

International Depository Authority of Canada

National Microbiology Laboratory, Public Health Agency of Canada
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Form IDAC/BP/11

REQUEST FOR SAMPLE FROM AUTHORIZED PARTIES
(pursuant to Rule 11.2 of the *Budapest Treaty* Regulations)

The undersigned hereby requests a sample of the deposit identified below, having obtained the necessary authorization from the depositor, as evidenced below. The undersigned declares that they will not use the sample for any purposes which may infringe any patent relating to the deposit identified below or its use.

Name of Authorized Party: _____

Address: _____

Signature of Authorized Party: _____

Date: _____

The authorized party requests information concerning the conditions of storage and cultivation employed by IDAC for the deposit.

Yes No

Accession Number of Deposit: _____

Depositor Authorization

Depositor's Name: _____

Depositor's Address: _____

Signature of Depositor

Date: _____