

**Not to be used for scientific publications** (e.g. description of type strains) or patent purposes!



Leibniz Institute DSMZ-German Collection of Microorganisms and Cell Cultures

Inhoffenstr. 7 B  
D-38124 Braunschweig  
GERMANY

## SAFE DEPOSIT OF bacteria, archaea, fungi

for completion by the depositor

*To be completed by the Depository Authority:*

DSMZ ACCESSION NUMBER:

DATE CULTURE RECEIVED:

**BACTERIA/ARCHAEA/FUNGI<sup>1</sup>**

## I. IDENTIFICATION OF THE MICROORGANISM<sup>1</sup>

Identification reference:

The culture to be deposited is:

( ) a pure culture

Taxonomic designation:

( ) a mixture of microorganisms  
(not more than two components)

## II. CONDITIONS FOR CULTIVATION

(2)

Medium:           pH

before sterilisation:

Sterilisation      min at      ° C

pH after sterilisation:

Oxygen relationship:

( ) aerobic

( ) microaerophilic

( ) obligate anaerobic

Specific gaseous requirements:

Incubation temperature:                      ° C

Incubation time:

Short term storage at: \_\_\_\_\_ °C

Interval of transfer:

### III. CONDITIONS FOR LONG TERM STORAGE

$$(\quad)^2$$

## IV. CONDITIONS FOR TESTING VIABILITY

$$(\quad)^2$$

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<b>V. COMPONENTS OF MIXED CULTURES (WHEN APPLICABLE)</b>	( ) <sup>2</sup>
<p>Description of components (not more than two components):</p> <hr/> <hr/> <hr/>	
<p>Method(s) for checking presence of components:</p> <hr/> <hr/> <hr/>	
<b>VI. PROPERTIES DANGEROUS TO HEALTH OR ENVIRONMENT</b>	( ) <sup>2</sup>
<p>RISK GROUP of the microorganism<sup>1</sup>:</p> <p style="text-align: center;">( ) risk group 1                      ( ) risk group 2</p> <p>CLASSIFICATION in case the microorganism is genetically engineered<sup>1</sup>:</p> <p style="text-align: center;">( ) Class 1/S1                      ( ) Class 2/S2</p> <p>THE STRAIN HAS TO BE HANDLED UNDER LABORATORY CONTAINMENT LEVEL<sup>1</sup>:</p> <p style="text-align: center;">( ) L1                      ( ) L2</p> <p>IS THIS STRAIN DANGEROUS TO HEALTH OR THE ENVIRONMENT ?</p> <p style="text-align: center;">( ) YES                      ( ) NO</p> <p>if yes, please specify:</p> <hr/> <hr/> <hr/>	
( ) the undersigned is not aware of such properties	
<b>VII. IF THE MICROORGANISM IS GENETICALLY MANIPULATED</b>	( ) <sup>2</sup>
<p>Please absolutely give complete answers!</p> <p><b>1. DATA CONCERNING THE <i>HOST ORGANISM</i></b></p> <p>designation: _____</p> <p>risk group<sup>1</sup>: _____ ( ) risk group 1                      ( ) risk group 2</p> <p>sensitivities: _____</p> <p>resistances: _____</p> <p>auxotrophies: _____</p> <p>special properties: _____</p> <p>(e.g. restriction/modification system, _____</p> <p>general genetic recombination) _____</p> <p><b>2. DATA CONCERNING THE <i>DONOR ORGANISM</i></b></p> <p>designation: _____</p> <p>risk group<sup>1</sup>: _____ ( ) risk group 1                      ( ) risk group 2                      ( ) risk group 3</p> <p><b>description of the <i>cloned DNA fragment</i>:</b></p> <p style="padding-left: 20px;">cloned information: _____</p> <p style="padding-left: 20px;">size of the cloned DNA (in bp): _____</p> <p style="text-align: center;">( ) complete genome                      ( ) cDNA ( ) subgenomic                      ( ) subgenic                      ( ) synthetic</p> <p>potential risk of the cloned DNA: _____</p> <p style="text-align: center;">( ) no potential risk                      ( ) pathogenic                      ( ) tumorigenic ( ) toxigenic                      ( ) allergenic</p>	

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**3. DATA CONCERNING THE VECTOR**

designation: \_\_\_\_\_

derivative of: \_\_\_\_\_

host specificity: \_\_\_\_\_

resistances: \_\_\_\_\_

plasmid size (in kb): \_\_\_\_\_ without insert: \_\_\_\_\_ with insert: \_\_\_\_\_

promoters: \_\_\_\_\_

additional reading frames: \_\_\_\_\_

own infectiosity: ☐ yes ☐ no

mobilisable plasmid: ☐ yes ☐ no

own transfer system: ☐ yes ☐ no

transfer by endogenous viruses: ☐ yes ☐ no

**4. DATA CONCERNING THE GENETICALLY MANIPULATED ORGANISM**

special properties: \_\_\_\_\_  
(e.g. production of ...; use as ...-vector etc.)

foreign DNA: ☐ chromosomally integrated ☐ episomal

potential risk: ☐ pathogenic ☐ tumorigenic

☐ toxigenic ☐ allergenic

☐ no potential risk

please indicate why: \_\_\_\_\_

**VIII. SCIENTIFIC DESCRIPTION**

( )<sup>2</sup>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IX. ADDITIONAL DATA**

( )<sup>2</sup>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Institution/ legal entity:**

Phone:

Fax:

E-Mail:

**Invoice Address:**

Department:

Contact Person:

**Delivery Address for Depositer's Check:**

Contact Person

E-Mail:

Phone:

Name of signing person(s) (typewritten):

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

☐ as private depositor(s)

**Signature(s):**

Date:

1 The DSMZ only accepts for deposit microorganisms 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 micro-organisms respectively.

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

3 This Deposition Form is the contract between the DSMZ-Deutsche Sammlung von Mikroorganismen und Zellkulturen GmbH 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, are recommended. Indication of the e-mail address helps to accelerate communication.

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.

**This deposition form must be signed by the depositor.**