**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 :