

FOR SAFE DEPOSIT PURPOSES ONLY!

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



LEIBNIZ-INSTITUT DSMZ-DEUTSCHE SAMMLUNG VON MIKROORGANISMEN UND ZELLKULTUREN GmbH

Leibniz Institute DSMZ-German Collection of Microorganisms and Cell Cultures

Inhoffenstr. 7 B
D-38124 Braunschweig
GERMANY

ACCESSION FORM for
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/FUNGI¹

I. IDENTIFICATION OF THE MICROORGANISM¹	
Identification reference: _____ Taxonomic designation: _____	The culture to be deposited is: () a pure culture () 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 () ²	
_____ _____ _____	
IV. CONDITIONS FOR TESTING VIABILITY () ²	
_____ _____ _____	

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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 ()²

IX. ADDITIONAL DATA ()²

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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 microorganisms 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.