

**Notice of the intention to restrict the  
availability of samples of biological material  
to experts**

*(See the notes on the back of this form)*

Concept House  
Cardiff Road  
Newport  
South Wales  
NP10 8QQ

1. Your reference

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2. Patent application number  
*(if you know it)*

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3. Full name, address and postcode of the or of  
each applicant

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4. Name of the depositary institution where  
the biological material is held

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5. Accession number and description of  
the deposit

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6. I am/we are the applicant(s) named in part 3 above and give  
notice that samples of the biological material identified in  
part 5 above should be available only to experts as set out in  
paragraph 6 of Schedule 1 to the Patents Rules 2007.

Signature

Date

7. Name, e-mail address, telephone, fax and / or  
mobile number, if any, of a contact point for the  
applicant

## Patents Form 8A

### Notes

- a) *If you need help to fill in this form or you have any questions, please contact the Office on 08459 500505.*
- b) *Write your answers in capital letters using black ink or you may type them.*
- c) *In order to be effective, this form must be filed before the Office has completed the preparations for publishing your application under Section 16(1) of the Patents Act 1977.*
- d) *The restriction will not be effective after the grant of a patent on the application.*
- e) *Once you have filled in this form remember to sign and date it.*
- f) *For details of the fee and ways to pay, please contact the Office.*