

PNCM

Philippine National Collection of Microorganisms
National Institute of Molecular Biology &
Biotechnology (BIOTECH)
University of the Philippines Los Baños UPLB
College, Laguna 4031, Philippines

ACCESSION NUMBER: _____

BIOTECH

Date of Acceptance: _____

BACTERIA DEPOSIT FORM

Please note: PNCM only accepts organisms up to laboratory containment level 2 (L2)

1. Name of Organism:

Scientific name and author(s): _____

Strain designation used by the depositor: _____

2. Origin of the Strain:

Isolated by: _____

Locality/ host: _____ Date: _____

Identified by: _____ Date: _____

For Mutant Strains: (Please accomplish, if applicable)

a. Mutant strain no.: _____ Date: _____

b. Isolated by: _____ Date: _____

c. Parent strain: _____

d. History of the Maintenance of the Organism (If you did not isolate this strain, please indicate the sequence of laboratories which maintained this strain until the time you deposited it with us and their strain designation).

PNCM ← Contributor ← _____ ← _____ ← _____
Origin

e. Mutagen (or method of isolation): _____

f. Characteristics: _____

g. Other remarks: _____

3. History of the Maintenance of the Organism (If you did not isolate this strain, please indicate the sequence of laboratories which maintained this strain until the time you deposited it with us and their strain designation).

4. Reason(s) for Deposit:

New taxon: _____

Special use (assay or production): _____

Special characteristics: _____

Others: _____

5. Cultivation of the Strain:

Recommended medium (please attach formula): _____

Temperature: Optimum for growth: _____ °C Incubation time: _____ °C

For short term storage: _____ °C

Oxygen requirement: ___ aerobic ___ microaerophilic

___ obligate anaerobe ___ extremely sensitive to O_x

Special requirements (light, gas phases, etc.): _____

6. Recommended Method for Long-term Preservation:

drying Freezing Other method: _____

7. Safety Information:

Is this strain hazardous to: ___ Humans ___ Animals ___ Plants ___ Unknown

If yes, what is the required biosafety level for working with this culture?

Does this agent require any special permits? ___ Yes ___ No

If yes, please specify _____

8. References or reprints pertinent to the organism (If not available please attach a complete description of the organism):

9. Patent No. (if there is any): _____

10. Remarks: _____

11. Legal Status of Deposit (Adapted and modified from ATCC)

Check either a or b to determine the conditions under which the culture is deposited at PNCM

(either, A, B or C MUST BE CHECKED):

A. *This is a bailment deposit. The contributor designated below understands that this Material is for deposit in the PNCM general collection. It will be examined and if accepted by PNCM, batches will be made and distributed to the scientific community for a fee to cover expenses.*

B. *This is a deed-of-gift deposit. The contributor designated below hereby gives PNCM ownership of the culture, with the authority to reproduce, use, give, sell, or otherwise transfer the Material to third parties who may also reproduce, use, sell transfer the Material, as permitted by PNCM. Gift by/on behalf of the following donor:*

C. *This is a restricted deposit. The contributor designated below understands that he/she has to abide by the terms and conditions that he/she has accepted/signed for the safe-keeping/preservation of the Material. In which case, distribution of the Material will be subject to the consent of the depositor. Furthermore, the contributor understands that deposits that non-payment of annual safe deposit fee for a period of six months will make the deposit subject to the discretion of the PNCM.*

12. PNCM may, in accordance with its current procedures and resources, authenticate (if appropriate) and preserve the Material.

13. THIS FORM STATES THE ENTIRE AGREEMENT BETWEEN THE PARTIES REGARDING THE MATERIAL. THE UNDERSIGNED IS/ARE AUTHORIZED TO EXECUTE THIS AGREEMENT.

Contributor		Duly Authorized for Contributor's Institution (if required)	
_____ Signature Date		_____ Signature Date	
_____ Printed Name and Title		_____ Printed Name and Title	
_____ Institution		_____ Institution	
_____ Mailing Address		_____ Mailing Address	
_____ Telephone		_____ Telephone	
_____ Fax	_____ E-mail	_____ Fax	_____ E-mail

ADDITIONAL INFORMATION IF THE MICROORGANISM IS GENETICALLY MANIPULATED*

(Please complete items 14-17)

14. Data concerning the **HOST ORGANISM**

Designation: _____

Hazard group: ___ haz. gr.1 ___ haz. gr.2

Biological safety grade: ___ B1 ___ B2

Sensitivities: _____

Resistances: _____

Auxotrophies: _____

Special properties: _____

(e.g. restriction/modification system, general genetic recombination)

15. Data concerning the **DONOR ORGANISM**

Designation: _____

Hazard group: ___ haz. gr.1 ___ haz. gr.2 ___ haz. gr.3

Description of the cloned DNA fragment: _____

Cloned information: _____

Size of the cloned DNA: complete genome
(in bp) subgenomic
 subgenomic

Potential risk of the cloned DNA: no potential risk pathogenic tumorigenic
 toxigenic allergenic

16. Data concerning the **VECTOR**

Designation: _____

Derivative of: _____

Biological safety grade: B1 B2

Host specificity: _____

Resistances: _____

Plasmid/virus size: _____

Promoters: _____

Additional reading frames:

own infectiosity: Yes No

mobilizable plasmid: Yes No

own transfer system: Yes No

transfer by endogenous helper virus: Yes No

17. Data concerning the **GENETICALLY MANIPULATED ORGANISM**

Special properties: _____

(e.g. production of..., use as...-vector, etc.)

Foreign DNA: Chromosomally integrated Episomal

Potential risk: Pathogenic Tumorigenic
 Toxigenic Allergenic