

**PATENT COOPERATION TREATY**

From the RECEIVING OFFICE

To:  
**OREN RAPHAEL**  
**4355 SEPULVEDA BLVD**  
**APT 105**  
**SHERMAN OAKS, CALIFORNIA 91403**  
**UNITED STATES OF AMERICA**

CONFIRMATION NO. 1360

**PCT**

INVITATION TO PAY PRESCRIBED FEES  
 TOGETHER WITH LATE PAYMENT FEE

(PCT Rule 16*bis* and Administrative  
 Instructions, Section 707)

|   |   |
|---|---|
| Applicant's or agent's file reference<br><b>DIALYSISTRACELOOPRO</b> | Date of mailing<br>(day/month/year) <b>15 January 2026 (15.01.2026)</b>   |
| International application No.<br><b>PCT/US2025/052923</b>           | <b>PAYMENT DUE</b> within <b>ONE MONTH</b> from the above date of mailing   |
| Applicant<br><b>RAPHAEL, OREN</b>                                   | International filing date/Date of first receipt of papers<br>(day/month/year) <b>28 October 2025 (28.10.2025)</b> |

1. This receiving Office has found that the prescribed fees (i.e., transmittal fee, search fee and international filing fee) have not been paid (in full), within one month from the date of receipt of the international application (Rules 14, 15 and 16). See below for details of the calculation.

2. The applicant is hereby **invited**, within the time limit indicated above, **to pay the following total amount** (see the Annex for details):

|                   |   |                  |   |                  |
|-------------------|---|------------------|---|------------------|
| 4236.00           | + | 681.00           | = | 4917.00          |
| Total unpaid fees |   | Late payment fee |   | Total amount due |

3. **Failure to pay** the total amount due within the time limit indicated above may result in the international application being considered withdrawn by this receiving Office.

**The applicant's attention is drawn to Rules 16*bis*.1(c) and 29.**

4. Additional observations (if any):

- the amount of \_\_\_\_\_ was received by this receiving Office after the expiration of the applicable time limit; the total amount due indicated above is correspondingly reduced
- other observations:

A copy of this Invitation is being sent to the International Bureau.

|  |  |
|--|--|
| Name and mailing address of the receiving Office<br><b>COMMISSIONER FOR PATENTS</b><br><b>MAIL STOP PCT</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b><br><b>UNITED STATES OF AMERICA</b> | Authorized officer<br><br><p align="center"><b>LATRICE RUSSELL</b></p> |
| Facsimile No. <b>571-273-8300</b>  | Telephone No. <b>(703)756-1442</b>                                     |

**ANNEX TO FORM PCT/RO/133  
CALCULATION OF THE PRESCRIBED FEES**

*(If a reduced fee has been applied, the reduced amount is indicated.)*

International application No.

**PCT/US2025/052923**

**T Transmittal Fee**

|                          |        |                            |   |
|--------------------------|--------|----------------------------|---|
| Prescribed amount: ..... | 114.00 | <input type="checkbox"/> T |   |
| Amount paid: .....       | -      | 0.00                       | <input type="checkbox"/> correct amount         |
| Balance: .....           | =      | 114.00                     | <input type="checkbox"/> overpayment            |
|                          |        |                            | <input checked="" type="checkbox"/> balance due |

**S Search Fee**

|                          |         |                            |   |
|--------------------------|---------|----------------------------|---|
| Prescribed amount: ..... | 2400.00 | <input type="checkbox"/> S |   |
| Amount paid: .....       | -       | 0.00                       | <input type="checkbox"/> correct amount         |
| Balance: .....           | =       | 2400.00                    | <input type="checkbox"/> overpayment            |
|                          |         |                            | <input checked="" type="checkbox"/> balance due |

**I International Filing Fee**

Prescribed amount:

|   |         |                             |                             |
|---|---------|-----------------------------|-----------------------------|
| Fixed amount for first 30 sheets: ..... | 1362.00 | <input type="checkbox"/> i1 |                             |
| <u>20</u> x <u>18.00</u>                | =       | 360.00                      | <input type="checkbox"/> i2 |

Number of sheets in excess of 30 (excluding pages referred to in Section 707(a-bis))

Fee per sheet

Reduction where the international application is filed  
(See PCT Fee tables [www.wipo.int/pct/en/fees.pdf](http://www.wipo.int/pct/en/fees.pdf)):

in electronic form, the request not being in character coded format ..... -  r

or

in electronic form, the request being in character coded format ..... -  r

or

in electronic form, the request, description, claims and abstract being in character coded format ..... -  r

Sub-total: ..... = 1722.00  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):* .....

|                    |   |         |   |  |
|--------------------|---|---------|---|--|
|                    | = | 1722.00 | <input type="checkbox"/> I                      |  |
| Amount paid: ..... | - | 0.00    | <input type="checkbox"/> correct amount         |  |
| Balance: .....     | = | 1722.00 | <input type="checkbox"/> overpayment            |  |
|                    |   |         | <input checked="" type="checkbox"/> balance due |  |

**Late Payment Fee**

The amount of the late payment fee corresponds to:

- 50% of total unpaid fees
- the transmittal fee (minimum amount of the late payment fee)
- 50% of the international filing fee, not taking into account any fee for each sheet of the international application in excess of 30 sheets (maximum amount of the late payment fee)