

ACCESSION FORM
for public deposit
BACTERIA and ARCHAEA

*To be filled
by KPD*

Accession number **KPD**

Date culture received _____ Deposit date _____

SCIENTIFIC NAME OF MICROORGANISM

Organism Type	Genus	Gram staining
Species Epithet	Subspecies Epithet.	
(Proposed) type strain of the species / subspecies	biovar, mutant, serotype, etc.	
Strain designation used by the depositor for the strain		
Genotype		

Other strain designations or collection numbers used for the strain:

ORIGIN OF THE STRAIN:

(Please give as much information as possible and attach reprints or give references)

This strain is a

Source of isolation _____ Date of sampling (YYYY) (MM) (DD)

Isolated by (person) _____ Date of isolation (YYYY) (MM) (DD)

Institution

Identified by (person and institution)

Method of identification

INFORMATION RELATING TO THE CONVENTION ON BIOLOGICAL DIVERSITY (CBD): *(Compulsory, if relates)*

Country of origin and/or geographical location (no organisms can be accepted without this information):

a) Geographical area of sampling Country
Locality (latitude and longitude, if available)

b) Was a sampling agreement ("Prior informed consent" = "PIC") issued by a competent authority?

When Prior Informed Consent was issued give the name and address of the competent authority:

STRAIN HISTORY SINCE ISOLATION

(If you did not isolate the strain, please indicate as far as possible the sequence of scientists or laboratories, which maintained it before you, and also any other names used for the strain):

KPD ← Depositor ← ←
← ←

RISK ASSESSMENT OF THE STRAIN:

All organisms must be assigned to a Risk Group.

Organisms pathogenic to humans, animals or plants are subject to import/export and special transport regulations.

Risk group P1 P2 According to which regulations has this assessment been carried out?:

Biological Safety Level

Is this strain known to be or likely to be pathogenic?

NO

YES

UNKNOWN

Is this strain genetically manipulated?

NO

YES

If the strain is genetically manipulated, please fill in the additional PART of the form for the GMO**ADDITIONAL DATA***(Please supply strain specific data or attach reprints describing strain properties):*

Properties of the strain (production, assay, biological indicator, antimicrobial resistance, sensitivity, auxotrophy, restriction-modification system)

Selectable phenotype *(indicate the selection medium as well)*

Specific uses of the strain

Teaching strain

Reference strain

Other information

PLASMID DATA, if the strain is known to harbour a natural plasmid:

Plasmid designation

Molecular size (bp)

Plasmid isolated by (references)

Genetic properties (resistances etc.)

Unique restriction sites (please include restriction map or reference)

Selection marker

Is the plasmid self-transmissible?

Has the plasmid been sequenced?

GenBank Accession Number

*If the sequence is not deposited, please attach the sequence file***CULTIVATION OF THE STRAIN:**

Name of medium

KPD medium no. when known

Medium - detailed description *(give any references in full; use a separate sheet if necessary)*

pH

Temperature (°C)

Oxygen requirements

Can the microorganism be grown routinely on nutrient agar or in nutrient broth without significant changes in its properties? (e.g. requirement for growth on antibiotic supplemented media for plasmid maintenance).

YES

NO

UNKNOWN

Special requirements (light, gas phases, etc.)

Special conditions

Incubation time (*specify*: hours or days)

Interval of transfer (weeks)

Short term storage at (°C)

Recommended long-term preservation

Other methods of preservation

REFERENCES

(Literature pertaining to the strain, for example the species description in case of type strains. Please give PubMed ID (PMID number) for each paper):

AGREEMENT FOR DEPOSIT IN THE PUBLIC COLLECTION

Depositor's Name:

Fist name

Family name

Institution

Postal Address

Code + city

Telephone

Country

Fax

USER ACCOUNT

E-mail

I agree to deposit the strain in the open public KPD collection.

I authorize KPD to catalogue the data and to distribute the subcultures of the deposited strain within the restrictions mentioned in

The KPD Material Transfer Agreement

Extra restrictions

NO

YES

By default, I would like to be informed by KDP upon distribution of my material to third parties

Date

Signature of depositor

Please send the filled and signed form to:

SAVE form

PRINT form

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