**DEPOSIT FORM FOR THE PUBLIC COLLECTION**

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| --- | --- |
| *Depositors of strains are requested to contact the BCCM/LMG collection before sending a strain. BCCM™/LMG accepts bacterial strains up to biohazard group 2.**A printed and signed version of this form must be sent together with the strain.* | **BCCM™/LMG use:**LMG number : Date received :  |

**1. Strain designations**

Scientific name of organism

(Proposed) type strain: Yes [ ]  No [ ]  Depositor's strain label:

Accession number in other collections:

GENBANK/EMBL accession number :

**2. Origin of the strain**

Geographical area of sampling: Country :
Locality / GPS :

Source of isolation:      .

Collected by (Person/Institute):       Date of collecting:

Isolated by (Person/Institute):       Date of isolation:

*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 application 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 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>

 [ ]  samples 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 :

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

Medium *(attach formula)*:       Temperature °C:       Light conditions:

Oxygen relationship:       Special gas requirements:

Special requirements:

**5. Preservation methods applicable**

Cryopreservation: Yes [ ]  No [ ]  Unknown [ ]

Lyophilisation: Yes [ ]  No [ ]  Unknown [ ]

Recommended conditions (cryoprotectant.):

**6. Risk assessment of the strain**

Is it pathogenic for humans: Yes [ ]  No [ ]  Unknown [ ]

Is it pathogenic for animals: Yes [ ]  No [ ]  Unknown [ ]

Is it pathogenic for plants: Yes [ ]  No [ ]  Unknown [ ]

Hazard group, disease name, symptoms :

**7. Mutant status**

Name and strain number of parent:       Author and date:

Mutated character:

**8. The strain has been patented**

No [ ]  Yes [ ]  patent reference:

**9. Special features and applications**

**10. Restrictions on distribution or Safety precautions**

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

***I agree to deposit this biological material in the public BCCM/LMG Bacteria 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)***).***

First name:       Family name:

Institute/Company:

Department:

Address:

Postal Code:       City:       Country:

Tel.:       Email:

Date:       Signature of depositor: