



International Depository Authority of Canada

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

Form IDAC/BP/11

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 <input type="checkbox"/> authorized party ² <input type="checkbox"/> requests <input type="checkbox"/> does not request an indication of the conditions which the international depository 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.