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PATENT DEPOSIT FORM

STATEMENT IN THE CASE OF AN ORIGINAL DEPOSIT

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 To:

 Cell Biology & Imaging Division.

National Institute for Biological Standards and Control,

 Blanche Lane,

 South Mimms,

 Potters Bar.

 Hertfordshire.

 EN6 3QG

 UK

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The Undersigned hereby deposits under the Budapest Treaty the cultured cells/cell line identified hereunder and undertakes not to withdraw the deposit for the period specified in Rule 9.11

**Please complete the form using black ink. Please print or type.**

**1. Depositor Information**

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| Name of Depositor/Company/Institution:      |
| Full Address:      |
| Contact Name:      | Tel:       |
| E-mail:       | Fax:       |
| Invoice Address (if different from above):      |

1. **Rule 9.1 Duration of Storage**

Any microorganism deposited with an international depository authority shall be stored by such authority with all the care necessary to keep it viable and uncontaminated, for a period of at least five years after the most recent request for the furnishing of a sample of the deposited microorganism was received by the said authority and, in any case, for a period of at least 30 years after the date of deposit. ([www.wipo.int/budapest](http://www.wipo.int/budapest))

**2. Identification of the Cultured Cells/ Cell Line**

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| Cell / Cell Line Name:      | Species:      | Passage Number:      |
| Brief Morphological Description: (attach light micrograph, if available, showing example of typical morphology)      |
| Grown as: (check appropriate box)Adherent (feeder free) [ ]  Suspension Culture [ ] Adherent (on feeder layer) [ ]  (if you have checked this box provide details of feeder cells on page 4) |

**3. Growth Conditions**

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| 3A. Incubation |
| Temperature (°C):      Limits:       | Humidity (%RH):      Limits:       |
| % CO2 in air:      Limits:       | Other gas (%) if applicable state gas and concentration:      Limits:       |
| Culture Vessel (Type):       |
| 3B. Media and Media Components |
| **Description** | **Current Supplier** | Catalogue Number |
| Growth Medium:      |       |       |
| Serum Type **(if serum-free state serum-free)**:      |       |       |
| Final concentration in growth medium (%):      |
| Media Supplements (Appropriate final concentration(s) in growth medium):(List all supplements with appropriate concentrations.If none state none)      |       |       |
| Is Conditioned Media Added: (check appropriate box) YES [ ]  NO [ ] *If* ***Yes*** *box is check provide details on page 4:* |

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| ***3C. Thawing Protocol*** |
| **Thawing Solution** | Current Supplier | Catalogue Number |
| Base Solution (Thawing):       |  |  |
| Base Supplements(List all supplements with appropriate concentrations) | **Concentration** |  |  |
|       |       |       |       |
| Thawing Procedure:(Please give full details, continue on page 4 if necessary)      |

**4. Depositor Signature**

|  |  |
| --- | --- |
| Name:      | Signature **1**:Date:      |

**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.

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| **For UKSCB Use Only (please do not write below this line)** |
| Date Application Received:      | UKSCB Accession Number:      | Biohazard RA Reference No.      |
| Date Accession Number (Form BP/4) Issued:      | Issued by:      |
| Date Viability Statement (Form BP/9) Issued:      | Issued by:      |
| Date Final Acceptance Given:      |
| Authorised by: | Signature:Date: |

**5. Additional Data**

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| Please provide any additional scientific information or description and references relevant to the culture technique or patent application including, where appropriate, details of feeder cell growth conditions, and/or conditioned media used to support growth of the deposited cell line. **2**      |

2 It is strongly recommended that the scientific description and or proposed taxonomic designation of the cell or cell line be indicated.