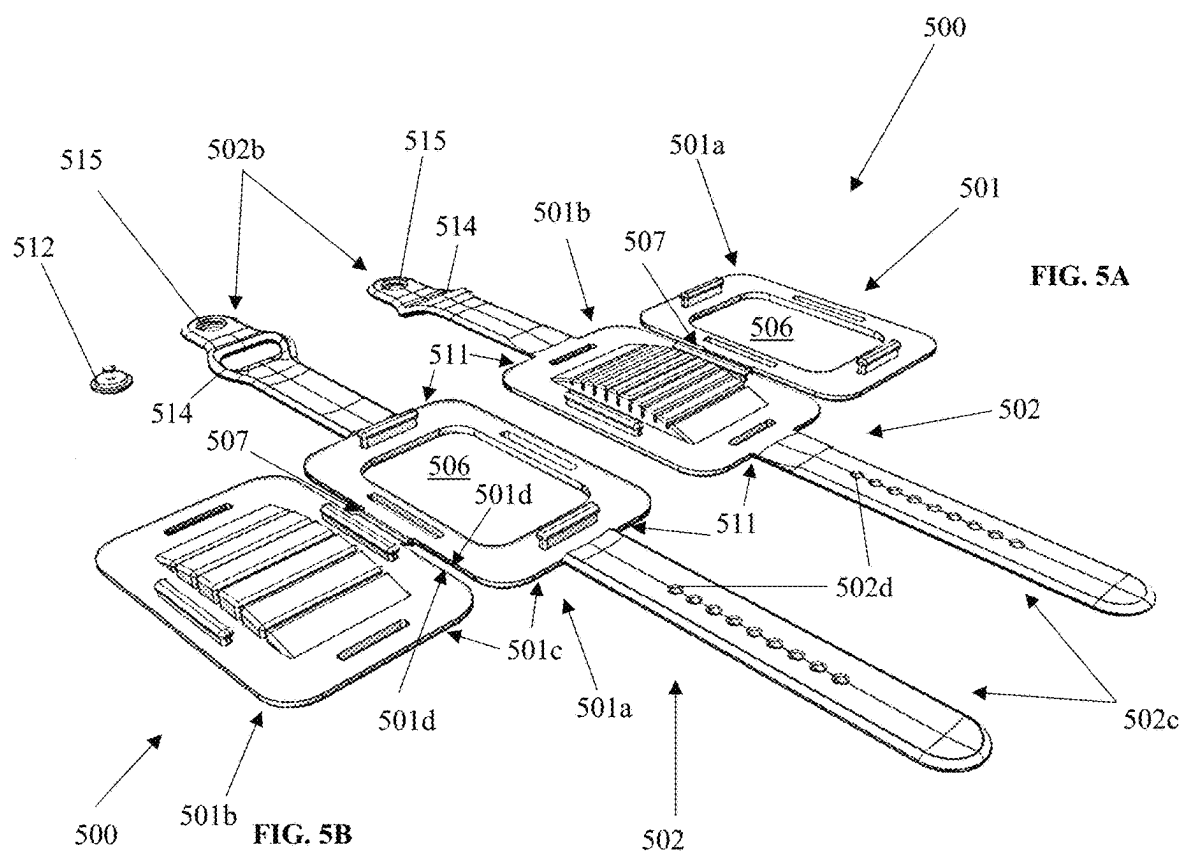


FIG. 3B









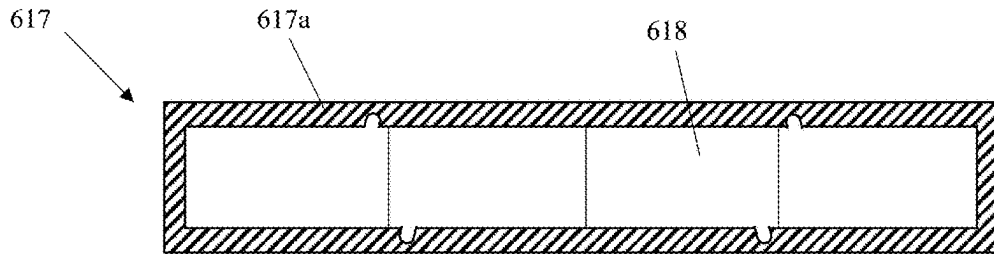


FIG. 6A

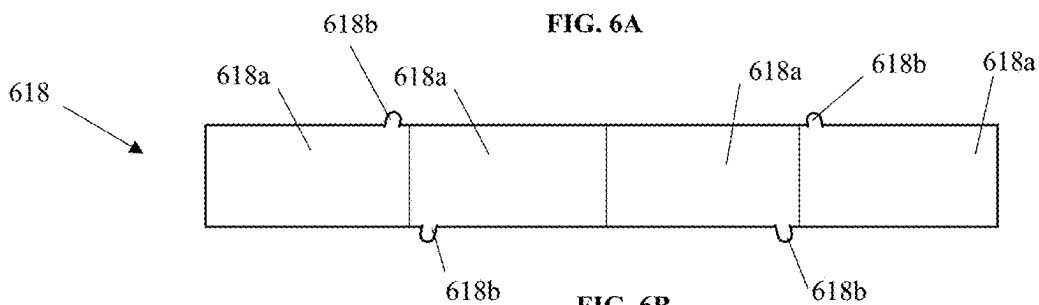


FIG. 6B

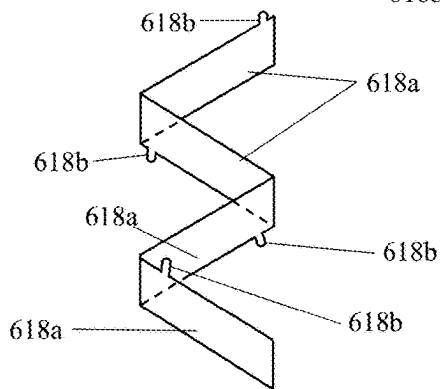


FIG. 6C

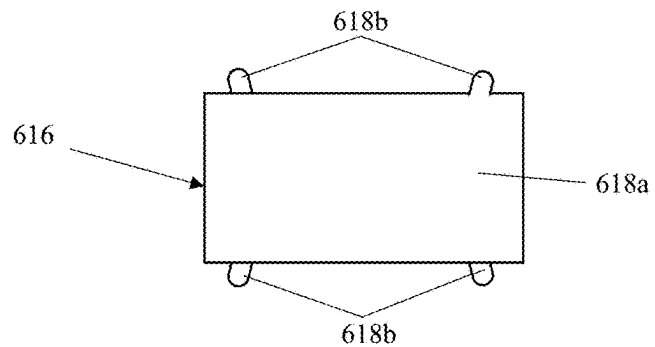


FIG. 6D

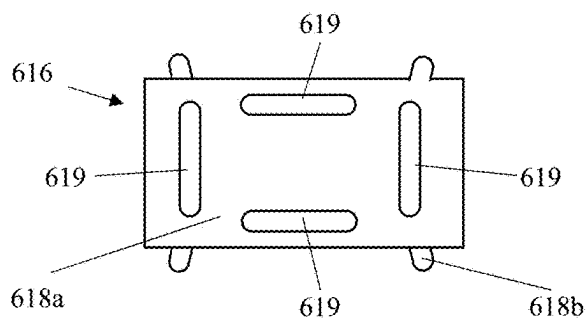


FIG. 6E

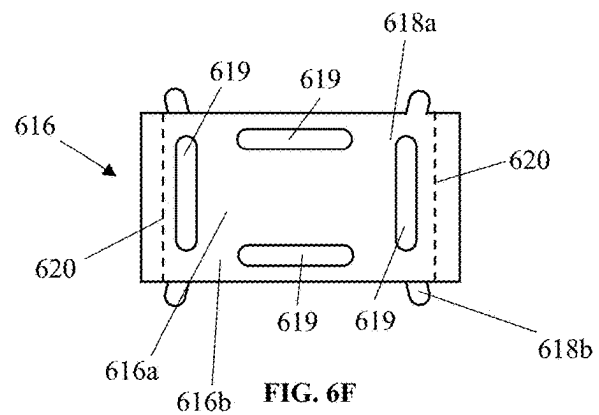


FIG. 6F

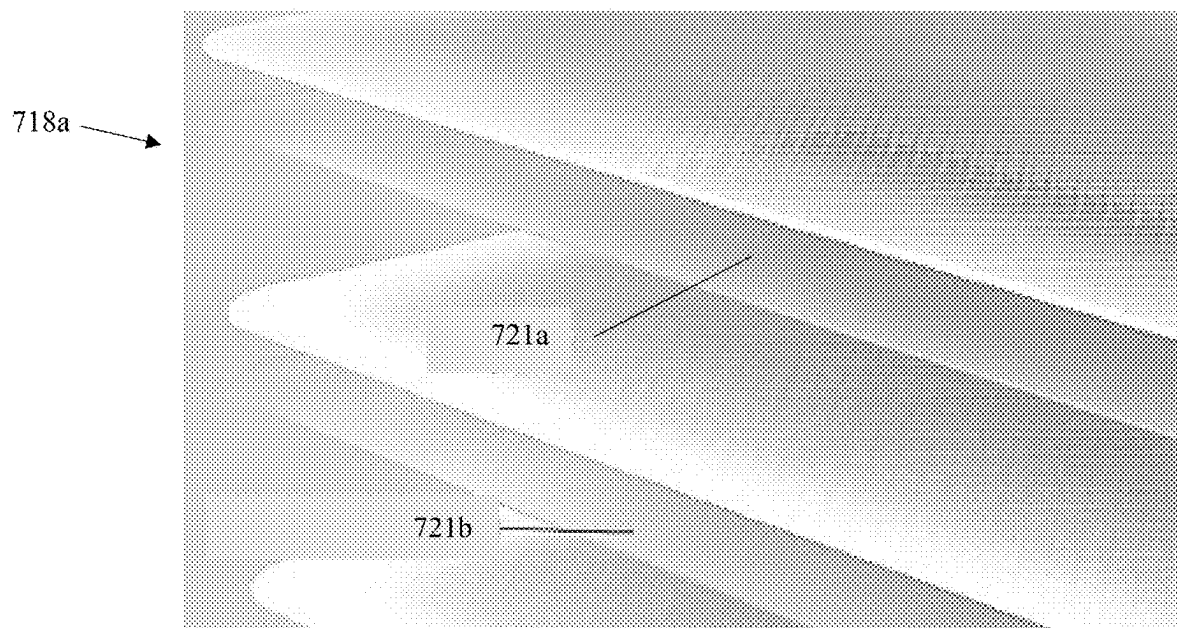


FIG. 7

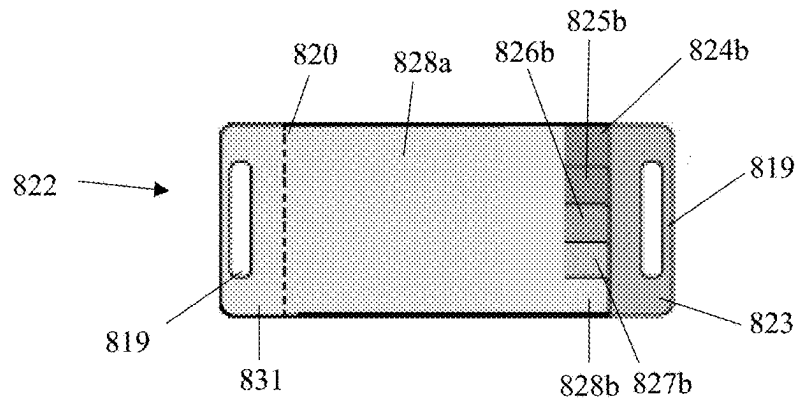


FIG. 8A

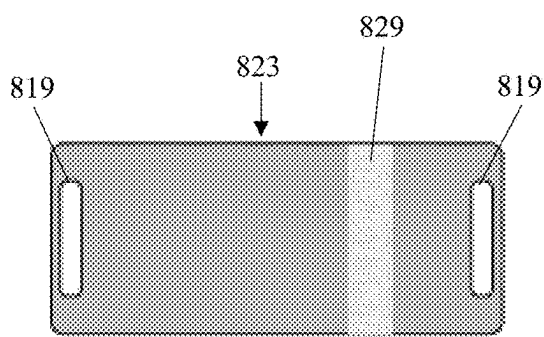


FIG. 8B

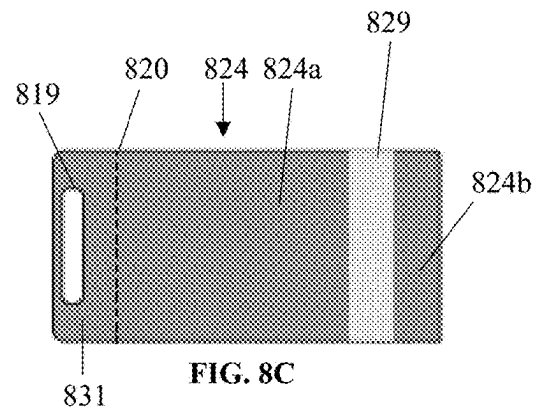


FIG. 8C

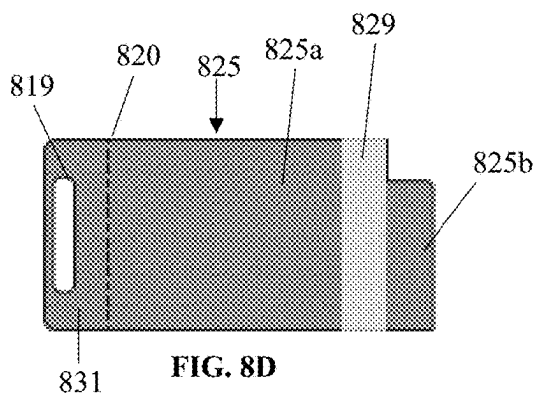


FIG. 8D

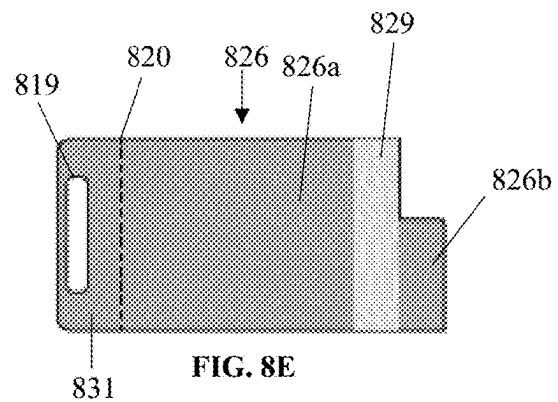


FIG. 8E

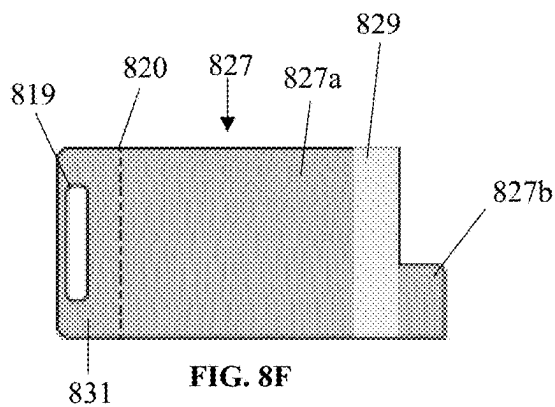


FIG. 8F

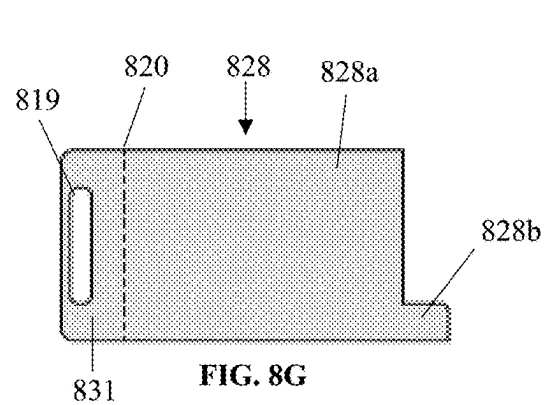


FIG. 8G

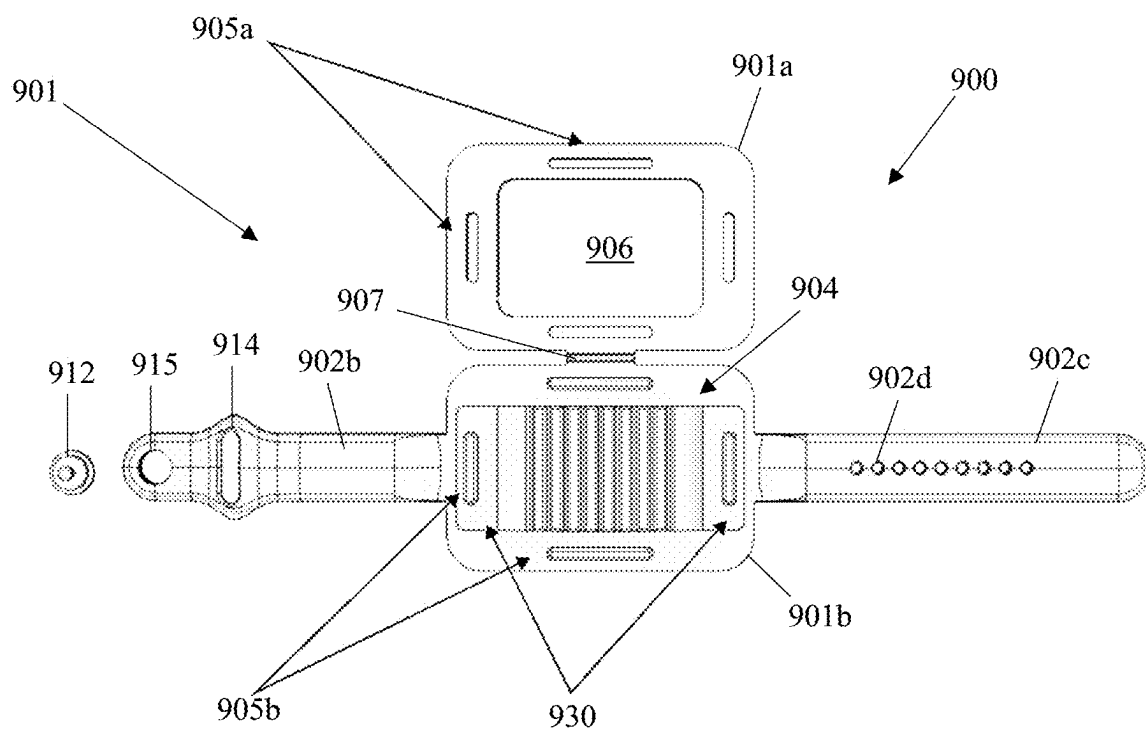
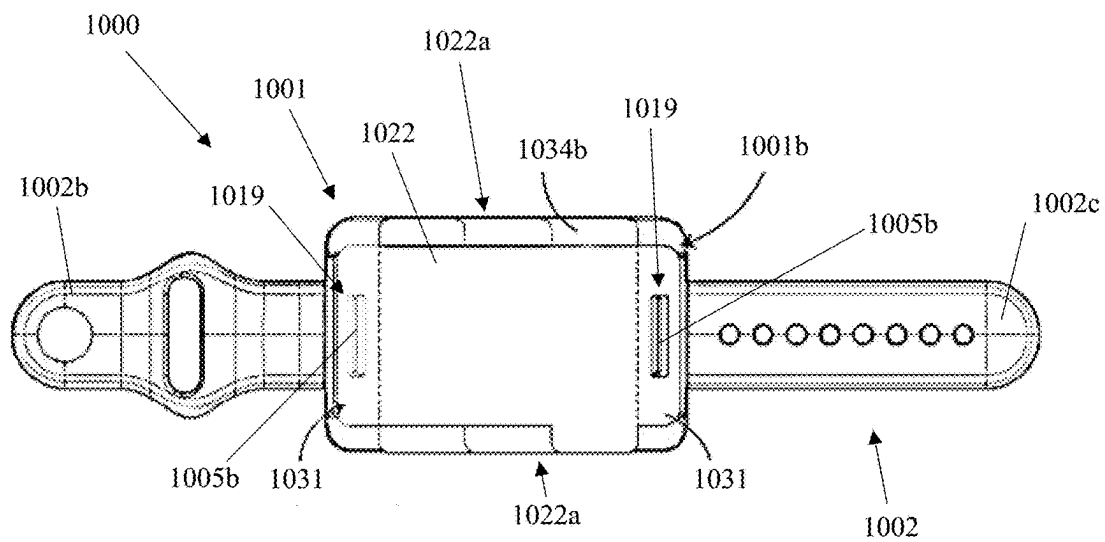
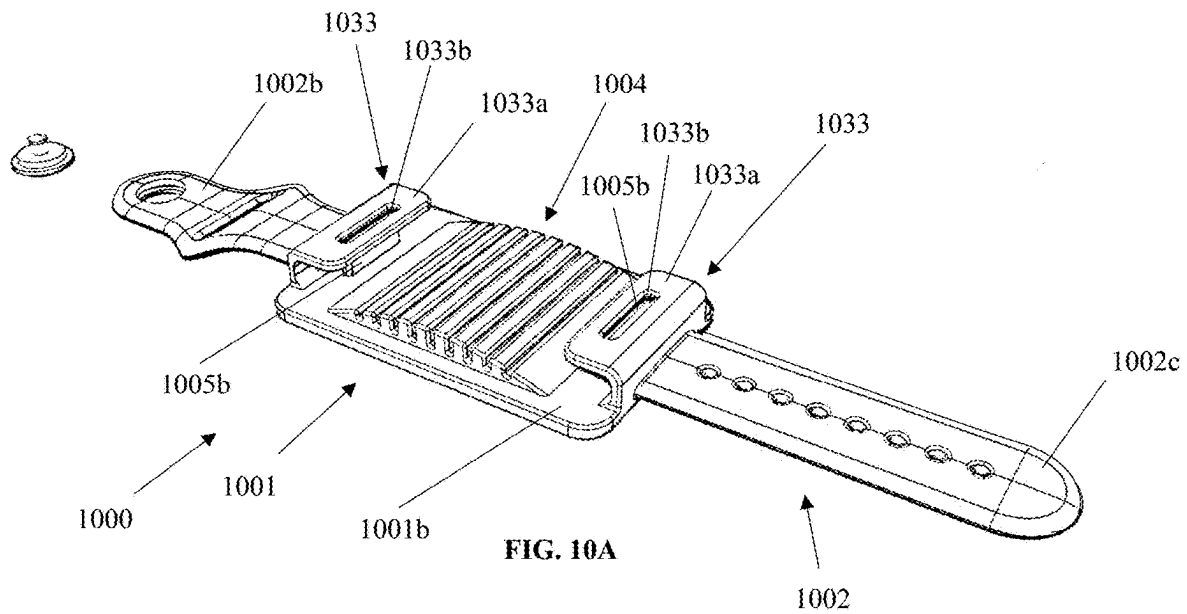


FIG. 9



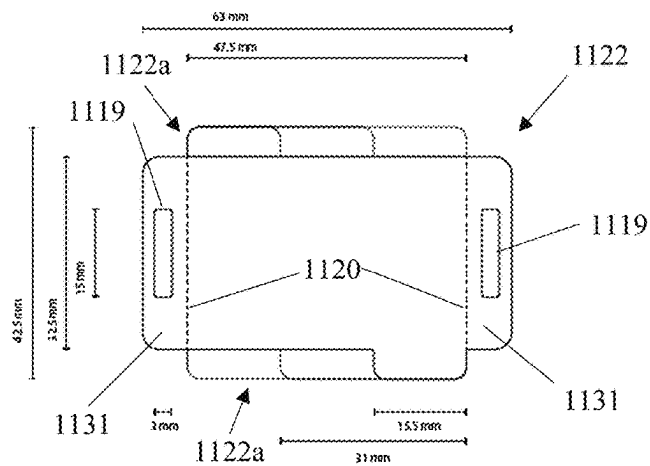


FIG. 11A

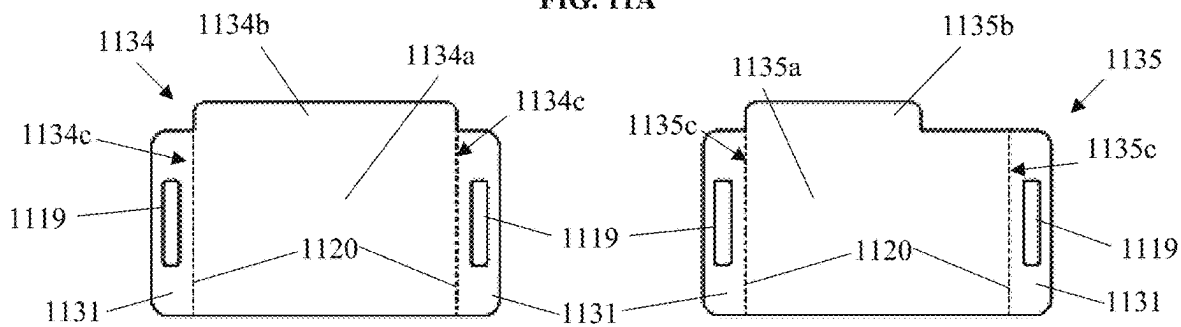


FIG. 11B

FIG. 11C

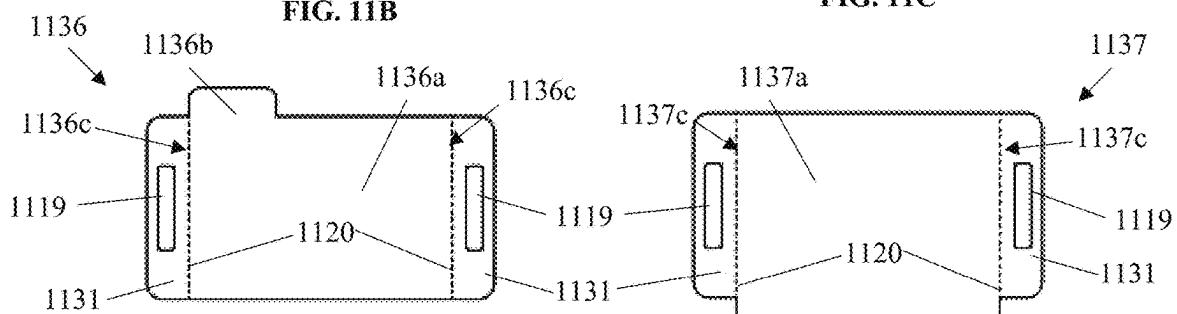


FIG. 11D

FIG. 11E

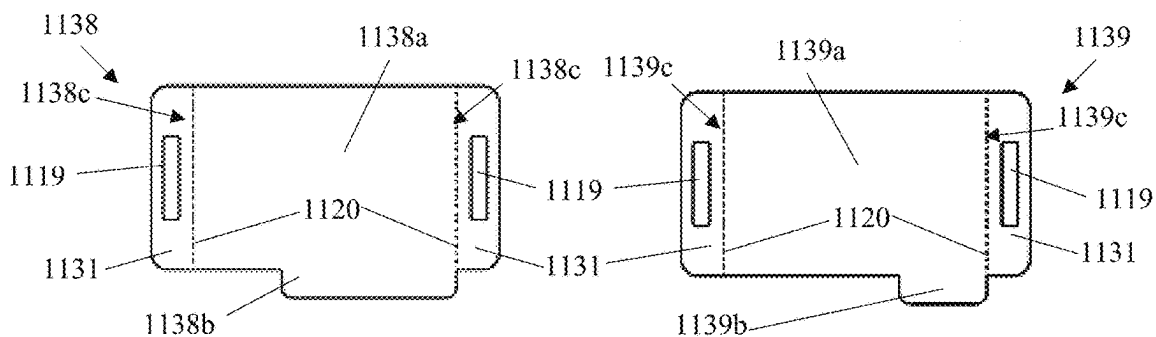
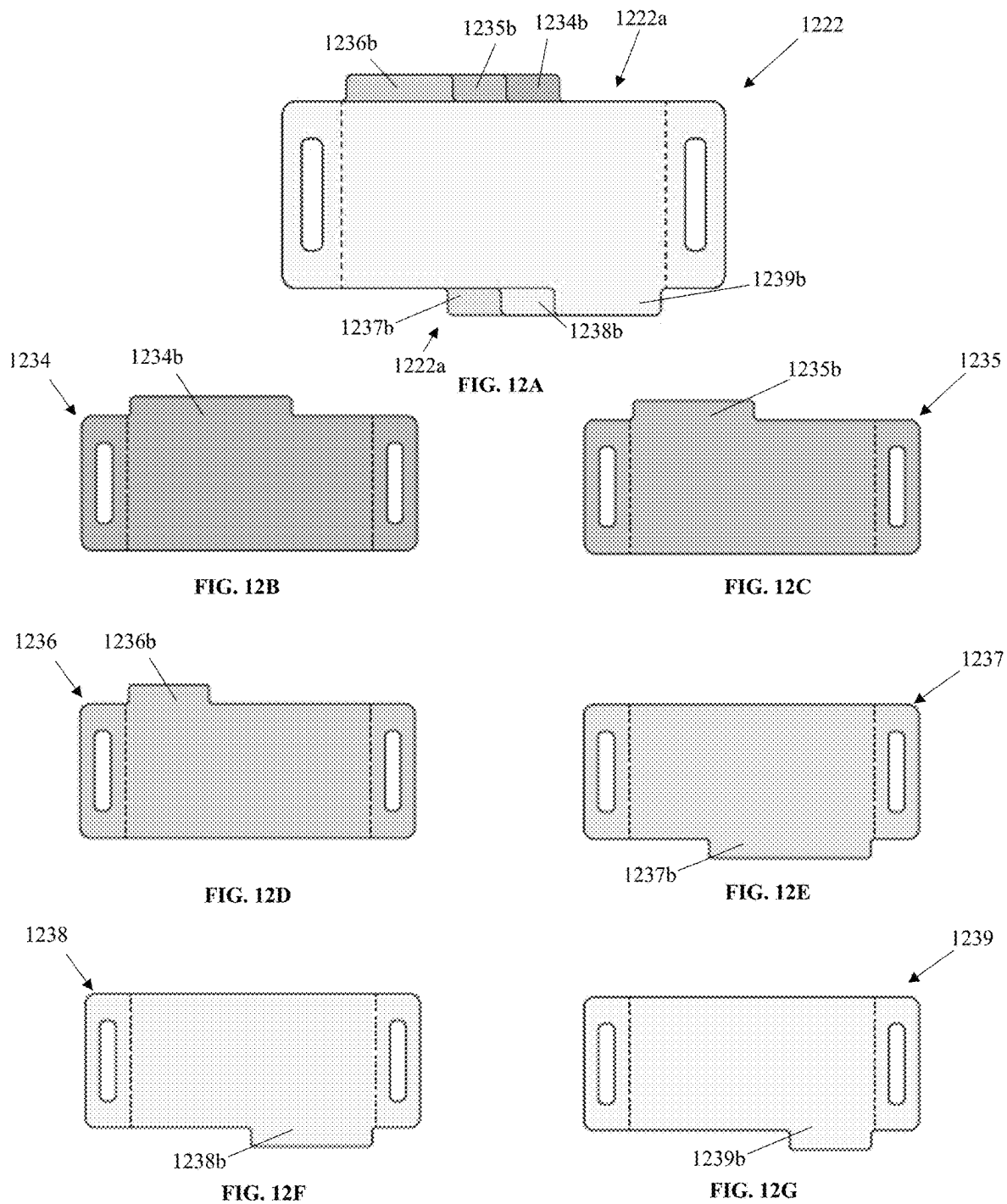
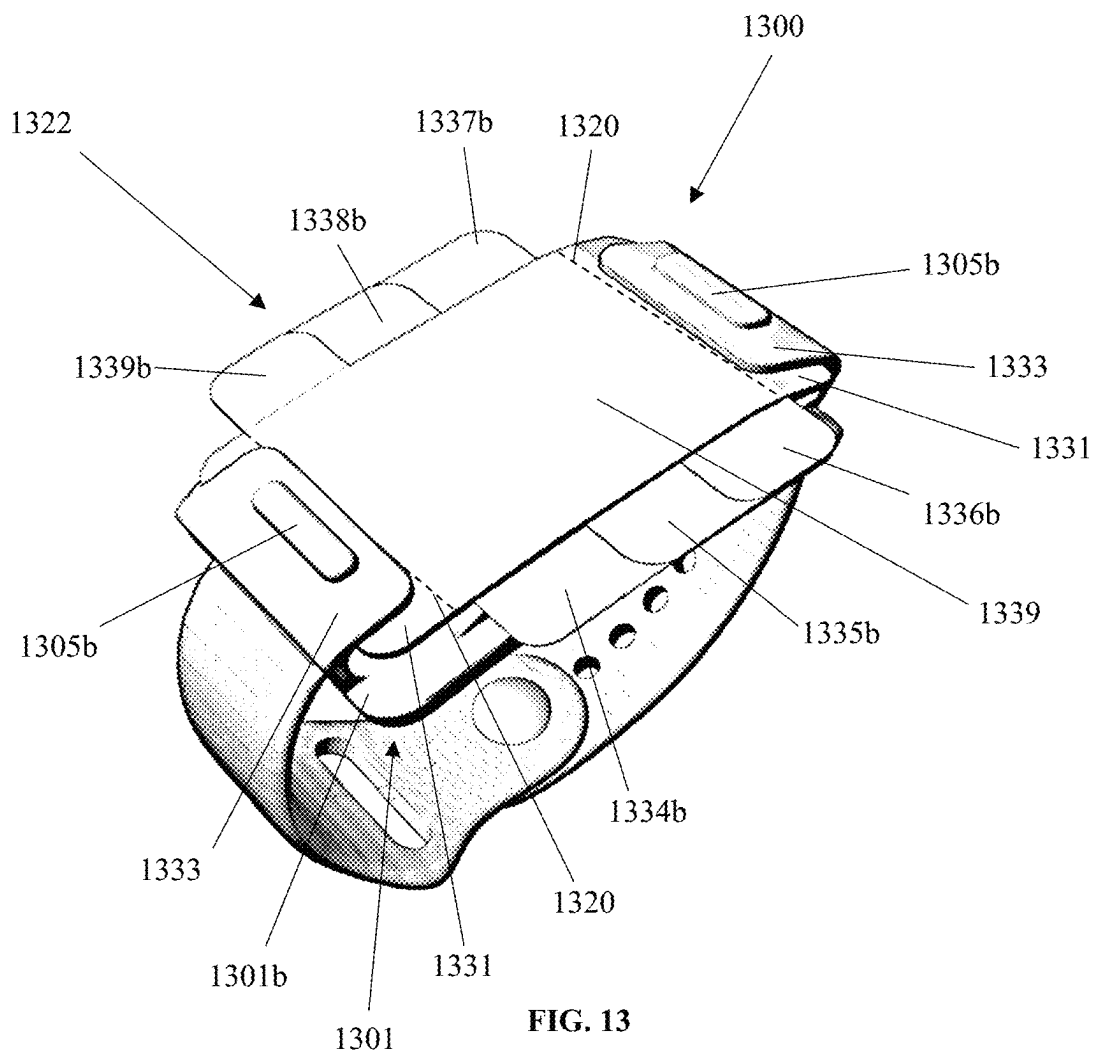


FIG. 11F

FIG. 11G







1

**WEARABLE TISSUE RECEPTACLE****CROSS-REFERENCE TO RELATED APPLICATIONS**

This application claims the benefit of U.S. Provisional Application No. 63/269,744, filed Mar. 22, 2022, which is hereby incorporated by reference, to the extent that it is not conflicting with the present application.

**BACKGROUND OF INVENTION****1. Field of the Invention**

The invention relates generally to tissue receptacles and more specifically to wearable tissue receptacles.

**2. Description of the Related Art**

One common symptom associated with illness is a runny nose. Exposure to lower temperatures may also cause an individual to have a runny nose, despite the individual not having an illness. While the most commonly accepted solution to treating a runny nose may be the utilization of a tissue to wipe a runny nose, the currently established systems for providing and dispensing tissues may have several shortcomings that hamper their viability. One of the most common tissue distribution apparatus is a tissue box or pack. While a tissue box/pack may prove effective for tissue distribution in some situations, a user must be within arm's reach of the tissue box in order to allow for immediate use, potentially requiring a user to carry a tissue box with them from place to place. This may be inconvenient in many scenarios, and impossible in others. For example, a user on a ski slope may experience a runny nose as a result of the cold weather and have to constantly reach into their pocket to access a tissue box/pack for tissues in order to wipe their nose as needed.

Additionally, small children dealing with a runny nose may also present a challenge that may not be overcome through the use of conventional tissue boxes/packs. Small children may reflexively use their wrist or arm to wipe their nose without even attempting to find a tissue box. As such, a tissue box, or any other conventional tissue container would be incapable of remedying this issue, and thus would be incapable of preventing the proliferation of germs through this mechanism.

Therefore, there is a need to solve the problems described above by providing a wearable tissue receptacle capable of providing a conveniently positioned tissue that is available for immediate use.

The aspects or the problems and the associated solutions presented in this section could be or could have been pursued; they are not necessarily approaches that have been previously conceived or pursued. Therefore, unless otherwise indicated, it should not be assumed that any of the approaches presented in this section qualify as prior art merely by virtue of their presence in this section of the application.

**BRIEF INVENTION SUMMARY**

This Summary is provided to introduce a selection of concepts in a simplified form that are further described below in the Detailed Description.

In an aspect, a wearable tissue receptacle is provided, the wearable tissue receptacle comprising: a main unit having:

2

a lower part; and a ribbed bridge disposed on the lower part, the ribbed bridge having two end portions and a middle portion disposed between the two end portions, the ribbed bridge comprising a plurality of ribs, wherein ribs disposed at the end portions of the ribbed bridge are shorter than ribs disposed at the middle portion of the ribbed bridge, such that the ribbed bridge forms a rounded arch; a strap configured to be attached to the main unit, wherein the strap is configured to secure the main unit to a user; a tissue bundle configured to be engaged with the main unit, the tissue bundle having: at least one tissue layer comprising: a tissue body portion; a waste portion associated with the tissue body portion; a tissue tab associated with the tissue body portion, the tissue tab being configured to be manipulated by the user to separate the tissue body portion from the waste portion; wherein the tissue bundle is configured to be seated on the ribbed bridge; and a securing ridge disposed on the main unit and a securing cavity disposed on the main unit, wherein the securing ridge is configured to be selectively, partially nested within the securing cavity to secure the tissue bundle to the main unit. Thus, an advantage is that a user may easily wipe their nose or face on the tissue bundle held by the wearable tissue receptacle without a need to physically carry anything in their hands. Another advantage is that ribbed bridge on the lower part may provide a smooth wiping surface to a user that may still grip the tissue bundle to prevent it from sliding or tearing unintentionally during use. Another advantage is that the ribbed bridge may increase the flexibility of the main unit while providing superior ventilation to the held tissue bundle. Another advantage is that the main unit and strap may be separable, allowing the main unit and strap to be swapped out for different main units and straps, accordingly, allowing a user to customize the wearable tissue receptacle. Another advantage is that the main unit of the wearable tissue receptacle may be configured to allow a user to easily remove a soiled tissue layer from the secured wearable tissue bundle using an associated unsoiled tissue tab, thus allowing the user to dispose of potential contaminants while keeping their hands clean. Another advantage is that the main unit may also be configured to allow a user to easily remove and replace a depleted tissue bundle without ever having to come in contact with the soiled tissue.

In another aspect a wearable tissue receptacle is provided, the wearable tissue receptacle comprising: a main unit having: a lower part; and a ribbed bridge disposed on the lower part, the ribbed bridge having two end portions and a middle portion disposed between the two end portions, the ribbed bridge comprising a plurality of ribs, wherein ribs disposed at the end portions of the ribbed bridge are shorter than ribs disposed at the middle portion of the ribbed bridge, such that the ribbed bridge forms a rounded arch; a strap configured to be attached to the main unit, wherein the strap is configured to secure the main unit to a user; a securing ridge disposed on the main unit and a securing cavity disposed on the main unit, wherein the securing ridge is configured to be selectively engaged with the securing cavity to secure a tissue bundle to the main unit. Again, an advantage is that a user may easily wipe their nose or face on a tissue bundle held by the wearable tissue receptacle without a need to physically carry anything in their hands. Another advantage is that ribbed bridge on the lower part may provide a smooth wiping surface to a user that may still grip a tissue bundle to prevent it from sliding or tearing unintentionally during use. Another advantage is that the ribbed bridge may increase the flexibility of the main unit while providing superior ventilation to a held tissue bundle.

3

Another advantage is that the main unit and strap may be separable, allowing the main unit and strap to be swapped out for different main units and straps, accordingly, allowing a user to customize the wearable tissue receptacle. Another advantage is that the main unit of the wearable tissue receptacle may be configured to allow a user to easily remove a soiled tissue layer from a secured wearable tissue bundle using an associated unsoiled tissue tab, thus allowing the user to dispose of potential contaminants while keeping their hands clean. Another advantage is that the main unit may also be configured to allow a user to easily remove and replace a depleted tissue bundle without ever having to come in contact with the soiled tissue.

In another aspect a wearable tissue receptacle is provided, the wearable tissue receptacle comprising: a main unit having: a lower part; and a bridge disposed on the lower part; a strap configured to be attached to the main unit, wherein the strap is configured to secure the main unit to a user; a securing ridge disposed on the main unit and a securing cavity disposed on the main unit, wherein the securing ridge is configured to be selectively engaged with the securing cavity to secure a tissue bundle to the main unit. Again, an advantage is that a user may easily wipe their nose or face on a tissue bundle held by the wearable tissue receptacle without a need to physically carry anything in their hands. Another advantage is a bridge may be provided on the lower part to provide a smooth wiping surface for a user that may still grip a tissue bundle to prevent it from sliding or tearing unintentionally during use. Another advantage is that said bridge may increase the flexibility of the main unit while providing superior ventilation to a held tissue bundle. Another advantage is that the main unit and strap may be separable, allowing the main unit and strap to be swapped out for different main units and straps, accordingly, allowing a user to customize the wearable tissue receptacle. Another advantage is that the main unit of the wearable tissue receptacle may be configured to allow a user to easily remove a soiled tissue layer from a secured wearable tissue bundle using an associated unsoiled tissue tab, thus allowing the user to dispose of potential contaminants while keeping their hands clean. Another advantage is that the main unit may also be configured to allow a user to easily remove and replace a depleted tissue bundle without ever having to come in contact with the soiled tissue.

The above aspects or examples and advantages, as well as other aspects or examples and advantages, will become apparent from the ensuing description and accompanying drawings.

#### BRIEF DESCRIPTION OF THE DRAWINGS

For exemplification purposes, and not for limitation purposes, aspects, embodiments or examples of the invention are illustrated in the figures of the accompanying drawings, in which:

FIG. 1A illustrates the top view of the disclosed wearable tissue receptacle, according to an aspect.

FIG. 1B illustrates the top view of the main unit of a wearable tissue receptacle, according to an aspect.

FIG. 1C illustrates the top perspective view of the main unit of a wearable tissue receptacle, according to an aspect.

FIG. 1D illustrates the side profile view of the main unit of a wearable tissue receptacle, according to an aspect.

FIG. 1E illustrates the top view of a strap of a wearable tissue receptacle, according to an aspect.

FIG. 2A illustrates the side profile view of fully opened main unit, according to an aspect.

4

FIG. 2B illustrates the side profile view of a partially opened main unit, according to an aspect.

FIG. 3A illustrates the top view of a main unit having narrower ribs, according to an aspect.

FIG. 3B illustrates the top view of a main unit having wider ribs, according to an aspect.

FIG. 4A illustrates the bottom perspective view of a main unit having strap loops, according to an aspect.

FIG. 4B illustrates the top perspective view of a main unit having strap through holes, according to an aspect.

FIG. 5A illustrates the top perspective view of a strap directly secured to the lower part of the main unit, according to an aspect.

FIG. 5B illustrates the top perspective view of a strap directly secured to the upper part of the main unit, according to an aspect.

FIGS. 6A-6F illustrates the process of manufacturing a specialized tissue paper stack for use with the disclosed wearable tissue receptacle, according to an aspect.

FIG. 7 illustrates the exploded view of a specialized tissue section for use with the disclosed wearable tissue receptacle, according to an aspect.

FIG. 8A illustrates the top view of a tissue cartridge, according to an aspect.

FIGS. 8B-8G illustrate the top views of the various tissue layers of a tissue cartridge, according to an aspect.

FIG. 9 illustrates the top view of a wearable tissue receptacle configured to engage with a tissue cartridge, according to an aspect.

FIG. 10A illustrates the top perspective view of an alternative embodiment of a wearable tissue receptacle, according to an aspect.

FIG. 10B illustrates the top view of an alternative embodiment of the wearable tissue receptacle engaged with an alternative embodiment of the tissue cartridge, according to an aspect.

FIG. 11A illustrates the top view of an alternative embodiment of a tissue cartridge according to an aspect.

FIGS. 11B-11G illustrate the top views of the layers of an alternative tissue cartridge, according to an aspect.

FIG. 12A illustrates the top view an alternative embodiment of the tissue cartridge 1222, according to an aspect.

FIGS. 12B-12G illustrate the top views of the layers of an alternative tissue cartridge, according to an aspect.

FIG. 13 illustrates the top perspective view of an alternative embodiment of the wearable tissue receptacle, according to an aspect.

#### DETAILED DESCRIPTION

What follows is a description of various aspects, embodiments and/or examples in which the invention may be practiced. Reference will be made to the attached drawings, and the information included in the drawings is part of this detailed description. The aspects, embodiments and/or examples described herein are presented for exemplification purposes, and not for limitation purposes. It should be understood that structural and/or logical modifications could be made by someone of ordinary skills in the art without departing from the scope of the invention.

It should be understood that, for clarity of the drawings and of the specification, some or all details about some structural components or steps that are known in the art are not shown or described if they are not necessary for the invention to be understood by one of ordinary skills in the art.

5

For the following description, it can be assumed that most correspondingly labeled elements across the figures (e.g., **104** and **204**, etc.) possess the same characteristics and are subject to the same structure and function. If there is a difference between correspondingly labeled elements that is not pointed out, and this difference results in a non-corresponding structure or function of an element for a particular embodiment, example or aspect, then the conflicting description given for that particular embodiment, example or aspect shall govern.

FIG. 1A illustrates the top view of the disclosed wearable tissue receptacle **100**, according to an aspect. FIG. 1B illustrates the top view of the main unit **101** of a wearable tissue receptacle **100**, according to an aspect. FIG. 1C illustrates the top perspective view of the main unit **101** of a wearable tissue receptacle **100**, according to an aspect. FIG. 1D illustrates the side profile view of the main unit **101** of a wearable tissue receptacle **100**, according to an aspect. FIG. 1E illustrates the top view of a strap **102** of a wearable tissue receptacle **100**, according to an aspect. The disclosed wearable tissue receptacle **100** is configured to provide an attached user (not shown) with fast and easy access to a tissue without requiring the user to hold said tissue within their hand. The wearable tissue receptacle **100** may be comprised of three core components: a main unit **101**, a strap **102** and a tissue bundle **103** such as a tissue stack/cartridge, such as tissue stack **616** of FIG. 6F or tissue cartridge **822** of FIG. 8A. The herein disclosed wearable tissue receptacle **100** may be used not only to wipe one's nose or face, but also to cover one's sneeze or cough as necessary to prevent the proliferation of germs.

The main unit **101** may be comprised of an upper part **101a** and a lower part **101b**. In an embodiment, the upper part **101a** may be pivotally attached to the lower part **101b** by a junction hinge **107**. The upper part **101a** may be configured to be rotated about said junction hinge **107** in order to allow the upper part **101a** to engage with the lower part **101b**, as will be described in greater detail hereinbelow. The upper part **101a** may have an upper part body **101e** and a tissue window **106** centrally disposed within the upper part body **101e**, the tissue window **106** configured to allow the attached user to rub their nose or face on a tissue bundle **103** secured between the upper part **101** and the lower part **101b**. As such, the tissue window **106** may operate as a through hole through the upper part body **101e** that exposes an internally held tissue bundle **103** to the user. The upper part **101a** of the main unit **101** may also have securing ridges **105b** attached to the upper part body **101e**, wherein said securing ridges **105b** are configured to be inserted in securing cavities **105a** nested or otherwise disposed within a lower part body **101f**, while also having securing cavities **105a** nested or otherwise disposed within the upper part body **101e** that are configured to receive securing ridges **105b** attached to the lower part body **101f**. For simplicity, it may be stated that securing cavities and securing ridges may be nested within/disposed on the upper part **101a** and/or lower part **101b**, accordingly.

By selectively inserting securing ridges **105b** on the upper part **101a** and lower part **101b** into corresponding securing cavities **105a** nested or otherwise disposed within the lower part **101b** and upper part **101a**, respectively, the user may selectively engage the upper part **101a** with the lower part **101b** to sandwich a tissue bundle **103** (e.g., tissue stack/tissue cartridge) within the wearable tissue receptacle **100** to enable its utilization by the attached user. It should be understood that comparable securing mechanisms, such as

6

snaps or clips, may also be used in order to secure the upper part **101a** of the main unit **100** to the lower part **101b** of the main unit **100**.

The lower part **101b** may be comprised a lower part body **101f**. The main unit **101** may be further comprised of a ribbed bridge **104** disposed on the lower part **101b**, or more specifically the lower part body **101f**. The ribbed bridge **104** may be comprised of a plurality of ribs **104a**, wherein said ribbed bridge **104** is configured to form a rounded arch on which a tissue bundle **103** is seated when said tissue bundle **103** is secured within the main unit **101**, thus supporting said tissue bundle **103** from below. As such, a tissue bundle **103** supported by the ribbed bridge **104** may in turn conform to the shape of the rounded arch. The ribs **104a** of the ribbed bridge **104** may be associated with the lower part **101b** of the main unit **101**, such that upon seating of a tissue bundle **103** on the ribbed bridge **104** and engaging of lower part **101b** with the upper part **101a**, the tissue bundle **103** smoothly protrudes out of the tissue window **106** of the upper part **101a**, to facilitate easy access to said tissue bundle **103** by the attached user. As can be seen in FIGS. 1B-1C, the ribs **104a** of the ribbed bridge **104** may be provided in various sizes, which will be discussed in greater detail hereinbelow. As described hereinabove, the main unit **101** may be further comprised of a plurality of securing ridges **105b** attached to the lower part **101b** or lower part body **101f** and a plurality of securing cavities **105a** disposed or nested within the lower part **101b** lower part body **101f**, wherein the securing ridges **105b** and securing cavities **105a** of the lower part **101b** are configured to engage with corresponding securing cavities **105a** and securing ridges **105b**, respectively, on the upper part **101a**, in order to secure the upper part **101a** and the lower part **101b** together.

By disengaging each securing ridge **105b** from its corresponding securing cavity **105a**, the upper part **101a** may be selectively rotated about the junction hinge **107** to allow for removal and replacement of used tissues. Due to the fact that the securing ridges **105b** and securing cavities may be used interchangeably on the upper part **101a** and lower part **101b**, it may be stated that the wearable tissue receptacle **100** may be comprised of at least a securing ridge **105b** disposed on the main unit **101** and a securing cavity **105a** disposed on the main unit **101**, wherein the securing ridge **105b** is configured to be selectively, partially nested within or otherwise engaged with the securing cavity **105a** to secure the tissue bundle **103** to the main unit **101**. It should be understood that the quantity and positioning of securing cavities **105a** and securing ridges **105b** utilized may be varied, as long as each securing ridge **105b** is configured to engage with a corresponding securing cavity **105a**.

The shapes of the tissue window **106** and the ribbed bridge **104** may be complementary, such that the ribbed bridge **104** and a seated tissue bundle **103** smoothly protrude through the tissue window to allow a user to wipe their nose or face on the tissue sandwiched between the upper part **101a** and the lower part **101b**. It should be understood that the term "protrude smoothly" may refer to the ribbed bridge having a rounded profile without any large or abrupt changes in direction, creating a rounded, mostly smooth surface as seen by ribbed bridge **104** of FIGS. 1C-1D. The tissue window **106** may have a rectangular shape with rounded edges. This shape of tissue window **106** may optimize the ratio of tissue surface area sandwiched between the upper and lower parts to the tissue surface area protruding out of the tissue window **106** for direct usage. By optimizing said ratio, the tissue bundle **103** may be firmly secured to the

7

main unit **101** while leaving a sufficiently large area of the tissue bundle **103** exposed for a user to wipe their nose or face on.

In order to secure the main unit **101** to a user, the main unit **101** may be configured to attach to a strap **102**. The strap **102** may be comprised of a strap body **102a** configured to wrap around and engage with a user's wrist or arm in order to attach itself to the user. The head end **102b** of the strap **102** may be configured to attach to a tail end **102c** of the strap **102** in order to suitably secure the strap **102** to the main unit **101** and the user. The mechanism through which the head end **102b** engages with the tail end **102c** may be Velcro or a comparable loop-hook fastener, as seen in FIG. 4A, a rivet fastener, such as rivet fastener **512** of FIG. 5B, configured to engage with one of a plurality of fastening through holes **102d** in the tail end **102c** of the strap **102**, or any other suitable junction method configured to provide a firm, but reversible engagement. The main unit **101** may be attached to the strap **102** through the insertion or partial nesting of the strap body **102a** through/within the strap loops **108** disposed on the lower part **101b** of the main unit **101**, or said strap **102** may be integrated directly into or directly associated with the main unit **101**, as seen by wearable tissue receptacles **500** of FIGS. 5A-5B.

The main unit **101** and the strap **102** of the wearable tissue receptacle **100** may be comprised of suitable materials to ensure the resulting wearable tissue receptacle **100** is lightweight, bendable and comfortable to use and wear. The main unit **101** may be comprised of a suitable material, such as a lightweight plastic or silicone, in order to provide the necessary structure to house tissue bundles **103** such as tissue stacks or cartridges and support said tissues for utilization by the user, while comfortably conforming to the shape of a user's wrist or arm. The strap **102** may be comprised of a lightweight bendable material, such as plastic or silicone, that is comfortable for a child or adult to wear, while being flexible and resistance to breakage. The tissue bundle **103** housed within the main unit will be described in greater detail hereinbelow. It should be understood that a tissue stack, such as tissue stack **616** of FIG. 6F, and a tissue cartridge, such as tissue cartridge **822** of FIG. 8A are both types of tissue bundles **103** that may be used with the disclosed wearable tissue receptacle **100**, and that each tissue bundle **103** may be comprised of at least one tissue layers or tissue sections. As such, even a singular convention tissue may be classified as a type of tissue bundle **103**.

FIG. 2A illustrates the side profile view of fully opened main unit **201**, according to an aspect. FIG. 2B illustrates the side profile view of a partially opened main unit **201**, according to an aspect. As can be seen in FIGS. 2A-2B, the upper part **201a** may be pivotally attached to the lower part **201b** by a junction hinge **207** in order to allow the disengagement of each securing ridge **205b** from each corresponding securing cavities **205a**, to allow the main unit **201** to be fully opened to remove or replace the secured tissue bundle **203**, while still keeping the upper part **201a** and lower part **201b** attached to each other. As will be discussed in greater detail hereinbelow, a tissue stack or cartridge having perforations in each tissue section or layer may be secured within the main unit **201**, such that each tissue section/layer may be easily torn off.

In addition to the hereinabove described junction hinge **207**, the upper part **201a** may be further comprised of a release hinge **209** configured to allow a user to remove a tissue section, such as tissue section **618a** of FIG. 6B, from the tissue bundle **203** by its perforations, while leaving the remainder of tissues sections secured within the main unit

8

**201**. As such, the upper part **201a** may be comprised of a mounted portion pivotally attached to the bottom portion by the junction hinge **207**, and a rotating portion **232b** pivotally engaged with the mounted portion **232a** by a release hinge **209**. The release hinge **209** may be disposed between a mounted portion **232a** of the upper part **201a** and rotating portion **232b** of the upper part **201a**, to facilitate this pivotal engagement. As such, when the rotating portion **232b** is rotated about the release hinge **209** as depicted in FIG. 2B, such that only the securing ridge **205b** on the mounted portion **232a** is engaged with a corresponding securing cavity **205a** in the lower part **201b**, the main unit **201** may be described as partially opened. The prior described tissue window **206** may be solely disposed on the rotating portion **232b**.

As described hereinabove while the main unit **201** is partially opened, the release hinge **209** may keep a single securing ridge **205b** of the upper part **201a** engaged with a single securing cavity **205a** of the lower part **201b**, as seen in FIG. 2B. This engagement allows the secured tissue bundle **203** to remain secured to the main unit **201**, while still allowing easy access to the outermost tissue section of said tissue bundle **203**. As discussed hereinabove, while the main unit **201** is partially opened, a user may easily remove an outermost tissue section of the tissue bundle **203** by tearing a corresponding outermost tissue section about its perforations, such as perforation **820** of FIG. 8G. A tissue stack, such as tissue stack **616** of FIG. 6F, may be configured to align the perforations **620** on each of its tissue sections **618a** with the release hinge **209** to allow for easy, selective removal of soiled tissue sections, while leaving the remaining tissue sections of the tissue bundle **203** secured within the main unit **201**. The tissue bundle **203**, and its various embodiments, such as tissue stack **616** of FIG. 6F and tissue cartridge **822** of FIG. 8A, will be discussed in greater detail hereinbelow. The lower part **201b** of the main unit **201** may be further comprised strap loops **208** disposed on a bottom surface of the lower part **201b**, which will also be discussed in greater detail hereinbelow.

FIG. 3A illustrates the top view of a main unit **301** having narrow ribs **304a**, according to an aspect. FIG. 3B illustrates the top view of a main unit **301** having wide ribs **304a**, according to an aspect. As can be seen in FIG. 3A and FIG. 3B, the dimensions and quantity of each rib **304a** of the ribbed bridge **304** may be varied. In an embodiment, such as the main unit **301** seen in FIG. 3A, each rib **304a** of the ribbed bridge **304** may be narrow, such that there are ten ribs **304a** included in the ribbed bridge **304**. In an alternative embodiment, such as the main unit **301** seen in FIG. 3B, each rib **304a** may be wide, such that there are only six ribs **304a** included in the ribbed bridge **304**.

It should be understood that regardless of the dimensions or quantities of ribs **304a** included in the ribbed bridge **304**, said ribbed bridge **304** is configured such that said ribs **304a** fit within the tissue window **306** of the upper part **301a** of the main unit **301** upon engagement of the upper part **301a** with the lower part **301b**, such that any tissue(s) seated on the ribbed bridge **304** may suitably protrude out of the tissue window **306** to be easily accessed by the user, while remaining secured to the main unit **301**. As can be seen in FIGS. 2A-3B the ribbed bridge **204**, **304** may have a slightly curved profile such that it creates a rounded arch shape, wherein the ribs **204a-1**, **304a-1** disposed at end portions **304d** of the ribbed bridge **304** are shorter than the ribs **204a-2**, **304a-2** disposed in the portion middle **304c** of the ribbed bridge **304**, such that an attached tissue bundle **203** protrudes a greater distance out of the tissue window at the

middle portion **304c** of the ribbed bridge than at its end portions **304d** upon engagement of the upper part **301a** with the lower part **301b**, thus creating a smoothly contoured and easy to access wiping surface for a user. In other words, the protrusion of the ribbed bridge **304** or any other suitable bridge may be the greatest (protrudes further) at the middle portion **304c** of the bridge **304**, and the least at the end portions **304d** of the bridge **304**.

When utilizing thinner tissue layers with the disclosed wearable tissue receptacle (e.g., tissue layers with a lower GSM), it may be preferred to utilize a ribbed bridge **304** having a greater quantity of ribs **304a**, such that each rib **304a** is narrow, as seen in FIG. 3A. A ribbed bridge **304** having a greater quantity of narrower ribs **304** is configured to exert less surface tension on a tissue layer secured within the main unit **301** than a ribbed bridge having fewer, wider ribs **304a**, as seen in FIG. 3B. By exerting less surface tension on a secured tissue layer, unwanted breakages in said tissue layer may be avoided, even with thinner tissue layers or tissue layers made of weaker materials.

One of the main purposes of the ribbed bridge **304** is to reduce the tension experienced on the tissue layer during wiping, while simultaneously having the tissue layer smoothly protrude out of the tissue window **306** for easy access by the user. By providing a ribbed bridge **304** having a plurality of contact points with the secured tissue bundle, the tension experienced by said tissue layers during use may be roughly equalized over the area of the tissue layer, thus reducing the likelihood of unwanted breakages, while simultaneously gripping the tissue bundle to reduce the likelihood of the tissue bundle moving during use. This ribbed bridge **304** may also create a relatively smooth surface for the user to wipe their nose or face against, thus ensuring the user is not uncomfortable while wiping their nose/face. The ribbed bridge **304** may also increase the flexibility of the main unit as a result of the rib gap ("space") **304b** between the ribs **304a** of the ribbed bridge **304**. These rib gaps **304b** disposed between the ribs also allow air to travel through the ribbed bridge **304**, thus providing superior air permeability to allow used or otherwise wet tissue layers to dry more rapidly, helping to reduce or prevent the proliferation of moisture between tissues, tissue sections or tissue layers. It should be understood that a rib gap **304b** may be disposed between any pair of adjacent ribs **304a**, as seen in FIG. 3A-3B. such that each rib **304a** is adjacent to at least on rib gap **304b**. In other words, each pair of adjacent ribs, such as third rib **304a-3** and fourth rib **304a-4** may be separated by a third rib gap **304b-3** disposed between them, as seen in FIG. 3A.

It should be understood that while the ribbed bridges **304** disclosed herein may be shown as being comprised of a plurality of ribs throughout the disclosure, variations of this ribbed bridge **304** may be implemented as necessary or desirable, depending on the specific application of the wearable tissue receptacle. In an alternative embodiment, the ribbed bridge **304** may be provided as a singular monolithic structure (e.g., comprised of one, singular ridge) and may be referred to simply as a bridge. This alternative, monolithic bridge may have a curved shape that follow the same curvature as the ribbed bridges **304** of FIG. 3A-3B disclosed herein. This alternative embodiment of the ridge may span the same length on the main unit **301**, such that the bridge **304** still protrudes through the tissue window **306** upon engagement of the upper part **301a** with the lower part **301b**.

A monolithic bridge comprised of a singular rib may still be able to comfortably flex around the curvature of a user's wrist, as long as the bridge is comprised of a suitable flexible material, such as silicone. It should be understood that

additional features, such as ventilation holes (not shown), may be nested within this monolithic embodiment of the bridge **304** in order to provide sufficient air flow for the tissue bundle, similarly to the rib gaps **304b** disclosed hereinabove. It should be understood that various different modifications may be made to the bridge **304** of the main unit **301**, as long as the bridge **304** is configured to sufficiently support the tissue bundle and allow the tissue bundle to be accessed and used by the user.

FIG. 4A illustrates the bottom perspective view of a main unit **401** having strap loops **408**, according to an aspect. FIG. 4B illustrates the top perspective view of a main unit **401** having strap through holes **410**, according to an aspect. The herein described main unit **401** and the strap **402** may be provided with complementary securing elements to facilitate their interconnection. Similarly to the main unit **201** seen in FIG. 2A, the main unit **401** of FIG. 4A may have strap loops **408** secured to a bottom surface **401g** of the lower part **401b** of the main unit **401**, wherein said strap loops **408** are configured to secure the main unit **401** to the strap **402**. These strap loop may be attached directly to the lower part body **401f**. The strap body **402a** of the strap **402** may be threaded through or otherwise travel through each strap loop **408** to secure the strap **402** to the main unit **401**.

Alternatively, strap through holes **410** disposed on opposite terminal ends **411-1** of the upper part **401a** or opposite terminal ends **411-2** of the lower part **401b** may be utilized to secure the main unit **401** to the strap **402**. These strap through holes **410** may be placed adjacently to the securing cavities **405a**, as seen in FIG. 4B. A strap **402** may travel through each corresponding strap through hole **410** in order to secure the strap **402** to the main unit **401**. Said strap **402** of FIG. 4B may utilize a Velcro loop portion **411** on the head end **402b** of the strap **402** and a Velcro hook portion (not shown) on the tail end **402c** of the strap **402** in order to secure the tail end **402c** and head end **402b** of the strap **402** together to attach the formed wearable tissue receptacle to a user. Alternatively, the strap **402** may only travel through the strap through holes **410** on one of the parts of the main unit, such as only the strap through holes **410** of the lower part **402b**, such that the upper part **401a** may still be disengaged from the lower part **401b** while the wearable tissue receptacle is being worn by a user, to allow for easy tissue replacement while the user is still wearing it. Comparable loop-hook fasteners, or other fastening methods, may be utilized by the strap **402** in order to secure the main unit **401** to the strap **402** and the strap **402** to a user. By providing the main unit **401** and the strap **402** as separable components of the wearable tissue receptacle, the main unit **401** and strap **402** may be used interchangeably with different straps **402** and main units **401** to allow a user to customize the functionality and appearance of their wearable tissue receptacle at will.

FIG. 5A illustrates the top perspective view of a strap **502** directly secured to the lower part **501b** of the main unit **501**, according to an aspect. FIG. 5B illustrates the top perspective view of a strap **502** directly secured to the upper part **501a** of the main unit **501**, according to an aspect. Unlike the wearable tissue receptacle assemblies described in FIG. 4A-4B, the strap **502** and the main unit **501** of the wearable tissue receptacle **500** of FIGS. 5A-5B may be combined into a singular monolithic structure. The strap **502** may be integrated into either the upper part **501a** of the main unit **501**, as seen in FIG. 5B, or the lower part **501b** of the main unit **501**, as seen in FIG. 5A. It may be preferred to integrate the main strap **502** into the structure of the lower part **501b** main unit **501** as seen in FIG. 5A, as the positioning of a

11

secured tissue bundle on the lower part **501b** would allow the lower part **501b** and a tissue bundle seated on the lower part **501b** to be supported by the user's arm or wrist while the main unit **501** is open, making it easier to add/remove tissue bundles as needed. Additionally, the configuration of FIG. 5A may have the additional benefit of allowing tissue bundles to be secured within the wearable tissue receptacle **500** to be replaced without removing said receptacle from the user. As can be seen, the separate ends of the strap (e.g., the head end **502b** and the tail end **502c**) may be attached to corresponding terminal ends **511** of the corresponding main unit part. As seen in FIG. 5A, the head end **502b** may be secured to a terminal end **511** of the lower part **501b**, while the tail end **502c** may be secured to the opposite terminal end **511** of the lower part **501b**.

As discussed previously, a strap **502** may employ various methods of attachment to secure itself to a user's wrist or arm. One such method, referred to as a rivet fastener **512** method, may utilize a rivet fastener **512** to engage with a corresponding fastening through hole **502d** of the plurality of fastening through holes **502d** disposed on the tail end **502c** of the strap **502**. In order to secure the wearable tissue receptacle **500** of FIG. 5A-5B to a user, said user may insert the tail end **502c** of the strap **502** through the end loop **514** on the head end **502b** of the strap **502**, such that the strap **502** wraps around the user's wrist or arm and the held outermost tissue, such as tissue bundle **203** of FIG. 2B is exposed to the user through the tissue window **506**. Upon insertion of the tail end **502c** through the end loop **514**, a rivet fastener **512** may be inserted into a rivet port **515** in the head end **502b** and one of the plurality of fastening through holes **502d** in the tail end **502c** in order to secure the head end **502b** and the tail end **502c** of the strap **502** together. Upon securing the head end **502b** and tail end **502c** of the strap together, the strap **502** may be reversibly secured to a user's wrist or arm and the wearable tissue receptacle may be ready for usage.

As can be seen in FIGS. 5A-5B, the securing hinge **507** may be suitably positioned between complementary edges of the main unit parts to facilitate the pivotal engagement of said parts as detailed hereinabove. As such, the securing hinge **507** may be disposed between complementary short ends **501c** of the main unit parts, as seen by securing hinge **107** of main unit **101** in FIG. 1B, or disposed between complementary long ends **501d** of the main unit **501** parts as seen by the securing hinge **507** of main unit **501** in FIGS. 5A-5B. As long as the securing hinge **507** facilitates the selective engagement of the upper part **501a** and the lower part **501b** of the main unit **501** as detailed herein, said securing hinge **507** may be disposed between any complementary portions of the upper part **501a** and the lower part **501b** of the main unit **501**.

FIGS. 6A-6F illustrates the process of manufacturing a specialized tissue paper stack ("tissue stack") **616** for use with the disclosed wearable tissue receptacle, according to an aspect. While the disclosed wearable tissue receptacle may be configured to function properly even with standard tissues, a specialized tissue stack **616** may be utilized within said wearable tissue receptacle to fully utilize its complementary features. The process of producing a tissue stack **616** may begin with the cutting of a long sheet **617** of laminated paper as depicted in the top view of the long sheet **617** in FIG. 6A, wherein the hashed section **617a** of the long sheet **617** is removed to produce a cropped sheet **618** having a plurality of suitably spaced and oriented grip tabs ("tissue tabs", "tab") **618b**, as depicted in FIG. 6B. As shown in FIG. 6B, this cropped sheet **618** may be comprised of four tissue sections ("singular tissues", "tissue layers") **618a**, each

12

tissue section **618a** being associated with a correspondingly positioned grip tab **618b** for suitable manipulation of the respective tissue section **618a** on the formed tissue stack **616**. The size and quantity of tissue sections may be varied based on the desired characteristics of the formed tissue stack **616**. Next, the cropped sheet **618** may be folded, as depicted in FIG. 6C, such that each section **618a** section is suitably stacked together into a singular tissue stack **616**, as seen in FIG. 6D.

Upon being folded into a tissue stack **616**, cutout through holes ("cutouts", "cut-outs") **619** may be punched through the tissue stack **616**, as seen in FIG. 6E, such that each tissue section **618a** has a corresponding quantity of cutouts **619**. These cutouts **619** are configured such that the tissue stack **616** does not impede the engagement and disengagement of the upper part and lower part of the main unit. Each cutout **619** is configured to allow a corresponding securing ridge, such as securing ridge **205b** of FIG. 2A, to travel through (e.g., be partially nested within) said cutout **619** before engaging with its corresponding securing cavity. This functionality of each cutout **619** to not only prevent the held tissue stack **616** from interfering with the functionality of the main unit, but also surround and engage with a corresponding securing ridge, allows the tissue stack **616** to remain securely seated within the main unit, even when the upper part and lower part of the main unit are not fully engaged (e.g., the main unit **201** is open as depicted in FIG. 2A or the main unit is partially opened as depicted in FIG. 2B.)

Finally, the formed tissue stack **616** may be perforated to allow for easy removal of each tissue section at will, as seen by the perforations **620** in FIG. 6F. These perforations **620** may be aligned with a release hinge on the upper part, such as release hinge **209** of FIG. 2B, such that an outermost tissue section **618a** may be removed from the tissue stack **616** by tearing said tissue section **618a** along its corresponding perforations **620**, exposing a clean, unused tissue section for use. By aligning the perforations **620** with the edge of the aforementioned mounted portion of the upper part, such as mounted portion **232a** of FIG. 2B, a suitable amount of tension may be applied to mounted part of the tissue stack to further prevent tissue stack movement while tearing along said perforation **620**.

The user may remove a tissue section **618a** from the tissue stack **616** by pulling said tissue section **618a** by a corresponding attached grip tab **618b**. The grip tab **618b** of each tissue section **618a** may be not directly exposed to the user during wiping, and thus said grip tab **618b** may remain free of potential contaminants, allowing the user to keep their hands clean while removing soiled tissue sections **618a**. Upon partially opening the main unit using the release hinge **209** depicted in FIG. 2B, a corresponding grip tab **618b** secured to the outermost tissue section **618a** may be exposed for easy and sanitary removal of the outermost, soiled tissue section **618a**.

The formed tissue stack **616** may have a rectangular shape when the tissue stack **616** is viewed from a top perspective, as seen in FIG. 6D-6F. Each grip tab **618b** may be positioned at a different corner portion of this rectangular shape, such that each grip tab **618b** is sufficiently distant from the other grip tabs **618b** to ensure a user may grab one grip tab **618b** at a time. This pattern of grip tabs may be modified as necessary to accommodate greater quantities of tissue sections **618a** in a tissue stack **616**, such that each grip tab **618b** is visible and distinct from the other grip tabs **618b**.

When the last tissue section **618a** held within a tissue stack **616**, tissue cartridge or other type of tissue bundle is soiled and/or removed, the tissue bundle may be identified

13

as depleted. As such the depleted tissue bundle (depleted tissue stack/depleted tissue cartridge/etc.) may be removed from the wearable tissue receptacle and subsequently replaced to facilitate continued usage. First, the main unit may be fully opened as depicted in FIG. 2A. Next a final, soiled tissue section **618a**, as well as any attached residual elements of the tissue stack may be removed from the main unit by grabbing and removing said final tissue section by its unsoiled grip tab **618b**. Next, a new tissue or tissue stack **616** may be placed on the lower part of the main unit, such that securing ridges of the lower part of the main unit are inserted through corresponding cutouts **619** in the tissue stack **616**. At this point a central portion **616a** of the tissue stack **616** should be seated upon the ribbed bridge, such as ribbed bridge **204** of FIG. 2A on the lower part **201b**. Then the upper part **201a** of the main unit may be engaged with the lower part **201b** of the main unit **201**, as described hereinabove in FIG. 2A. Each securing ridge **205b** on the upper part **201a** and lower part **201b** of the main unit **201** may travel through a corresponding cut-out **619** in the tissue stack to help secure the tissue stack within the main unit. At this point, a perimeter portion **616b** of the tissue stack **616** may be sandwiched between the upper part body and the lower part body, such as upper part body **101e** and lower part body **101f** of FIG. 1B, and protrude out of the tissue window, such as tissue window **106** of FIG. 1B. Upon engagement of the upper part and lower part, the wearable tissue receptacle will be ready for use, wherein the user may wipe their nose or face on the protruding, central portion **616a** of the tissue stack **616**.

The process of utilizing this wearable tissue receptacle may allow a user to remain clean while conveniently wiping their nose or face. First, a user may wipe their nose or face on a central portion **616a** of a tissue stack **616** that is protruding out of the tissue window on the main unit. The user may repeat this wiping process until the outermost tissue section of the tissue stack is soiled. Next, the user may partially open the upper part of the main unit using the release hinge, such as release hinge **209** of FIG. 2B, as depicted in FIG. 2B. Then the user may grab a corresponding grip tab **618b** attached to the outermost, soiled tissue section **618a**, and pull said grip tab **618b** until the soiled tissue section is removed from the tissue stack **616** by tearing along the corresponding perforation. Removal of this soiled tissue section may reveal a clean tissue section beneath it. After removal and disposal of the soiled tissue section **618a** and exposure of a clean tissue section, the upper part may be fully reengaged with the lower part through re-insertion of any disengaged securing ridges through their corresponding cutout **619** in the tissue stack **616** and their corresponding securing cavity. The user may continue this process until the last tissue section **618a** of a tissue stack **616** is soiled, at which point they may follow the tissue emptying and restocking process outline hereinabove. It should be understood that users below a certain age (e.g., young children) or other parties that may struggle to perform certain steps of the herein described processes may be assisted by a "supervisory user", wherein the supervisory user would perform said steps for the user as needed.

FIG. 7 illustrates the exploded view of a specialized tissue section **718a** for use with the disclosed wearable tissue receptacle, according to an aspect. A specialized tissue for use with the disclosed tissue receptacle, such as wearable tissue receptacle **500** of FIG. 5A, may be comprised of tissue sections **718a** having a paper layer **721a** and a polyethylene

14

(PE) layer **721b** which can be laminated together. The PE layer **721b** may be configured to prevent proliferation of moisture from an upper tissue layer to a lower tissue layer. By preventing moisture leakage between tissue layers, the longevity of the corresponding tissue stack may be maintained, even in the presence of a soiled tissue section/layer above one or more clean tissue layers. As such, the PE layer **721b** attached to each paper layer **721a** may be configured to separate its attached paper layer **721a** from an adjacent tissue section (e.g., a PE layer **721b** may be laminated to the top and/or bottom surface(s) of the paper layer **721a**) to suitably prevent any moisture trapped within a corresponding tissue section **718a** from quickly seeping into adjacent tissue sections. If the PE layer **721b** is configured to coat the bottom of the paper layer **721a**, then pulling the paper layer **721a** will also pull out the PE layer **721b**, thus removing the need to explicitly pull out or discard the PE layer **721b** individually. It should be understood that while the tissue stack, such as tissue stack **616** shown in FIG. 6F, may be comprised of four tissue sections **618a**, the quantity and size of the tissue sections **618a** used to form a tissue stack **616** may be optimized as necessary to, for example, reduce the frequency with which the tissue stack must be replaced.

In order to use standard tissues with this wearable tissue receptacle, a user may obtain one or more standard tissues, fold them individually into the proper size, stack them accordingly, place the formed standard tissue stack on the lower part of the main unit, and engage the upper part and lower part such the securing ridges punch through the standard tissue stack. The ability of this standard tissue stack to perform accordingly is based on the characteristics of the standard tissues used. For example, a standard tissue stack made of standard tissues without a suitable non-permeable layer, such as the hereinabove PE layer or a polyurethane layer, may allow moisture to seep into other standard tissue within the standard tissue stack prior to their usage, thus increasing tissue usage. For the best results, the herein disclosed tissue stack **616** of FIG. 6F, the tissue cartridge **822** of FIG. 8A, or another suitably leakage proof tissue arrangement may be utilized as the tissue bundle within the wearable tissue receptacle.

In a preferred embodiment, the specialized tissue stack may use tissue paper comprised of 65% viscose and 35% polyester, said tissue paper being semi-crosslap with an areal density ("grammage") of 72 GSM. Other types of paper having different compositions and characteristics may be used as well, depending on the application of said specialized tissue, as long as these types of paper have smooth wiping surface to prevent discomfort while wiping and a suitably high tensile strength to prevent undesired ripping during usage. A tissue stack made to the specifications described hereinabove, having all of the features described for the tissue stack **616** described in FIGS. 6A-6F, may provide an ideal wiping surface for the hereinabove disclosed wearable tissue receptacle. While the hereinabove described wearable tissue receptacle may function properly using standard tissues, by providing a functional wearable tissue receptacle configured to hold specially configured tissue stacks or cartridges, a user may be provided with an easy to utilize solution for wiping their nose or face that is comfortable to wear and use, as well as easy to restock and maintain.

FIG. 8A illustrates the top view of a tissue cartridge **822**, according to an aspect. FIGS. 8B-8G illustrate the top views of the various tissue layers of a tissue cartridge **822**, according to an aspect. An alternative tissue arrangement that may be utilized with the herein disclosed wearable tissue recep-



15

tacle is a tissue cartridge **822**. Similarly to the hereinabove described tissue stack **616** of FIG. 6F, said tissue cartridge **822** may be comprised of a plurality of stacked, separable tissue sections/layers, each tissue section/layer having a corresponding grip tab. As seen in FIG. 8B-8G, the tissue cartridge **822** may be comprised of 6 separate layers, including a base layer **823** as seen in FIG. 8B, a first tissue layer **824** having a first tissue body **824a** attached to a first tissue tab **824b**, as seen in FIG. 8C, a second tissue layer **825** having a second tissue body **825a** attached to a second tissue tab **825b**, as seen in FIG. 8D, a third tissue layer **826** having a third tissue body **826a** attached to a third tissue tab **826b**, as seen in FIG. 8E, a fourth tissue layer **827** having a fourth tissue body **827a** attached to a fourth tissue tab **827b**, as seen in FIG. 8F and a fifth tissue layer **828** having a fifth tissue body **828a** attached to a fifth tissue tab **828b**, as seen in FIG. 8G. Each of these layers may be stacked within the tissue cartridge **822**, starting with the base layer **823** on the bottom, followed by the first tissue layer **824**, then the second tissue layer **825** and so on. The base layer **823** may be made of a material that is harder than the attached tissues layers, while still being flexible to follow the curve of the below ribbed bridge, such 90 GSM paper.

Each tissue layer may be further comprised of perforations **820** in the corresponding tissue body, such that each tissue layer may be easily and selectively torn off of the tissue cartridge **822**. Every layer, with the exception of the fifth tissue layer **828**, may be further comprised of an adhesive portion **829** configured to adhere to a layer above it, such that the adhesive portion **829** on the base layer **823** adheres the base layer **823** to the first tissue layer **824**, the adhesive portion **829** on the first tissue layer **824** adheres the first tissue layer to the second tissue layer **825**, and so on. The fifth tissue layer **829** may omit the adhesive layer, due to it lacking a tissue layer disposed above it. These adhesive portions **829** may be made of a soft, easy to remove glue that helps keep the formed tissue cartridge **822** together while the user wipes their nose or face on the tissue body of the outermost tissue layer. Each tissue layer may be further comprised of a polyurethane (PU) coating to prevent proliferation of moisture between the tissue layers, similarly to the PE coating **721b** on the tissue section **718a** described in FIG. 7. Each tissue layer of the tissue cartridge **822** may have a PU coating on its bottom surface to prevent said proliferation to layers beneath it. For example, the PU coating on the third tissue layer **826** may prevent moisture within said third tissue layer **826** from seeping into the second tissue layer **825**, thus preserving tissue stack longevity.

The base layer **823** may be further comprised two cutouts **819**, wherein the insertion of securing ridges from the main unit into these two cutouts **819** on the base layer **823** helps keep the tissue cartridge **822** secured to the main unit. Each tissue layer (**824-829**) may be further comprised of a single cutout **619** configured to surround one of the securing ridges from the main unit, such as main unit **901** from FIG. 9. As a result of each tissue layer being secured to the main unit by its respective cutout **819**, and the tissue cartridge **822** by an adjacent adhesive portion **829**, each tissue layer may remain securely in place while be wiped on, but may be removed from the tissue cartridge **822** and the main unit by first holding the corresponding tissue tab (**824b-828b**) and simply peeling it off from the cartridge and then pulling the tissue layer away from the securing ridge **905b** that it is secured to by tearing it off by its perforation **820**. As can be seen by tissue cartridge **822** of FIG. 8A, the tissue tabs of each tissue layer may be sized and arranged to allow the for

16

the selective removal of each tissue layer from the tissue stack, one at a time, while providing a visual indication of how may tissue layers are remaining in the main unit.

After tearing a tissue layer by its corresponding perforation **820**, a waste portion **831** of the corresponding tissue layer may be left behind on the tissue cartridge **822**. The waste portions **831** of each layer, including the base layer **823** may be fused together to reduce the thickness of the tissue cartridge at this section. The total thickness of these fused together waste portions **831** from all layers may be between 0.5-0.8 mm, but this value may differ depending on the specifications of materials used to make the base layer **823** and the tissue layers **824-829**, as well as the quantity of tissue layers in the tissue cartridge **822**. Each layer may also be a unique color in order to ease assembly and use, as the amount of remaining tissue may be readily recognized based on the color of the outermost tissue layer. For example, if the first tissue layer **824** has a yellow color, a user will be able to easily recognize when there is only one tissue layer left within the tissue cartridge **822** within the wearable tissue receptacle. Upon removal of all of all usable tissue bodies (e.g., a first tissue body **824a**, the second tissue body **825a**, etc.) from a tissue cartridge **822**, the remainder of the tissue cartridge may be described as a depleted tissue cartridge or a depleted tissue bundle, as disclosed hereinabove, wherein the depleted tissue body is comprised on a plurality of waste portions **831**, as was a base layer **823**, if applicable.

FIG. 9 illustrates the top view of a wearable tissue receptacle **900** configured to engage with a tissue cartridge, according to an aspect. In order to suitably accommodate the usage of the hereinabove disclosed tissue cartridge, such as tissue cartridge **822** of FIG. 8A, a wearable tissue receptacle **900** may be further comprised of cartridge depressions **930** nested within the lower part **901b** of the main unit **901**. These cartridge depressions **930** may be configured to seat a tissue cartridge on the ribbed bridge **904** provided on the lower part **901b** and help secure the tissue cartridge in place within the main unit. Both the cartridge depressions **930** and the securing ridges **905b** are configured to properly align a tissue cartridge within the main unit **901**, such that the tissue layers are seated on the ribbed bridge **904** such that they protrude through the tissue window **906**.

The overall structure of the wearable tissue receptacle **900** of FIG. 9 may be similar to that of wearable tissue receptacle **500** of FIG. 5A. A tail end **902c** of a strap and a head end **902b** of a strap may be directly attached to the main unit **901**, resulting in the main unit **901** and strap **902** of the wearable tissue receptacle **900** being a singular monolithic structure. Additionally, the wearable tissue receptacle **900** may utilize a rivet fastener **912** to secure the head end **902b** and tail end **902c** of the strap together, to secure the wearable tissue receptacle **900** to the user. Certain structural elements, including the end loop **914**, fastening through holes **902d**, tissue window **906** and the junction hinge **907** may be comparably configured and positioned between wearable tissue receptacles **900**, **500** of FIG. 9 and FIG. 5A, accordingly.

As can be seen by the main unit **901** of FIG. 9, all of the securing ridges **905b** may be attached to the lower part **901b** and all of the securing cavities **905a** may be disposed within the upper part **905a**. By having all of the securing ridges **905b** attached to the lower part **901b**, or at least the securing ridges **905b** that are configured to be inserted through the cutouts of the tissue cartridge seated on the lower part **901b**, the installation of the tissue cartridge may be simplified by allow the securing ridges **905b** and gravity to keep the tissue cartridge in place and seated on the ribbed bridge **904** while



17

the upper part **901a** is being engaged with the lower part **901b**. With this configuration, the tissue cartridge may be easily replaced while the wearable tissue receptacle is still attached to the user's arm or wrist.

One notable benefit of using the disclosed tissue cartridge with the wearable tissue receptacle **900** of FIG. **9** is that a soiled tissue layer may be removed from the tissue cartridge without having to open or partially open the main unit **901**. As a result of the positioning of each tissue tab within the tissue window **906**, each tissue layer may be easily manipulated while the main unit is closed. So long as the user is careful to only wipe their nose or face on the tissue body of a corresponding tissue layer, while avoiding wiping on the grip tabs, the user may cleanly remove tissue layers from the tissue stacks through manipulation of the corresponding, unsoiled grip tab.

FIG. **10A** illustrates the top perspective view of an alternative embodiment of a wearable tissue receptacle **1000**, according to an aspect. FIG. **10B** illustrates the top view of an alternative embodiment of the wearable tissue receptacle **1000** engaged with an alternative embodiment of the tissue cartridge **1022**, according to an aspect. Many features of the disclosed alternative embodiment of the wearable tissue receptacle **1000** of FIG. **10** may be the same of as its counterparts described hereinabove, with the exception of the mechanism utilized to secure the tissue cartridge **1022** to the wearable tissue receptacle **1000**. In this alternative embodiment of the wearable tissue receptacle **1000**, the tissue cartridge **1022** may be engaged with corresponding securing ridges **1005b** disposed on the lower part **1001b** of the main unit **1001**, similarly to wearable tissue receptacle **900** of FIG. **9**. The tissue cartridge **1022** may be configured to be seated on the lower part **1001b** of the main unit **1001** such that its corresponding cutouts **1019** are each configured to surround a corresponding securing ridges **1005b**, as described hereinabove.

One notable difference between the disclosed alternative embodiment of the wearable tissue receptacle **1000** of FIG. **10A** and the embodiments disclosed hereinabove is the absence of an upper part of the main unit **1000** having a tissue window. The alternative embodiment of the wearable tissue receptacle **1000** instead utilizes a pair of protruding clasps **1033** to allow the main unit to engage securely with the tissue cartridge **1022** to maintain it in place. More specifically, each securing ridge **1005b** on the lower part **1001b** of the main unit **1000** may be configured to be inserted within a corresponding cutout **1019** of a tissue cartridge **1022**, while each protruding clasp **1033** may be configured to engage with a corresponding securing ridge **1005**, thus securing the tissue cartridge between the ribbed bridge **1004** and the protruding clasps **1033**. Each protruding clasp **1033** may be comprised of a clasp body **1033a** surrounding a securing cavity **1033b**, wherein each securing ridge **1005b** on the lower part **1001b** is configured to travel through and be partially nested within the corresponding securing cavity **1033b**. As such, an alternative embodiment of a tissue cartridge **1022** may be secured to the wearable tissue receptacle **1000** while leaving corresponding tissue tabs, such as first tissue tab **1034b**, disposed on the lateral sides **1022a** of the alternative tissue cartridge **1022**. These tissue tabs may thusly be exposed to a user, making said tissue tabs easy for the user to grab. The alternative embodiments of the tissue cartridge **1022** will be discussed in greater detail hereinbelow.

The alternative embodiment of the wearable tissue receptacle **1022** may also omit the prior disclosed cartridge depression, such as cartridge depression **930** of FIG. **9**, as

18

the securing ridges **1005b** and protruding clasps **1033** may prove to be sufficient to secure the tissue cartridge **1022** to the wearable tissue receptacle **1000**. The protruding clasps **1033** may be made of the same material as the main unit **1001**, such that the protruding clasps **1033** are rigid enough to prevent the tissue cartridge from unintentionally falling off the wearable tissue receptacle **1000**, while allowing the user or an individual assisting the user to remove and or replace the tissue cartridge **1022** as necessary. As can be seen in FIG. **10**, the wearable tissue receptacle **1000** may also only have two securing ridges **1005**, both of which are configured to engage with the tissue cartridge **1022**, wherein said securing ridges **1005b** are configured to engage with corresponding protruding clasps **1033**, due to the omission of said upper part in this alternative embodiment.

Aside from the differences described hereinabove, the alternative embodiment of the wearable tissue receptacle **1000** may otherwise be similar to embodiments disclosed hereinabove. For example, the alternative embodiment of the wearable tissue receptacle **1000** may be comprised of a main unit **1001** associated with a strap **1002**, such that the main unit **1001** disposed between and attached to a head end **1002b** and a tail end **1002c** of the strap **1002**. Furthermore, the strap **1002** and its various elements may be unchanged for this alternative embodiment of the wearable tissue receptacle **1000**, wherein the only notable changes are made to the main unit **1001**, with complementary modifications being made to the tissue cartridge **1022** itself.

FIG. **11A** illustrates the top view of an alternative embodiment of a tissue cartridge **1122** according to an aspect. FIGS. **11B-11G** illustrate the top views of the tissue layers of an alternative tissue cartridge **1122**, according to an aspect. As disclosed hereinabove, the alternative embodiment of the wearable tissue receptacle **1000** of FIG. **10** may be configured for use with an alternative tissue cartridge **1122**. The alternative tissue cartridge **1122** may have six tissue layers, with each layer having a corresponding tab that is configured to be visually distinct and separately accessible from the other tabs, thus allowing a user to determine how many layers are left in a tissue cartridge upon visual inspection. As can be seen in FIG. **11B-11G**, the alternative tissue cartridge may be comprised of a first tissue layer **1134** having a first tab **1134b** associated with a first tissue body **1134a**, a second tissue layer **1135** having a second tab **1135b** associated with a second tissue body **1135a**, a third tissue layer **1136** having a third tab **1136b** associated with a third tissue body **1136a**, a fourth tissue layer **1137** having a fourth tab **1137b** associated with a fourth tissue body **1137a**, a fifth tissue layer **1138** having a fifth tab **1138b** associated with a fifth tissue body **1138a** and a sixth tissue layer **1139** having a sixth tab **1139b** associated with a sixth tissue body **1139a**. The tissue cartridge may be constructed such that the sixth tissue layer **1139** is disposed above the fifth tissue layer **1138**, the fifth tissue layer **1138** is disposed above the fourth tissue layer **1137**, and so on. As such, the first tissue layer removed from an alternative tissue cartridge **1122** may be the sixth tissue layer **1139**, followed by the fifth tissue layer **1138** and so on.

Each tissue body (e.g., the first tissue body **1134a**, the second tissue body **1135a**, the third tissue body, etc.,) may be further associated with a corresponding waste portion **1131** disposed on each distal end **1134c**, **1135c**, **1136c**, **1137c**, **1138c**, **1139c** of the corresponding tissue layer **1134**, **1135**, **1136**, **1137**, **1138**, **1139**. This association between each tissue body and its corresponding waste portions may again be done with a corresponding perforation **1120**, such that each tissue body of each tissue layer may be removed from the tissue cartridge by pulling the corresponding tissue tab.

19

For example, by pulling on the sixth tissue tab **1139b** of a tissue cartridge **1122**, the sixth tissue body **1139a** may be removed from the tissue cartridge **1122** by tearing the sixth tissue layer along the described perforations **1120**, thus leaving its corresponding waste portions **1131** attached to the tissue cartridge **1122** while exposing the fifth tissue layer **1138** for use. Each waste portion **1131** of each tissue layer may have a cutout **1119** nested within it, such that the formed tissue cartridge **1121** may be engaged with corresponding securing ridges, such as securing ridges **1005b** of FIG. 10A, to help secure each tissue layer, and thus the formed tissue cartridge **1122**, to a wearable tissue receptacle.

Unlike the previous embodiments of tissue cartridges, the tissue tabs **1134b**, **1135b**, **1136b**, **1137b**, **1138b**, **1139b** may be disposed on the lateral sides **1122a** of the tissue cartridge **1122**. This positioning of the tissue tabs allows for the tissue tabs to be provided in a larger size than previous tissue cartridge embodiments, thus making said tissue tabs easier to grab. Additionally, every layer of this alternative embodiment of the tissue cartridge **1122** may have a usable tissue body for a user to engage with (e.g., wipe their nose or face on) rather than having an unusable base layer, such as base layer **823** of FIG. 8B. In the disclosed embodiment of the alternative wearable tissue receptacle, the alternative tissue cartridge **1122** may be configured to engage with the main unit sufficiently well that a rigid base layer is not necessary to support the tissue layers of the tissue cartridge **1122**. Alternatively, certain embodiment of tissue cartridge **1122** may be provided with a rigid base layer disposed below the tissue layers (e.g., between the tissue layers and the arched bridge, such as ribbed bridge **1004** of FIG. 10A, depending on the needs of the application, integrity and composition of each tissue layer, quantity of tissue layers, etc., in order to support the tissue layers as needed. The usage of an adhesive portion, such as adhesive portion **829** of FIG. 8C, may not be necessary for the alternative tissue cartridge **1122** of FIG. 11, as each tissue layer is sufficiently secured to the tissue cartridge by its associated waste portions **1131** disposed on the distal ends **1134c-1139c** of each tissue layer **1134-1139**. This in turn may be configured to firmly secure each tissue layer to the tissue cartridge until said tissue layer is selectively removed by the user. As disclosed hereinabove, each tissue layer may have a paper layer and an impermeable or fluid resistant layer (e.g., PE, PU, etc.) which can be laminated together, to prevent leakage of fluids between tissue layers.

FIG. 12A illustrates the top view an alternative embodiment of the tissue cartridge **1222**, according to an aspect. FIGS. 12B-12G illustrate the top views of the layers of an alternative tissue cartridge, according to an aspect. The disclosed alternative embodiment of tissue cartridge **1222** of FIG. 12A may be mostly similar to the previously disclosed alternative embodiment of tissue cartridge **1122** of FIG. 11A. The main difference between these alternative embodiments of the tissue cartridge being the size of the tissue tabs **1234b**, **1235b**, **1236b**, **1237b**, **1238b**, **1239b** of the presently disclosed alternative tissue cartridge **1222** of FIG. 12A are smaller than those of the previously disclosed alternative tissue cartridge **1122** of FIG. 11A. One notable side effect of this is that the tissue tabs **1234**, **1235**, **1236**, **1237**, **1238**, **1239** of this alternative tissue cartridge **1222** may be somewhat more difficult to manipulate due to their smaller size, but may be less likely to be wiped on by accident and utilize less material. The tissue tabs may again be disposed on the lateral sides **1222a** of the tissue cartridge **1222**, such that the tissue tabs may be easily accessed by the individual wearing the corresponding wearable tissue receptacle without being

20

blocked by the disclosed protruding clasps, such as protruding clasps **1033** of FIG. 10A.

As described hereinabove, aside from the differences in the sizes and positions of the tissue tabs, the alternative tissue cartridges **1122**, **1222** of FIG. 11 and FIG. 12, respectively, may be largely the same. The alternative tissue cartridge **1222** may be comprised of six tissue layers: a first tissue layer **1234**, a second tissue layer **1235**, a third tissue layer **1236**, a fourth tissue layer **1237**, a fifth tissue layer **1238** and a sixth tissue layer **1239**, wherein each tissue layer has a corresponding tissue tab configured to be visible and accessible to the user. It should be understood that the quantity of tissue layers in a tissue cartridge **1222** may be suitably modified depending on the desired longevity of the tissue cartridge **1222**, the type of tissue material used, the presence of impermeable layers, etc. It should also be understood that modifications to the size and position of each tissue tab may be made as needed, as long as an attached user may still easily access and manipulate said tissue tab. It may also be preferable to maintain the arrangement of tissue tabs in such a way that a user can quickly determine how many tissue layers are left in a tissue cartridge, by having each tissue tab be visible regardless of how many tissue layers are left in a tissue cartridge **1222**.

FIG. 13 illustrates the top perspective view of an alternative embodiment of the wearable tissue receptacle **1300**, according to an aspect. As disclosed hereinabove, the alternative embodiment of the wearable tissue receptacle **1300** may be configured to securely engage with an alternative embodiment of the tissue cartridge **1322**. Each securing ridge **1305b** disposed on the main body **1301** may be configured to be nested within a pair of corresponding cutouts, such as cutouts **1119** of FIG. 11A, nested within the tissue cartridge **1322**. Each securing ridge **1305b** may also be configured to engage with a corresponding securing cavity nested within a corresponding protruding clasp **1333**, such as securing cavity **1033b** of FIG. 10A, such that the waste portions **1331** of the tissue cartridge **1322** are each compressed between the lower part **1301b** of the main body **1301** and the corresponding protruding clasp **1333**, thus locking the tissue cartridge **1322** securely in place on the main unit **1301**. Once the tissue cartridge has been depleted (e.g., all of the tissue layers have been removed from the tissue cartridge **1322**), the waste portions **1331** may be removed by disengaging the protruding clasps **1333** from their corresponding securing ridges and sliding the waste portion **1331** off of the securing ridge for disposal.

In this alternative embodiment of the wearable tissue receptacle **1300**, each of the tissue tabs **1334b**, **1335b**, **1336b**, **1337b**, **1338b**, **1339b** may be easily accessed and grip by a user, while leaving the remainder of the tissue cartridge in place. This in turn allows a user or individual assisting the user to tear a tissue layer **1339** off of the tissue cartridge **1333** by gripping the corresponding, unsoiled tissue tab **1339b** and tearing the tissue layer **1339** about its corresponding perforations **1320**. This alternative embodiment may securely engage with the tissue cartridge **1322** and allow for removal of each tissue layer **1339b** about its corresponding tissue tab **1339b** without having to interface with the protruding clasps **1333**/securing ridges **1305b** until the tissue cartridge is depleted. While removing a specific tissue layer from the tissue cartridge **1322**, the remainder of the tissue layers may be configured to remain securely affixed to the tissue cartridge **1322**, and thus the wearable tissue receptacle **1300**. As such, a user may find this alternative embodiment of the wearable tissue receptacle **1300** and its corresponding tissue cartridge **1322** preferable due to

21

its ease of use. Furthermore, as disclosed hereinabove, the wearable tissue receptacle may be comprised of a sturdy, but flexible material, such as silicone, that would allow for a user to easily manipulate the protruding clasps 1333 as necessary to selectively engage them with the securing ridges 1305b without requiring undue force or effort.

It may be advantageous to set forth definitions of certain words and phrases used in this patent document. The term “couple” and its derivatives refer to any direct or indirect communication between two or more elements, whether or not those elements are in physical contact with one another. The term “or” is inclusive, meaning and/or. As used in this application, “and/or” means that the listed items are alternatives, but the alternatives also include any combination of the listed items.

The phrases “associated with” and “associated therewith,” as well as derivatives thereof, may mean to include, be included within, interconnect with, contain, be contained within, connect to or with, couple to or with, be communicable with, cooperate with, interleave, juxtapose, be proximate to, be bound to or with, have, have a property of, or the like.

Further, as used in this application, “plurality” means two or more. A “set” of items may include one or more of such items. The terms “comprising,” “including,” “carrying,” “having,” “containing,” “involving,” and the like are to be understood to be open-ended, i.e., to mean including but not limited to. Only the transitional phrases “consisting of” and “consisting essentially of,” respectively, are closed or semi-closed transitional phrases.

Throughout this description, the aspects, embodiments or examples shown should be considered as exemplars, rather than limitations on the apparatus or procedures disclosed. Although some of the examples may involve specific combinations of method acts or system elements, it should be understood that those acts and those elements may be combined in other ways to accomplish the same objectives.

Acts, elements and features discussed only in connection with one aspect, embodiment or example are not intended to be excluded from a similar role(s) in other aspects, embodiments or examples.

Aspects, embodiments or examples of the invention may be described as processes, which are usually depicted using a flowchart, a flow diagram, a structure diagram, or a block diagram. Although a flowchart may depict the operations as a sequential process, many of the operations can be performed in parallel or concurrently. In addition, the order of the operations may be re-arranged. With regard to flowcharts, it should be understood that additional and fewer steps may be taken, and the steps as shown may be combined or further refined to achieve the described methods.

Although aspects, embodiments and/or examples have been illustrated and described herein, someone of ordinary skills in the art will easily detect alternate of the same and/or equivalent variations, which may be capable of achieving the same results, and which may be substituted for the aspects, embodiments and/or examples illustrated and described herein, without departing from the scope of the invention. Therefore, the scope of this application is intended to cover such alternate aspects, embodiments and/or examples.

What is claimed is:

1. A wearable tissue receptacle comprising:
  - a main unit having:
    - a lower part; and

22

a ribbed bridge disposed on the lower part, the ribbed bridge having two end portions and a middle portion disposed between the two end portions,

the ribbed bridge comprising a plurality of ribs, wherein ribs disposed at the end portions of the ribbed bridge are shorter than ribs disposed at the middle portion of the ribbed bridge, such that the ribbed bridge forms a rounded arch;

a strap configured to be attached to the main unit, wherein the strap is configured to secure the main unit to a user;

a tissue bundle configured to be engaged with the main unit, the tissue bundle having:

at least one tissue layer comprising:

a tissue body portion;

a waste portion associated with the tissue body portion;

a tissue tab associated with the tissue body portion, the tissue tab being configured to be manipulated by the user to separate the tissue body portion from the waste portion;

wherein the tissue bundle is configured to be seated on the ribbed bridge; and

a securing ridge disposed on the main unit and a securing cavity disposed on the main unit, wherein the securing ridge is configured to be selectively, partially nested within the securing cavity to secure the tissue bundle to the main unit.

2. The wearable tissue receptacle of claim 1, further comprising a cutout nested within the tissue bundle, wherein the securing ridge is configured to be partially nested within the cutout to secure the tissue bundle to the main unit.

3. The main unit of claim 1, further comprising an upper part having a tissue window, wherein the upper part is pivotally engaged with the lower part, and the upper part is configured to be selectively engaged with the lower part by nesting the securing ridge within the securing cavity, such that the ribbed bridge and tissue bundle protrude through the tissue window.

4. The upper part of claim 3, further comprising a mounted portion pivotally engaged with the lower part and a rotating portion pivotally engaged with the mounted portion; wherein the mounted portion is configured to be selectively engaged with the lower part, and the rotating portion is configured to be selectively engaged with the lower part while the mounted portion is engaged with the lower part.

5. The main unit of claim 1, further comprising a protruding clasp associated with the lower part, wherein the securing cavity is nested within the protruding clasp, such that the protruding clasp is configured to engage with the securing ridge to secure the tissue bundle to the main unit.

6. The tissue bundle of claim 1, wherein each tissue layer is made of 65% viscose and 35% polyester and has an areal density of 72 GSM.

7. The tissue bundle of claim 1, wherein each tissue tab of each tissue layer is disposed on a lateral side of the tissue bundle.

8. The wearable tissue receptacle of claim 1, wherein the tissue bundle is a tissue cartridge having two cutouts, such that the tissue cartridge is configured to engage with two securing ridges disposed on the main unit.

9. A wearable tissue receptacle comprising:

a main unit having:

a lower part; and

a ribbed bridge disposed on the lower part, the ribbed bridge having two end portions and a middle portion disposed between the two end portions,

## 23

the ribbed bridge comprising a plurality of ribs, wherein ribs disposed at the end portions of the ribbed bridge are shorter than ribs disposed at the middle portion of the ribbed bridge, such that the ribbed bridge forms a rounded arch;

a strap configured to be attached to the main unit, wherein the strap is configured to secure the main unit to a user; a securing ridge disposed on the main unit and a securing cavity disposed on the main unit, wherein the securing ridge is configured to be selectively engaged with the securing cavity to secure a tissue bundle to the main unit.

10. The wearable tissue receptacle of claim 9, wherein the strap is attached to the main unit such that the strap and main unit are a monolithic structure.

11. The main unit of claim 9, further comprising a pair of strap loops, wherein the strap is configured to be partially nested within each strap loop of the pair of strap loops.

12. The wearable tissue receptacle of claim 9, wherein each rib of the plurality of ribs is separated by a rib gap, such that the ribbed bridge is configured to allow air to travel between each rib of the ribbed bridge.

13. The main unit of claim 9, further comprising a pair of protruding clasps associated with the lower part, wherein a securing cavity is nested within each protruding clasp, such that each protruding clasp is configured to engage with a corresponding securing ridge to secure a tissue bundle to the main unit.

14. The wearable tissue receptacle of claim 9, wherein the strap is configured to engage with the user's wrist.

15. A wearable tissue receptacle comprising:  
a main unit having:

## 24

a lower part; and

a bridge disposed on the lower part, wherein the bridge comprises two end portions and a middle portion disposed between the two end portions,

wherein the middle portion is taller than the end portions;

a strap configured to be attached to the main unit, wherein the strap is configured to secure the main unit to a user; a securing ridge disposed on the main unit and a securing cavity disposed on the main unit, wherein the securing ridge is configured to be selectively engaged with the securing cavity to secure a tissue bundle to the main unit.

16. The wearable tissue receptacle of claim 15, wherein the bridge is comprised of a plurality of ribs, wherein each rib is separated from adjacent ribs by a corresponding rib gap.

17. The wearable tissue receptacle of claim 15, wherein the bridge forms a rounded arch that protrudes further at the middle portion of the bridge than at the end portions of the bridge.

18. The wearable tissue receptacle of claim 17, wherein the bridge is configured to support a tissue bundle, such that the tissue bundle conforms to the shape of the rounded arch.

19. The main unit of claim 15, further comprising a protruding clasp associated with the lower part, wherein the securing cavity is nested within the protruding clasp, such that the protruding clasp is configured to engage with the securing ridge to secure the tissue bundle to the main unit.

20. The wearable tissue receptacle of claim 15, wherein the strap is configured to engage with the user's wrist.

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