

ACCESSION FORM for deposit in the open collection



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1. DESIGNATION, HISTORY AND CHARACTERIZATION OF THE PHAGE:

- a) Designation of the phage _____
- b) Phage isolated by _____
- c) Scientific name of the host species _____
- d) Host range of the phage (if known) _____
- e) Is the phage temperate () or virulent () ? Method of determination: _____
- f) Nucleic acid type of phage _____
- g) Genome sequence available? yes no GenBank accession number: _____
- h) Phage morphology _____
- i) Plaque morphology _____
- j) Amount deposited (titer) _____
- k) Source of isolation, habitat _____

2. INFORMATION RELATING TO THE CONVENTION ON BIOLOGICAL DIVERSITY (CBD) and the Nagoya-Protocol (NP)

It is the responsibility of all depositors to ensure that biological resources comply with the general requirements of the CBD and NP and EU Regulation No. 511/2014 as well as any regulations drawn up by the country of origin of the biological resources. Please complete as far as possible, for more information please consult: <http://www.dsmz.de>.

Please check the ABS Clearinghouse (<https://absch.cbd.int/>) to determine whether at the time of sampling in the country where the plant was collected:

Did the country have CBD restrictions in place at the time of collection? yes no

Did the country have NP restrictions in place at the time of collection? yes no

If so, provide the name of the National Competent Authority that issued the attached documents:

Please provide and attach documentation showing Prior Informed Consent (PIC) and/or Mutually Agreed Terms (MAT), and/or a Material Transfer Agreement (MTA) from the provider country. These could be contained in a single document (such as an internationally recognized certificate of compliance (IRCC)) or multiple separate documents. Attached documents in foreign languages (other than English or German) MUST be accompanied by a (unofficial) translation into either English or German.

3. CONDITIONS FOR PRESERVATION AND VIABILITY TESTING

- a) Suitable host (please deposit host, too, and use the accession form for bacteria): _____
- b) Method of phage propagation and preservation (If known, please specify conditions, e.g. growth medium, time and temperature of incubation, suspending fluid, cryoprotectant, medium for viability testing, etc.): _____

4. ADDITIONAL DATA (Please give specific data on a separate sheet or by supplying reprints):

- a) Source of the phage, name(s) and address(es) of any other depository institution(s) with which the phage has been deposited
- b) Particular properties of the phage (please attach reprints, if available):



Thank you very much for filling out this form and for contributing to our open phage collection! For any further questions, please contact the curators Christine Rohde (christine.rohde@dsmz.de) or Johannes Wittmann (johannes.wittmann@dsmz.de).

ADDRESS AND SIGNATURE

Name	_____	Telephone:	_____
Address		Fax:	_____
		E-mail:	_____

NOTE: Please attach all available PIC, MAT and/or other legal documents to this accession form.

I have read and accept the DSMZ GmbH "Terms & Conditions" (or AGB in German, see <https://www.dsmz.de/terms.html>) and understand all of the obligations therein.

I understand that subcultures of the deposited phage will be distributed at the discretion of the DSMZ GmbH (for a reasonable fee to cover actual expenses).

I hereby confirm that the above statements are true and to the best of my knowledge and that the isolate was legally accessed in the country of origin. I understand that this accession form and the attached documents are evidence for the legal compliant acquisition, transfer, and utilization of the isolate in the public collection of DSMZ GmbH and subsequent users.

Date:	<input type="text"/>	Signature of Depositor:	<input type="text"/>
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