MICROBIAL TYPE CULTURE COLLECTION AND GENE BANK (MTCC)

- an International Depositary Authority - A National Facility

CSIR - Institute of Microbial Technology, Sector 39-A, Chandigarh – 160036, India
http://mtcc.imtech.res.in, email: curator@imtech.res.in

Accession form for general deposit
(Bacteria, Yeast and Fungi)

Depositor(s) information

Name of the depositor(s). Dr./ Mr. / Ms. :	
Official address :	
Email :	
Phone :	Fax :

I/We hereby authorize MTCC to accession the culture in its general collections and to distribute it on request

Seal of the Institute / Department Signature with date

Culture Details

Type of the organism : Bacteria ☐	Archea ☐	Fungi ☐	Yeast ☐	Plasmid ☐
Genus	Species			
Strain designation				
Information on sample collection :				
Date of collection				
Locality (village, city, state, country):				
Source of isolation (soil, water, sediment, tissue, etc):				

Was a sampling agreement ("Prior informed consent" = "PIC") issued by a competent authority? : Yes ☐ No ☐
If yes, please give name and address of the competent authority :
Isolated by : Date of isolation :
Status of the strain (e.g. will it be described as novel species or novel genus):
Biological Safety Level: (a) Risk group 1 ☐ (b) Risk group 2 ☐ (c) Do not know ☐
(MTCC accepts the microorganisms up to Risk Group 2 only)
If it belongs to (a) or (b) *; According to which organization has this assessment been carried out e.g. WHO, NIH, EU, national regulations?* :
Is the organism known to be or likely to be pathogenic / hazardous to : Humans : Yes ☐ No ☐ Do not know ☐ Animals : Yes ☐ No ☐ Do not know ☐ Plants : Yes ☐ No ☐ Do not know ☐ Environment : Yes ☐ No ☐ Do not know ☐
Is the organism genetically modified : Yes ☐ No ☐ Do not know ☐
Other culture collection numbers if any (e.g. MCC, NCIM, JCM, DSMZ, ATCC, CBS, CCUG, ITCC etc) :
Herbarium number, if available (for fungi only) :
Cultivation conditions (medium formulation, gas phase, temperature, pH, incubation time, etc) :
Sub-culturing period :
Recommendation on growth conditions (aerobic/anaerobic/microaerophilic/phototrophic,if any) :

Additional data to confirm the identity (enclose separate sheet):
Morphological and 16S rRNA (bacteria) / ITS-5.8S rRNA (Fungi) [**Mandatory**]
Biochemical, physiological and phylogenetic analysis
Fatty acid profile and any other available information
Applications / special usage / special features :
Did you receive this organism from others? : Yes ☐ No ☐ If yes, give details :
References (Please send as e-mail attachment a copy of the manuscript describing the strain. The information will be maintained in confidence. If not published, after publication, the strain information will be made available to the scientific community) :
Any additional relevant information of interest :

FOR MTCC USE ONLY

Remarks if any:

MTCC Accession Number:

Processed by :_____ Date :_____ Signature:_____

Supervised by : _____Date : _____Signature:_____

Entry in Database : Date _____By : _____