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## Non-Budapest Treaty Deposit Form (34)

IP, Licensing and Services 10801 University Boulevard Manassas, Virginia 20110-2209 USA

Telephone: (800) 638-6597 Facsimile: (703) 334-2932 Email: patentdeposit@atcc.org

THIS DEPOSIT FORM SHOULD BE USED TO DEPOSIT A MICROORGANISM TO MEET THE REQUIREMENTS OF THE U.S. PATENT AND TRADEMARK OFFICE AND, AT THE DEPOSITORS OPTION, CERTAIN OTHER PATENT OR INDUSTRIAL PROPERTY OFFICES. PLEASE ALSO NOTE THAT THIS DEPOSIT FORM IS NOT TO BE USED FOR BUDAPEST TREATY DEPOSITS, NOR IT IS NECESSARY TO COMPLETE THIS FORM IF YOU HAVE MADE A DEPOSIT WITH ATCC UNDER THE BUDAPEST TREATY USING DEPOSIT FORM BP/1.

INSTRUCTIONS: 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.

Provide	the description name, genus and species plus the source of material:
Is this de If yes, pl	eposit a mixture of microorganisms or cells?   Yes   No ease describe:
b. 🗌	Mixed Cultures and Consortia
Provide	he description name and identity of each component of the mixture:
c. 🗌	Cell line and Hybridomas
Provide (HIV, EB	he description name, species and tissue of origin, geographical source of isolation, and any known associated h V, etc.).
(HIV, EB	
If deposi	V, etc.).
If deposi	V, etc.).  t is a cell culture, is it being cultured in the presence of antibiotics?   Yes   No
If deposi	V, etc.).  t is a cell culture, is it being cultured in the presence of antibiotics?   Yes   No ease list the antibiotics:
If deposi If deposi If deposi d.	t is a cell culture, is it being cultured in the presence of antibiotics?   Yes No ease list the antibiotics:  t is a hybridoma, what is the isotype of the antibody produced?
If deposi If yes, pl If deposi d.  Provide	V, etc.).  It is a cell culture, is it being cultured in the presence of antibiotics?   Yes No  ease list the antibiotics:  It is a hybridoma, what is the isotype of the antibody produced?  Plasmids and Vectors
If deposi If yes, pl If deposi d.  Provide	t is a cell culture, is it being cultured in the presence of antibiotics?

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g.	☐ Seeds and Plant Tissue Cultures
Pro	ovide the description name, the scientific name of the source of the deposit and geographical source.
	rain Designation: Please provide the series of numbers and symbols used to identify the reference. Note that the signation must correspond to the vial labels.
me is a	Itivation, Viability and Storage: Please provide all details necessary for the cultivation, viability testing such as cultivation, including any required reagents or antibiotics, and including concentrations and sources where applicable. If the deamixture, please provide a method to check for presence of all components. Please enter the word "see attachment" in the plant of the provided in the provided and viability instructions in a separate document.
_	
Ple	ease indicate the storage temperature desired:   Liquid Nitrogen Tank -80 Freezer + 4 Cold room
<u>Sa</u>	fety:
a.	Is this strain hazardous to the following?
An	mans? Yes
Ple	ease provide any properties of the microorganism which are or may be dangerous:
b.	Provide the Biological Safety Level (BSL):
BS	L1
Ù.S	unsure of BSL level, please refer to <i>Biosafety in Microbiological and Biomedical Laboratories</i> , 5th ed. HHS Publication No. (CDC) 93- 5. Department of Health and Human Services, Centers for Disease Control. Washington, DC: U.S. Government Printing Office; 2007. ire text is available online at. <a href="http://www.cdc.gov/od/ohs/biosfty/bmbl5/BMBL_5th_Edition.pdf">http://www.cdc.gov/od/ohs/biosfty/bmbl5/BMBL_5th_Edition.pdf</a> )
Reg	gulatory Compliance:
a.	Was the material derived from a human? ☐ Yes ☐ No If yes, was an IRB-approved consent form (human 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 facility with exotic viruses affecting livestock and avian species?   No

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1.	Availability:	

a. ATCC® may furnish as permitted by or required under applicable law. Notwithstanding anything to the contrary, ATCC may, without restriction, furnish samples of the deposit at any time after the issuance of any relevant patent.

No	otification:					
a.	ATCC will notify you of your ATCC number in a certificate of deposit after viability of the deposit has been confirmed. A certificate of deposit is sent via email or mail to the depositor and attorney of record.					
b.	Would you like to be inform ☐ Yes ☐ No	ned when samples of the	deposit microorganism have been	furnished by ATCC to third parties		
	If yes, indicate your selection	on(s) of individuals that sh	nould receive the informing report			
	☐ Depositor ☐ Attorney of Record ☐ Both (Depositor and Att ☐ Other, please provide the		ow:			
Oı	rganization Name:		Contact Name:			
St	treet Address:		City:	State:		
Zij	p Code:	Country:	Phone:			
De ins	stitution, not an individual. Ind	e provide the appropriate of lividuals should verify with	lepositor contact information. Gen their management as to who owr Inventor Name:	erally, the depositor will be compangus the deposit.		
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appropriate payment information. Payments by check, purchase order for the exact amount, and credit card are accepted. By providing ATCC with an executed copy of this deposit form, Depositor authorizes ATCC to charge its credit card. Please note that fees are subject to change. For current fees, please visit our website at <a href="www.atcc.org">www.atcc.org</a> or email <a href="mailto:patentdeposit@atcc.org">patentdeposit@atcc.org</a>

a. Do you have a current ATCC account number? Yes No

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		If yes, please indicate the ATCC Account Number:  If no, please complete a New Account Application on our website at <a href="www.atcc.org">www.atcc.org</a>
	b.	Purchase Order No:
	C.	Check No:
	d.	Credit Card number:
		Please Select Type of Card: MasterCard VISA American Express
	e.	Card expiration date:
	f.	Name shown on card:
	g.	Email of card holder:
13.	to the	Signature of card holder:
14.	Depo	ositor Declarations: Depositor represents, warrants, and covenants that:
	a.	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;
	b.	it will provide the microorganism in the form and quantity as required by ATCC; and
	C.	if the microorganism becomes nonviable during the 30 year storage term or 5 years from the last request, as determined by ATCC, Depositor will promptly provide a replacement deposit to replace such nonviable microorganism.
truthfu	l and ac	has read and agrees to the terms and conditions of this deposit form, and the information Depositor has provided hereunder is curate.
Signat	ture	
Name		
Γitle		
Date		
ΔΤΩ	: USF (	ONLY: ATCC DEPOSIT NUMBER: DATE DEPOSIT RECEIVED

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