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| Applicant's or agent's file reference | International application No. |
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**INDICATIONS RELATING TO DEPOSITED MICROORGANISM
OR OTHER BIOLOGICAL MATERIAL**

(PCT Rule 13bis)

A. The indications made below relate to the deposited microorganism or other biological material referred to in the description on page _____, line _____.

B. IDENTIFICATION OF DEPOSIT Further deposits are identified on an additional sheet

Name of depositary institution

Address of depositary institution (*including postal code and country*)

| | |
|-----------------|------------------|
| Date of deposit | Accession Number |
|-----------------|------------------|

C. ADDITIONAL INDICATIONS (*leave blank if not applicable*) This information is continued on an additional sheet

D. DESIGNATED STATES FOR WHICH INDICATIONS ARE MADE (*if the indications are not for all designated States*)

E. SEPARATE FURNISHING OF INDICATIONS (*leave blank if not applicable*)

The indications listed below will be submitted to the International Bureau later (*specify the general nature of the indications e.g., "Accession Number of Deposit"*)

| |
|---|
| For receiving Office use only |
| <input type="checkbox"/> This sheet was received with the international application |
| Authorized officer |

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| For International Bureau use only |
| <input type="checkbox"/> This sheet was received by the International Bureau on: |
| Authorized officer |