**BCCMTM/IHEM Fungi Collection: Human & Animal Health**

Do not write in this box
BCCM/IHEM USE ONLY

IHEM N°

Date received :

Sciensano – Service of Mycology and Aerobiology

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**1. Strain designations**

* Scientific name of organism : \_\_\_\_
* (Proposed) type strain? \_\_\_\_
* Depositor’s reference number : \_\_\_\_
* Accession number(s) in other collections: \_\_\_\_
* GENBANK/EMBL accession number(s): \_\_\_\_

**2. Origin of the strain**

*With respect to the privacy of patients, please do not provide any information that might disclose their identity.*

* Source of the isolate (substrate, host organism (*Latin*), organ/body part, …): \_\_\_\_
* Pathology (if relevant):  \_\_\_\_
* Host information: age, sex, underlying disease, treatment, … (if relevant): \_\_\_\_
* Geographical location of isolation (country, city, area): \_\_\_\_
	+ Isolated by : \_\_\_\_
	+ Isolator’s institute or organization: \_\_\_\_
	+ Date : \_\_\_\_
* If sampling and isolation occurred separately: \_\_\_\_
	+ Geographical location of sampling (country, city, area): \_\_\_\_
	+ Sampled by : \_\_\_\_
	+ Date : \_\_\_\_
* If you received the isolate form a third party, please indicate its former history:
	+ I received it from: \_\_\_\_ (date: \_\_\_\_ )
	+ Who received it from: \_\_\_\_ (date: \_\_\_\_ )

**3. Special features and applications**

* Drug resistance: \_\_\_\_
* Other features: \_\_\_\_
* Test or control strain for standardized protocols, equipment, substances: \_\_\_\_
* Other applications: \_\_\_\_
* Is the strain subject of a patent? [ ]  No [ ]  Unknown [ ]  Yes, with patent reference \_\_\_\_

**4. Literature references (reprint if available) :**

* \_\_\_\_

**5. Recommended conditions for growth and maintenance**

* Culture medium: \_\_\_\_ Temperature °C: \_\_\_\_
* Special requirements: \_\_\_\_

**6. Risk assessment of the strain**

*More information on Belgian pathogen classifications of risk:* [*biosafety.be*](https://www.biosafety.be/content/contained-use-definitions-classes-biological-risk)

* [ ]  Human pathogen [ ]  Animal pathogen [ ]  Plant pathogen [ ]  Unknown
* Pathogen class of risk (BCCM/IHEM does not accept class 4!): [ ]  1 [ ]  2 [ ]  3 [ ]  unknown
* Quarantine organism: yes [ ]  no [ ]  unknown [ ]
* Safety precautions or restrictions for distribution : \_\_\_\_
* Is the strain genetically modified? [ ]  yes [ ]  no
* *If yes:* Name and strain number of parent: \_\_\_\_

 Genetically modified character: \_\_\_\_

 Author and date: \_\_\_\_

**7. Access and Benefit Sharing (ABS) of genetic resources**

*Belgium is party to the Nagoya Protocol (NP) under the Convention on Biological Diversity (CBD) (*[*cbd.int/abs/*](https://www.cbd.int/abs/)*). We therefore require some basic information on sampling.*

* Is the material obtained in compliance with the national regulations of the country of origin? [ ]  yes [ ]  no
* Sampling permission, Prior Informed Consent (PIC), Internationally Recognized Certificate of Compliance (IRCC), or Mutually Agreed Terms (MAT) issued by the competent authority of the country of origin? [ ]  yes [ ]  no
	+ *If yes*: Please attach a copy of the relevant documents.

 Name and address of the authority of the issuing document: \_\_\_\_

* + *If no:* Please indicate the reasons.

 [ ] Country of origin does not require a sampling permission or PIC for this genetic resource.

 [ ] Country of origin is still in the process of establishing regulation on access of genetic resources.

 [ ] No relevant legislation or contact point available on the ABS Clearing-House website ([absch.cbd.int/](https://absch.cbd.int/))

 [ ] Samples were collected in the context of an emergency situation (*e.g.* epidemic)

 [ ] Samples were collected outside national jurisdiction (deep sea, international waters, Antarctica, …)

 [ ] Other reason: \_\_\_\_

**8. AGREEMENT FOR DEPOSIT IN THE PUBLIC COLLECTION**

***I agree to deposit this culture in the public BCCMTM/IHEM Fungi Collection following the conditions from the BCCMTM Material Deposit Agreement (MDA:*** [***http://bccm.belspo.be/services/mda***](http://bccm.belspo.be/services/mda)***). I confirm that all information is correct and trustworthy. I authorize BCCMTM/IHEM to catalogue all data in this Deposit Form online and to distribute samples to third parties under the general conditions of the BCCM Material Transfer Agreement (MTA:*** [***http://bccm.belspo.be/services/mta***](http://bccm.belspo.be/services/mta)***) and any other conditions if applicable.***

Name of depositor : \_\_\_\_

Institute/Company : \_\_\_\_

Address : \_\_\_\_

Tel.: \_\_\_\_ E-mail: \_\_\_\_

Date : Signature :