

IV. CONDITIONS UNDER WHICH THE VIABILITY TEST HAS BEEN PERFORMED ⁴

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V. INTERNATIONAL DEPOSITARY AUTHORITY

Name: Address:	Signature(s) of the person(s) having the power to present the International Depositary Authority or of authorized Official(s): Date:
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⁴ Fill in if the information has been requested and if the results of the test were negative.

BUDAPEST TREATY ON THE INTERNATIONAL
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS
FOR THE PURPOSES OF PATENT PROCEDURE

INTERNATIONAL FORM

TO

RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT
issued pursuant to Rule 7.1 by the
INTERNATIONAL DEPOSITARY AUTHORITY
identified at the bottom of this page

NAME AND ADDRESS OF DEPOSITOR

I. IDENTIFICATION OF THE MICROORGANISM	
Identification reference given by the DEPOSITOR:	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY:
II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION	
<p>The microorganisms identified under I above was accompanied by:</p> <p><input type="checkbox"/> a scientific description</p> <p><input type="checkbox"/> a proposed taxonomic designation</p> <p>(Mark with a cross where applicable)</p>	
III. RECEIPT AND ACCEPTANCE	
<p>This International Depository Authority accepts the microorganism identified under I above, which was received by it on _____ (date of the original deposit)¹</p>	
IV. RECEIPT OF REQUEST FOR CONVERSION	
<p>The microorganism identified under I above was received by this International Depository Authority on _____ (date of the original deposit) and a request to convert the original deposit to a deposit under the Budapest Treaty was received by it on _____ (date of receipt of request conversation).</p>	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
<p>Name:</p> <p>Address:</p>	<p>Signature(s) of the person(s) having the power to present the International Depository Authority or of authorized official(s):</p> <p>Date:</p>

¹ Where Rule 6.4(d) applies, such date is the date on which the status of international depository authority was acquired.