Public Health Agency of Canada | Agence de la santé publique du Canada

International Depositary Authority of Canada
National Microbiology Laboratory
Public Health Agency of Canada
1015 Arlington Street, Winnipeg, Manitoba, Canada R3E 3R2
Telephone: (204) 789-6035 Fax: (204) 789-2018

Protected B When Completed

Form IDAC/BP/11

Validate & Print Form | Print Form

Request for Sample from Authorized Parties

(Pursuant to Rule 11.2 of the Budapest Treaty)

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.

I. Identification of Deposit

Accession number of the deposit:

II. Declaration of the Depositor

The undersigned depositor of the microorganism identified under I above hereby authorizes the furnishing of a sample of the said microorganism to the party specified under IV below.

Name of depositor:

Address of the depositor:

Date (YYYY-MM-DD):

[1] Signature of the depositor

III. Request for Information

The undersigned authorized party [2] ◯ requests ◯ does not request

an indication of the conditions which the international depositary authority employs for the cultivation and storage of the deposit.

IV. Authorized Party

Name of authorized party:

Address:

Date (YYYY-MM-DD):

Signature of authorized party:

Original, signed copies must be submitted via mail or courier.

[1] Where the signature is required on behalf of a legal entity, the typewritten name(s) of the natural person(s) signing on behalf of the legal entity should accompany the signature(s).

[2] Mark with a cross the applicable box.

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