**DEPOSIT FORM for the PUBLIC COLLECTION**

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| --- | --- |
| *Depositors of strains are requested to contact the BCCMTM/MUCL collection before sending a strain. BCCMTM/MUCL accepts filamentous fungi, yeasts and arbuscular mycorrhizal fungi, excluding strictly human or animal pathogenic species as mentioned in the EU Council Directive 2000/54/EC or its updates. A printed and signed version of this form must be sent together with the strain.* | **BCCMTM/MUCL use:**MUCL number:      Date received:       |

**1. Strain designations**

Scientific name of organism:

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

Accession number in other collections/herbarium:

GENBANK/EMBL accession number:

Identification by: [ ]  Morphology [ ]  Physiology [ ]  DNA sequencing, sequenced gene(s):

**2. Origin of the strain**

Geographical area of sampling: Country:

 Locality (GPS):

Source of isolation:

Collected by:       Date:       Number:

Isolated by:       Date:       Number:

Identified by:       Date:       Number:

Material supplied (applicable solely for AMF): [ ]  Isolated spores [ ]  In vitro culture [ ]  Soil

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

🡐 From:  Date:  Ref.:  Scientific name:

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**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 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), Mutually Agreed Terms on the use of the samples (MAT) or Material Transfer Agreement (MTA)) : [ ]  Yes [ ]  No

If YES

Name and address of the person or organization who issued this document (sampling permit, PIC, IRCC…):

Please attach a copy of this document

If NO

[ ]  country of origin does not require such a document (PIC or sampling agreement)

**[ ]**  information regarding the country of origin’s regulation or contact point is not available on ABS Clearing House [**https://absch.cbd.int/countries**](https://absch.cbd.int/countries)

[ ]  samples were collected in the context of an emergency situation; regulation in process or programmed (please keep us informed of the processes)

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

[ ]  other reason, please specify:

**4. Recommended conditions for growth**

Medium *(attach formula)*:

Temperature °C:       Light conditions:

Special requirements:

**5. Recommended conditions for sporulation**

Medium *(attach formula)*:

Temperature °C:       Light conditions:

Special requirements:

**6. Preservation methods applicable**

Continuous culture: [ ]  Yes [ ]  No [ ]  Unknown

Culture under mineral oil [ ]  Yes [ ]  No [ ]  Unknown

Culture under water [ ]  Yes [ ]  No [ ]  Unknown

Cryopreservation: [ ]  Yes [ ]  No [ ]  Unknown

Lyophilisation: [ ]  Yes [ ]  No [ ]  Unknown

Recommended conditions (cryoprotectant):

**7. Risk assessment of the strain**

Hazardous to plants: [ ]  Yes [ ]  No [ ]  Unknown

Hazard group, disease name, symptoms:

**8. Mutant status**

Name and strain number of parent:       Author and date:

Mutated character:

**9. The strain has been patented**

[ ]  No [ ]  Yes, patent reference:

**10. Sexual behavior and/or mating type**

**11. Special features and applications**

**12. Restrictions on distribution (related to risk assessment) or Safety precautions**

**11. Agreement for deposit in the public collection**

First name:       Family name:

Institute/Company:

Department:

Address:

Postal Code:       City:       Country:

Tel.:       Email:

***I agree to deposit this biological material in the public BCCM/MUCL collection following the conditions from the BCCM 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 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/services/mta***](http://bccm.belspo.be/services/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**](http://bccm.belspo.be/legal/disclaimer)***).***

Date:       Signature of depositor: