## **International Depositary Authority of Canada**

National Microbiology Laboratory, Public Health Agency of Canada 1015 Arlington Street Tel: (204) 789-6030 Winnipeg, Manitoba Canada R3E 3R2 Fax:(204) 789-2018

Form IDAC/BP/12

## REQUEST FOR SAMPLE FROM CERTIFIED PARTIES

(pursuant to Rule 11.3 of the *Budapest Treaty* Regulations)

The undersigned hereby requests a sample of the deposit identified below, having obtained the necessary certification from the Industrial Property Office, as evidenced below. The undersigned declares that they will not use the sample for any purpose which may infringe an any patent relating to the deposit or its use.

Accession Number of Deposit:			
The deposit is the subject matter of, or related to:			
	Patent application no	filed on	by
		no:filed on	-
	Patent no	granted onto	<del> </del>
The undersigned requests information pertaining to the conditions of storage and cultivation employed by IDAC in relation to the deposit:			
	Yes □ No		
Certified Party Name:			
Address:			
Signature of certified party			
Date:			