



ACCESSION FORM PLANT VIRUS

(Please complete as far as possible!)

To be completed by DSMZ:

Accession Number: _____

Date received: _____

VIRUS INFECTED PLANT MATERIAL SENT TO DSMZ GmbH

SCIENTIFIC NAME OF THE VIRUS _____

STRAIN DESIGNATION _____

HOST PLANT (Latin binominal, cultivar) _____

ISOLATE ORIGIN

ORIGINAL HOST PLANT (Latin binominal, cultivar) _____

COUNTRY WHERE PLANT WAS COLLECTED _____

LOCALITY IN COUNTRY (longitude/latitude or city) _____

COLLECTED BY _____

DATE OF COLLECTION _____

IDENTIFIED BY / DEPOSITED BY _____

(if different)

CONVENTION ON BIOLOGICAL DIVERSITY (CBD) & NAGOYA PROTOCOL (NP)

It is the responsibility of all depositors to ensure that biological resources comply with the CBD and the NP and EU Regulation No. 511/2014 as well as any regulations drawn up by the country of origin of the biological resources. Please see <https://www.dsmz.de/deposit/nagoya-protocol.html>

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 CBD/NP 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.

HISTORY OF ISOLATE SINCE ISOLATION

If you did not isolate the virus, please list scientists and laboratories which maintained it before you, and also isolate designations used by the respective scientists or laboratories.

GENE BANK ACCESSION No _____
PUBLICATION _____

VIRUS TRANSMISSION

MECHANICAL. RECOMMENDED PROPAGATION HOST(S) AND BUFFER _____

VECTOR(S) _____

DEPOSITOR INFORMATION

DEPOSITOR _____
NAME _____
INSTITUTE/COMPANY _____
STREET ADDRESS _____
CITY/STATE/ZIP _____ COUNTRY _____
PHONE _____ 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 the material is for deposit in the DSMZ GmbH Plant Virus Collection. It will be examined, and if accepted by the DSMZ GmbH, further propagated and distributed for a fee to cover expenses. Please attach all available PIC, MAT and/or other legal documents to this accession form.

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

Place and Date

Signature