

PATENT COOPERATION TREATY

From the RECEIVING OFFICE

PCT

To:
 DAVID RESNICK
 NIXON PEABODY LLP
 100 SUMMER STREET
 BOSTON, MASSACHUSETTS 02110-2131

**NOTIFICATION CONCERNING PAYMENT
 OF PRESCRIBED FEES**

(PCT Rules 12bis.1(c), 14, 15 and 16
 and Administrative Instructions,
 Sections 102bis(c), 304, 323(b) and 707)

Date of mailing (day/month/year)	01 May 2013
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Applicant's or agent's file reference 043214071761

PAYMENT DUE see item 3 for time limits
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International application No. PCT/US2013/037996
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International filing date/Date of receipt (day/month/year)	24 Apr 2013
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Priority date (day/month/year) 24 Apr 2012

Applicant THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

1. The applicant is hereby notified that this receiving Office has received:

the payment of all the prescribed fees, and an overpayment, which will be refunded in due course.

no or insufficient payment of the prescribed fees and the applicant is hereby invited to pay the balance due, as summarized under item 2, within the time limit(s) indicated under item 3.

2. Fees and payment calculation:

3,375.00	-	3,375.00	=	0.00
Total fees payable		Amount paid		Balance

The details of the calculation are given in the Annex.

3. Time limit(s) for payment and amount(s) payable (Rules 14.1, 15.3 and 16.1(f)):

within ONE MONTH from the date of receipt of the international application (for the transmittal fee (if any), the search fee and the international filing fee). The amount payable for each fee is the amount applicable on the date of receipt of the international application.

within 16 MONTHS from the priority date (only for the fee for priority document). The applicant's attention is drawn to the fact that the request made by the applicant under Rule 17.1(b) will be considered not to have been made unless the fee is paid within that time limit.

4. Additional observations (if necessary):

The search copy will not be transmitted to the International Searching Authority until the search fee is paid (therefore the start of the international search will be delayed) (Rule 23.1(a) and (b)).

Name and mailing address of the receiving Office Mail Stop PCT, Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450 Facsimile No. 571-273-3201

Authorized officer Nhu Thuy Tran Telephone No. (571)272-9063
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**ANNEX TO FORM PCT/RO/102
CALCULATION OF THE PRESCRIBED FEES**

International application No.
PCT/US2013/037996

T Transmittal Fee

Prescribed amount: 240.00 **T**
 Amount paid: 240.00
 Balance: = 0.00

correct amount
 overpayment
 balance due

S Search Fee

Prescribed amount: 217.00 **S**
 Amount paid: 217.00
 Balance: = 0.00

correct amount
 overpayment
 balance due

I International Filing Fee

Fixed amount for first 30 sheets: 1,206.00 **i1**

107 x 16.00 = 1,712.00 **i2**

Number of sheets Fee per sheet
 in excess of 30

*(excluding pages referred
 to in Section 707(a-bis))*

Reduction where the international application is filed
*(See PCT Applicant's Guide, International Phase for
 details on the availability of this reduction):*

on paper together with a copy in electronic
 form, in character coded format, of the request
 and the abstract 0.00 **r**

or

in electronic form, the request not being in
 character coded format 0.00 **r**

or

in electronic form, the request being in character
 coded format 0.00 **r**

or

in electronic form, the request, description,
 claims and abstract being in character coded
 format 0.00 **r**

Sub-total: = 2,918.00 **i1+i2-r**

*Applicants from certain States are entitled to a reduction of 90% of the
 international filing fee. Where the applicant is (or all applicants are) so
 entitled, the total to be entered at I is 10% of the sub-total entered at
 (i1+i2-r); (see Notes to the Fee Calculation Sheet as annexed to the
 Request Form, PCT/RO/101, for details):* = 2,918.00 **I**

Amount paid: 2,918.00
 Balance: = 0.00

correct amount
 overpayment
 balance due

P Fee for Priority Document

Prescribed amount: 0.00 **P**
 Amount paid: 0.00
 Balance: = 0.00

correct amount
 overpayment
 balance due

ES Fee for Earlier Search Documents

Prescribed amount: 0.00 **ES**
 Amount paid: 0.00
 Balance: = 0.00

correct amount
 overpayment
 balance due