

## Budapest Treaty Deposit Form (BP/1)

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THIS DEPOSIT FORM SHOULD BE USED TO DEPOSIT A MICROORGANISM OR TO CONVERT AN EXSISTING DEPOSIT TO MEET THE REQUIREMENTS OF THE BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROGRGANISMS FOR THE PURPOSES OF PATENT PROCEDURE (THE "BUDAPEST TREATY")

<u>INSTRUCTIONS:</u> FOR EACH STRAIN, PLEASE COMPLETE ONE DEPOSIT FORM. ALL ANSWERS MUST BE IN ENGLISH. ALL SECTIONS MUST BE COMPLETED OR N/A INSERTED FOR NON-APPLICABLE FIELDS IN ORDER TO EXPEDITE ACCEPTANCE OF A DEPOSIT. PLEASE SUBMIT THE COMPLETED DEPOSIT FORM, DEPOSIT MATERIALS, FEES, AND ANY OTHER REQUESTED DOCUMENTATION TO ATCC PATENT DEPOSITORY.

1 10	vide the description name, genus and species plus the source of material:		
_			
	is deposit a mixture of microorganisms or cells?   Yes No s, please describe:		
b.	☐ Mixed Cultures and Consortia		
Prov	vide the description name and identity of each component of the mixture:		
c.	☐ Cell line and Hybridomas		
	vide the description name, species and tissue of origin, geographical source of isolation, and any known associate ards (HIV, EBV, etc.).		
If de	eposit is a cell culture, is it being cultured in the presence of antibiotics?   Yes   No		
If ye	s, please list the antibiotics:		
If de	eposit is a hybridoma, what is the isotype of the antibody produced?		
d.	☐ Plasmids and Vectors		
Prov	vide the description name of the host:		
	ase list antibiotic resistance, list antibiotics:		

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Provide the des	scription name of organism from which vector, clone or library is derived, the source of the DNA insert ic
	., human, mouse) or scientific name, the name of gene, and the identity of the host organism.
g □ Seeds	and Plant Tissue Cultures
<u> </u>	
Provide the des	scription name, the scientific name of the source of the deposit and geographical source.
	ation: Please provide the series of numbers and symbols used to identify the reference. Note that t st correspond to the vial labels.
Budapest Trea	uty:
	riginal deposit under the Budapest Treaty? ☑ No
	quest for a conversion of a deposit already at the ATCC to meet the requirements of the Budapest Trea ☑ No
If yes, please in	ndicate ATCC designation or number:
media, includin is a mixture, ple	ability and Storage: Please provide all details necessary for the cultivation, viability testing such as cul gany required reagents or antibiotics, and including concentrations and sources where applicable. If the case provide a method to check for presence of all components. Please enter the word "see attachmenty you plan on sending your cultivation and viability instructions in a separate document.
Please indicate	the storage temperature desired: ☐ Liquid Nitrogen Tank ☐ -80°c Freezer ☐ + 4°c Cold room
Safety:	
a. Is this stra	n hazardous to the following?
Humans? Animals? Plants?	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
	any properties of the microorganism which are or may be dangerous:
	e Biological Safety Level (BSL):
BSL 1  BSL 2  BSL 3	
(16 ( BO)	level, please refer to Biosafety in Microbiological and Biomedical Laboratories, 5th ed. HHS Publication No. (CDC) 93

7. **Regulatory Compliance:** 

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	a.	Was the material derived fr If yes, was an IRB-approve		☐ No subjects) obtained? ☐ Yes	□No				
	b.	. Was this material obtained from wildlife?   Yes  No If yes, please indicate genus and species:  If yes, please indicate if deposit is wild or captive bred:							
	C.	Is work performed at your f	acility with exotic viruses	affecting livestock and avia	an species?				
	d.	Please identify any reagents of animal origin used to cultivate this organism/cell line (serum, growth factors, trypsin, etc. and manufacturer, if known:							
8.	Av	Availability:							
	a.				olicable law. Notwithstanding anything to the me after the issuance of any relevant patent.				
	b.	Do you wish the patent deposit to be made available to requestors that satisfy the requirements of any patent or industrial property office, not signatory to the Budapest Treaty?   Yes   No							
		If yes, indicate which countr	ries:						
9.	No	otification:							
	a.	ATCC will notify you of you A certificate of deposit is se			ity of the deposit has been confirmed. record.				
	b.	Would you like to be inform ☐ Yes ☐ No	ned when samples of the	deposit microorganism hav	ve been furnished by ATCC to third parties?				
		If yes, indicate your selection	on(s) of individuals that s	hould receive the informing	report				
		<ul><li>□ Depositor</li><li>□ Attorney of Record</li><li>□ Both (Depositor and Attorney of Company of Company</li></ul>		low:					
	Or	ganization Name:		Contact Name	e:				
					State:				
	Zip	o Code:	Country:	Phone:					
	Fa	X:	Email:						
10.		<u>Depositor Information:</u> Generally, the depositor will be company or institution, not an individual. Individuals should verify with the management as to who owns the deposit.							
	Or	ganization ("Depositor")		Inventor	Name:				
	Co	ontact Name:		Street Address:					
	Cit	ty:	State:	Zip Code:	Country:				
	Ph	none:	Fax:	Em	ail:				
11.	<u>At</u>	torney Information:							

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Organiz	Organization ("Law Firm"):		Contact Name:			
Street A	ddress:		City:		State:	
Zip Cod	e:	Country:	Phone:			
Fax:	Email	l:	Reference:	Docket or Case I	No:	
	Contact Information: Is the this deposit form, please e				s on the ATCC account number ccount address.	
Organiz	ation Name:		Contact	Name:		
Departm	rtment:Street Address:					
City:		State:	Zip Code:		Country:	
Phone:_		Fax:		_ Email:		
fees are a.	,	CC account number?	Yes No	-	patentdeposit@atcc.org	
a.	Do you have a current ATCC account number?  Yes  No					
	If yes, please indicate the ATCC Account Number:					
	If no, please complete a New Account Application on our website at <a href="https://www.atcc.org">www.atcc.org</a>					
b.	Purchase Order No:					
C.	Check No:					
d.	Credit Card number:					
	Please Select Type of Card	d: MasterCar	d 🔲 VISA	☐ Americar	n Express	
e.	Card expiration date:					
f.	Name shown on card:					
g.	Email of card holder:					
h.	Signature of card holder:					
to the sh		C. Depositor shall defend	, indemnify, and he	old ATCC harmle	y with all applicable law relating ss from and against any and all	
<u>Deposit</u>	cor Declarations: Deposito	r represents, warrants, a	nd covenants that:	:		
	the depositor berounder in	for the number of small	lia		ant and industrial property.	

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  - the depositor hereunder is for the purposes of enabling one or more patents in the patent and industrial property offices, and depositor will comply with all applicable law (including, without limitation, all rules and regulations such patent and industrial property offices;
  - it will provide the microorganism in the form and quantity as required by ATCC; and b.
  - if the microorganism becomes nonviable during the 30 year storage term or 5 years from the last request, as C. determined by ATCC, Depositor will promptly provide a replacement deposit to replace such nonviable microorganism

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ATCC USE ONLY: ATCC DE ATCC® is a registered trademark of t	EPOSIT NUMBER: DATE DEPOSIT RECEIVED
Date	
Title	
Name	
Signature	
On behalf of Depositor	
DEPOSITOR has read and agree truthful and accurate.	s to the terms and conditions of this deposit form, and the information Depositor has provided hereunder is

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