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| --- | --- |
| **COLLECTION OF HUMAN AND ANIMAL CELL LINES** **ACCESSION FORM** **for completion by the depositor**(fill out the details on the screen as fully as possible, print it out, sign it and send to the DSMZ – please do not send the biological material before receiving shipping instructions from DSMZ) | ***For DSMZ use only****Date culture received:**ACCESSION NUMBER: ACC* |

**1. DEPOSITOR INFORMATION**

Name of Depositor:

Institute:

Department:

Street:

City:       Country:

Telephone:

E-Mail:

**2. ORIGIN OF CELL CULTURE:**

Name of cell line:

Donor of cell line: [ ]  Human [ ]  Animal

 Species / race / strain:

 Sex:

 Donor / patient history:

 (disease diagnosis, status of disease at sampling, treatment status)

 Age at sampling time point:

 Source of cells:

(organ or tissue, adult / embryonal, normal / malignant, metastasis, blood type)

If GMO: Please specify parental cell line and genetic modifications:

If hybridoma: Antibody specificity/subclass:

Immunized animal, species, strain, Myeloma designation:

**3. HISTORY OF CELL LINE:**

Name of originating or deriving investigator:

Year of cell line establishment (origin):

References:

(original description or other appropriate publications)

For human cell lines: Confirm informed patient consent was obtained [ ]  yes\*

 Confirm that the patient did not receive any financial compensation [ ]  yes\*

 Confirm that only anonymized samples are transferred to DSMZ [ ]  yes\*

Please list ethical committee name and approval number:

\* The DSMZ can only accept cell lines for deposition for which the depositors confirm that informed patient consent was obtained.

If not applicable, please specify why :

STR profile of cell line: [ ]  unique [ ]  matches with donor [ ]  not analyzed

For animal cell lines: Date of animal collection:

(except rodent lab strains) Country of animal collection:

 Resource regulated by Nagoya Protocol: [ ]  yes\*\* [ ] no

 \*\* Additional documents (Prior Informed Consent, Mutually Agreed Terms) will be required for deposition.

Cell line deposited in another cell bank: [ ]  yes [ ]  no

If yes, where and reference no:

**4. CELL LINE DESCRIPTION:**

Morphology:

Ploidy, karyotype:

Special characteristics:

Antibiotics / drug resistances (specify concentration):

NGS data available: [ ]  Transcriptome [ ]  Exome [ ]  Whole Genome

 If so, where are the data deposited/published?

**5. KNOWN CONTAMINATIONS, PATHOGENICITY AND BIOSAFETY**

Mycoplasma: [ ]  positive [ ]  negative [ ]  unknown

 Previous contamination was eliminated with (antibiotic):

Viral contaminations tested: [ ]  yes [ ]  no

 If so, please specify tested viruses and results:

Is the material pathogenic? [ ]  yes If so, please specify:

Suggested biosafety level:

PLEASE NOTE: THE DSMZ ONLY ACCEPTS ORGANISMS UP TO LABORATORY CONTAINMENT LEVEL L2 (Biosafety level 2)

**6. CONDITIONS FOR CELL CULTURE AND FREEZING:**

Cell culture medium and supplements:

Split ratio and recommendations for subcultivation:

Composition of freezing medium:

Other recommendations:

(e.g. coating, cultivation temperature, gas levels)

I understand that this material is for deposit in the open DSMZ Human and Animal Cell Lines Collection. I assure that distribution of the material is currently not restricted by exploitation rights of third parties. The cell line will be examined, and if accepted by the DSMZ, batches will be made and distributed for a reasonable fee to cover the expenses under the terms of the DSMZ. (Terms are available under <https://www.dsmz.de/terms> ).

**Date:** **Signature Depositor:**