



**MICROBIOLOGICAL, BIOCHEMICAL AND
BIOINFORMATIC ANALYSES**

more details on our [website](#)

**PLEASE NOTE: THE DSMZ ONLY ACCEPTS ORGANISMS UP TO RISK GROUP
2 (German National Regulations)**

CUSTOMER SPECIFIC INFORMATION

SENDER OF THE CULTURE

Name/Company/Organization: _____

Phone: _____

Address: _____

Fax: _____

E-Mail: _____

INVOICE ADDRESS

Name/Company/Organization: _____

VAT No.: _____

Address: _____

STRAIN DATA

No.	DESIGNATION OF THE ISOLATE:	SOURCE OF THE ISOLATE:	ID number (to be completed by the DSMZ)
Strain 1	_____	_____	
Strain 2	_____	_____	
Strain 3	_____	_____	
Strain 4	_____	_____	

Cultures will be retained for a reasonable length of time after which they will be destroyed*

CULTIVATION OF THE STRAIN(S)

	Strain 1	Strain 2	Strain 3	Strain 4
Medium	_____	_____	_____	_____
Incubation temperature	_____ °C	_____ °C	_____ °C	_____ °C
Incubation time	_____	_____	_____	_____
Oxygen relationships	<input type="checkbox"/> aerobic <input type="checkbox"/> microaerophilic <input type="checkbox"/> obligate anaerobic	<input type="checkbox"/> aerobic <input type="checkbox"/> microaerophilic <input type="checkbox"/> obligate anaerobic	<input type="checkbox"/> aerobic <input type="checkbox"/> microaerophilic <input type="checkbox"/> obligate anaerobic	<input type="checkbox"/> aerobic <input type="checkbox"/> microaerophilic <input type="checkbox"/> obligate anaerobic
Risk Group of the strain known? If yes	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> RG 1 <input type="checkbox"/> RG2	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> RG 1 <input type="checkbox"/> RG2	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> RG 1 <input type="checkbox"/> RG2	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> RG 1 <input type="checkbox"/> RG2

* The appropriate forms, information and prices for Safe Deposit, Patent Deposit and Deposit in publicly accessible collection may be obtained from the DSMZ website <http://www.dsmz.de>

SPECIAL IDENTIFICATION PROCEDURES (please select)

Services and techniques for Bacteria and Archaea

Please see page 3 for additional information requested

	Strain 1	Strain 2	Strain 3	Strain 4
Identification of bacteria (*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenotypic characterization (*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemotaxonomic characterization (*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production of biomass for the special procedures (**)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of the cellular fatty acid (MIDI/GC-MS) (**)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatty acid fingerprint (MIDI) (**)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of metabolic activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of respiratory quinones (**)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of polar lipids (**)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of mycolic acids (**)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of peptidoglycan structure (*/**)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of whole-cell sugars (**)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MALDI-TOF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotic susceptibility testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial 16S rDNA sequence analysis (**)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete 16S rDNA sequence analysis (**)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full phylogenetic study by complete 16s rDNA sequence analysis (**)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacterial phylogenomic study including whole genome sequencing (**)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microbial diversity study (**)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other analyses (*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services for Fungi and Yeasts

Identification using partial rRNA sequencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full phylogenetic analysis of fungi and yeasts (*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenotypic characterization of yeasts (*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* please contact us before ordering service packages or customized services for individual pricing

** either provide the required amount of biomass or order "production of biomass" from the list above.

Additional information

Due to the complexity of the chemical composition of prokaryotes it is essential that you provide us with additional information on the taxonomic position of your strain(s). The nearest cultivated BLAST neighbour or taxonomic group based on the 16S rRNA gene sequence is (please give the name, the percent similarity and number of base pairs used).

Where work has been carried out on cell material or strains supplied by the customer, DSMZ makes no guarantee concerning the authenticity of the material/strain supplied.

Additional information:

Date

Signature:

Please fill out the details on the screen, print it out, sign it, and send to the DSMZ. Please send an electronic copy to identification@dsmz.de