Fill out on the screen, print it out (print option: document and comments/markups), sign it, and send to the DSMZ.

DSMZ GmbH
Inhoffenstraße 7B
D-38124 Braunschweig
Germany

Tel.: 49-531/2616 – 165
Fax.: 49-531/2616 - 150

COLLECTION OF HUMAN AND ANIMAL CELL LINES

DSMZ use only

DATE CULTURE RECEIVED:

ACCESSION FORM for SAFE DEPOSIT[1]

DSMZ ACCESSION NUMBER:

For completion by the Depositor

DSMZ ACCESSION DATE:

I. IDENTIFICATION OF THE CELL CULTURE

Identification reference, name of cell line:[2]

Species of origin:

Hybridoma:

II. CONDITIONS FOR CULTIVATION ( )[3]

Please indicate all necessary conditions including type and % of serum, temperature, gaseous phase, optimal split ratio, etc.:

Have, until now, any additional supplements (including antibiotics) been used?
If so, give concentrations:

1 The DSMZ only accepts for deposit cell cultures which belong to risk group 1 or 2 according to EU Council Directive 2000/54 on the protection of workers from risks related to exposure to biological agents at work and can be classified as S1 or S2 organisms according to the German Law Regulating Genetic Engineering or Class 1 or 2 according to Directive 2009/41/EC of the European Parliament and of the Council on the contained use of genetically modified microorganisms respectively.

2 Number, symbols etc., given to the organism by the depositor.

3 Mark with a cross if additional information is given on an attached sheet.

III. CONDITIONS FOR LONG TERM STORAGE ( )[3]

Composition of medium:

Cell concentration:

Other recommendations:

IV. KNOWN CONTAMINATION AND PATHOGENICITY ( )[3]

Mycoplasma:		Yes ( )	No ( )	Unknown ( )
Viruses:	Hepatitis B	Yes ( )	No ( )	Unknown ( )
	Hepatitis C	Yes ( )	No ( )	Unknown ( )
	HIV	Yes ( )	No ( )	Unknown ( )

Other contaminants: Yes ( ) No ( ) Unknown ( )

If yes, please specify:

Is the material pathogenic to man or animals: Yes ( ) No ( ) Unknown ( )

If yes, please specify: ( ) pathogenic ( ) allergenic

( ) toxigenic ( ) tumorigenic

RISK GROUP of the culture[1]: ( ) risk group 1 ( ) risk group 2

CLASSIFICATION in case the culture is genetically engineered[1]: ( ) Class 1/S1 ( ) Class 2/S2

THE CELL LINE HAS TO BE HANDLED UNDER LABORATORY CONTAINMENT LEVEL[1]:

( ) L1 ( ) L2

V. **IF THE CELL CULTURE IS GENETICALLY MANIPULATED** ( )[1]
Complete answers to be given!

*1. DATA CONCERNING THE **HOST ORGANISM***

designation: _____

Risk group: ( ) risk group 1 ( ) risk group 2

Sensitivities: _____
Resistances: _____

Special properties: _____

*2. DATA CONCERNING THE **DONOR ORGANISM***

Designation: _____

Risk group: ( ) risk group 1 ( ) risk group 2 ( ) risk group 3

Description of the cloned DNA fragment: _____
Cloned information:

Size of the cloned DNA (in bp): _____

( ) complete genome ( ) cDNA
( ) subgenomic ( ) synthetic
( ) subgenic

Potential risk of the DNA: ( ) pathogenic ( ) tumorigenic
( ) toxigenic ( ) allergenic

( ) no potential risk

*3. DATA CONCERNING THE **VECTOR***

Designation: _____

Derivative of: _____

Host specificity: _____

Resistances: _____

Plasmid/virus size (incl. insert): _____

Promoters: _____

Additional reading frames: _____

Own infectiosity:	( ) yes	( ) no
Mobilisable plasmid:	( ) yes	( ) no
Own transfer system:	( ) yes	( ) no
Transfer by endogenous helper viruses:	( ) yes	( ) no

*4. DATA CONCERNING THE **GENETICALLY MANIPULATED ORGANISM**[1]*

Special properties: _____
(e.g. production of ...; use as ...-vector etc.)

foreign DNA: ( ) episomal ( ) chromosomally integrated

potential risk: ( ) pathogenic ( ) tumorigenic
( ) toxigenic ( ) allergenic

( ) no potential risk
please indicate why: _____

According to the regulations of the German Law Regulating Genetic Engineering the DSMZ can only accept genetically manipulated, potentially pathogenic organisms for deposition when a copy of the permit issued by the competent authority (or by an equivalent national biological safety commission) for work on the organisms accompanies the deposition form.

VI. SCIENTIFIC DESCRIPTION ( )[4]

VII. ADDITIONAL DATA ( )[3]

VIII. DEPOSITOR[5]

The cell culture described above is sent for long term maintenance (safe deposit). It is understood that the culture / cell line remains the property of the depositor. It will not be included into the DSMZ catalogue and not be supplied to third parties without the written authorization of the depositor. The safe deposit will not be executed under GMP conditions.

Name(s):

Institution:

Address:

Phone:

Fax:

E-Mail:

The signing person(s) deposits: ( ) on behalf of the legal entity

( ) as private depositor(s)

We the undersigned confirm the accuracy of the statements. Furthermore, we agree that we have read and that we accept the following provisions: Fees for Safe Deposits are payable annually in advance from the date of deposit. Under no circumstances will the DSMZ accept responsibilities for losses, deterioration or alteration of material or resulting damage. While deposits may be cancelled at any time, cancellations must be given in writing and are not subject to refund for remaining portions of years already paid for.

Date: Signature:

[4] It is strongly recommended to indicate the scientific description of the organism.

[5] This Accession Form is the contract between the depositary and the depositor. Therefore it must be signed by the depositor. In case of a legal entity the signatures of two representatives, officially nominated by this entity, is recommended. Unless otherwise agreed, the undersigned is the correspondent of the DSMZ. Indicationof the e-mail address helps to accelerate communication.