**DEPOSIT FORM FOR THE PUBLIC COLLECTION**

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| **Do not write in this box****ITM USE ONLY**ITM accession N°:  ITM alias: Date received: Date and signature curator:  |

## BCCMTM/ITM Culture Collection

Mycobacteriology Unit

Institute of Tropical Medicine

Nationalestraat 155

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E-mail : BCCM.ITM@itg.be

*BCCM/ITM thanks you to fill in this form as*

*completely as possible. Depositors of strains*

*are requested to contact BCCM/ITM before*

*sending a strain. A printed and signed version*

*of this form must be sent together with the strain.*

**1. Strain designation**

Scientific name of organism: 

Depositor’s reference(s) number(s): 

Other collection accession number(s): 

(Proposed) Type Strain: Yes [ ]  No [ ]  If yes, Type strain Number: 

GENBANK/EMBL accession number: 

**2. Origin of the strain**

Geographical area of sampling of strain: Country: 

 Locality (GPS): 

Source of isolation:

 [ ]  human (+ organ): 

 [ ]  animal (Latin name + organ): 

 [ ]  environmental (Source): 

 [ ]  *in vitro* selected from motherstrain = 

Collected by (Person/Institute) :  Date of sampling of strain\*: Isolated by (Person/Institute) :  Date of isolation of strain\*: 

Technique(s) used for identification: 

\*In case of *in vitro* mutants:

Date of sampling and isolation motherstrain: 

Isolated by: Date of isolation of *in vitro* mutant(s): 

*If you did not isolate this strain, please indicate from whom you received the strain, as well as its former history :*

🡐 *from:*  *date:* 

🡐 *from:*  *date:* 

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

1) Is the material obtained in compliance with the national regulations of the country of origin? Yes [ ]  No [ ]

2) Was an official document allowing you to deposit the strain(s) in an foreign public collection issued by the national competent authority of the country of origin (e.g. sampling agreement, Prior Informed Consent (PIC), International Recognized Certificate of Compliance (IRCC), or Mutually Agreed Terms on the use of the samples (MAT)) yes [ ]  no [ ]  NA [ ]

If YES: reference:

 🡺 Name and address of the person or organization who issued the sampling permit/PIC/IRCC/MAT: 🡺 **Please attach a copy of the sampling permit, PIC, IRCC or MAT**

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*](https://absch.cbd.int/countries)

 [ ]  samples collected in the context of an emergency situation; regulation in progress or programmed

 (please keep us informed of the processes)

 [ ]  other reason, please specify: 

If NA:

 [ ]  sample collected before the NP came into force (October 12th 2014)

 [ ]  country of origin is not a party of the NP

 [ ]  sample collected before the country of origin was party of the NP

 [ ]  sample collected outside national jurisdiction (deep sea, international waters,…)

 [ ]  motherstrain of in vitro selected mutant(s) collected before the NP came into force (October 12th 2014)

 [ ]  other reason, please specify: 

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

Medium: 

Growth Temperature: 

Special requirements: 

**5. Risk assessment of the strain**

Pathology and underlying disease of host (if relevant): 

Restrictions on distribution or Safety precautions: 

**6. Other information**

Special features and applications: 

Literature references (Pdf-document if available): 



Other remarks: 

**7. Depositor’s agreement for Public access**

***I agree to deposit this biological material in the public BCCM/ITM Mycobacteria Collection following the conditions from the BCCM Material Deposit Agreement (MDA:*** [***https://bccm.belspo.be/legal/mda***](https://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:*** [***https://bccm.belspo.be/legal/mta***](https://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 (***[***https://bccm.belspo.be/legal/disclaimer***](https://bccm.belspo.be/legal/disclaimer)***).***

Name of depositor : 

Institute/Company : 

Department: 

Address : 

Postal Code: City :  Country: 

Tel.:  Email: 

Date :  Signature of depositor : 

