

BCCM/DCG use only:

DCG number:

Date and signature of curator:

Depositors of strains are requested to contact the BCCM/DCG collection before sending a strain. A completed and printed version of this form must be sent together with each individual strain.

1. Depositor

Full name:

Institute / Company:

Address:

Tel.:

E-mail:

2. Strain information

Scientific name *(as specified by the depositor)*:

Depositor's strain identifier:

Is the **strain**: Axenic Not axenic

Does it concern a **genetically modified strain**? Yes No

2.1. Origin of the strain *(please give as much as information as possible)*Habitat *(ecological data)*:Locality *(country, state, location, longitude, latitude, etc.)*:

Collected by: Date:

Isolated by: Date:

Identified by: Date:

2.2. Additional strain informationLocation and possible reference of **herbarium specimen** (*herbarium acronym and number*):**Literature citation(s)** for this strain (*reprints will be appreciated*):**Accession number(s)** of DNA sequences:Cultures also deposited in **other culture collections** (*acronym of collection and number*):Cultures also sent to **other laboratories** (*give institute name and address*):**2.3. Recommended conditions for cultivation**

Medium (provide composition, or reference):

Incubation temperature:

Light intensity:

Light/dark cycle:

Other requirements:

2.4. Life cycle characteristics

Mating system:

Maximal cell length:

Auxosporulation size threshold:

Minimal cell length:

Other remarks:

2.5. Applicable preservation methods

Is the **strain**: Periodic subculturing only Cryopreservation in liquid nitrogen*

*Please specify cryoprotectant and concentration:

3. Information related to the application of the Nagoya Protocol (NP) under the Convention on Biological Diversity (CBD): <https://www.cbd.int/abs/>. This protocol implements the Access and Benefit Sharing (ABS) principle and requires recording some basic information listed below.

Is the material obtained in compliance with the national regulations of the country of origin? Yes No

Was a sampling agreement, Prior Informed Consent (PIC) or International Recognized Certificate of Compliance (IRCC), or Mutually Agreed Terms on the use of the samples (MAT) issued by the national competent authority? **Yes** **No**

If Yes

Name and address of the person or organization who issued the sampling permit / PIC / IRCC / MAT*:

*Please attach a copy of the sampling agreement, PIC or MAT or IRCC

If No

- country of origin does not require a PIC or sampling agreement
- information regarding the country of origin's regulation or contact point not available on ABS Clearing House <https://absch.cbd.int/countries>
- sample collected in the context of an emergency situation; regulation in process or programmed
- sample collected outside national jurisdiction (deep sea, international waters, Antarctica,...)

other reason:

4. AGREEMENT FOR DEPOSIT IN THE PUBLIC COLLECTION

I agree to deposit this biological material in the public BCCM/DCG Diatoms Collection following the conditions from the BCCM Material Deposit Agreement (MDA: <http://bccm.belspo.be/legal/mda>). I confirm that all information is correct and trustworthy. I authorize BCCM 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/legal/mta>) and any other conditions if applicable.

I agree that my personal data processed in the framework of this deposit will be handled in conformity with the personal data protection statement of the BCCM-consortium (<http://bccm.belspo.be/legal/disclaimer>).

The depositor confirms that all information is correct and trustworthy.

Date:

Name:

Function:

Signature