

Service Request for 'General Deposit' of Antimicrobial Resistant (AMR) Isolates

For NCMR Use Only

PRN:

This is a fillable PDF file. You can type information directly into this file.

IMPORTANT: Please read all 'Guidelines' carefully before sending the samples. Please refer to filled sample form available on our website to complete this form; for any assistance feel free to call us on +9120 25329000 (10.00 to 17.00 hrs, IST).

Data Related to the Isolate

Culture Type:	Bacteria	Fungi
Taxonomic Designation: Genus:	Species:	
Strain Designation:		
Isolated By:	Date of Isolation (DD/MM/YYYY):	
Location of Source of Isolation:	Village/ Town: District:	GPS Location: State: Country:
Source of Isolation, if Environmental: (Please give details of environmental site)		

Source of Isolation, if Human:

Blood	Wound	Abscess (IAI)	Abscess (Pus)	Cerebrospinal Fluid (CSF)
Urine	Ureter	Urethra	Kidneys	Drains/Tubes Catheters
Thoracentesis	Pleural Fluid	Lung Biopsy	Bronchial brushing	Sputum
Bronchoalveolar lavage (BAL)	Endotracheal aspirate	Other LRTI:	Unknown	

Antibiotic Resistance Pattern

Method Used for AMR Screening	Please attach separate sheet, if required
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Growth Parameters and Media

Media Name:	Manufacturer & Cat. No.
Composition (if custom made):	
Optimum Growth Parameters: pH:	Temperature (°C): Incubation Period:
Oxygen Requirement:	Aerobic Anaerobic Microaerophilic
Please attach separate sheet for special growth requirements and/or culture handling guidelines, if any.	

Identification Data

16S rRNA gene/ ITS region/ LSU Sequencing Data:	Yes No. If Yes, Accession Number:
Please email .ab1 files and contiguous sequence in FASTA format to assigned section in-charge mentioned in the ack. email.	
FAME Analysis (Similarity Index):	BIOLOG System (Similarity Index):
API System (API NE/ API 50 CH/ API ZYM/ Vitek):	MALDI Analysis (Similarity Index):
Morphological, Biochemical & Other Characters: Please attach separate sheet.	

MCC_SD_Form_017 v.01/2019

Supplemental Information

Does this isolate harbour plasmid? Yes No Do Not Know

If Yes, please give its name and size (bp):

Special Usage/ Application/ Features: Please attach separate sheet.

Reference(s):

Update us with the DOI, PubMed ID or citation of an article(s) published related to this strain.

Depositor's Information

Name of the Depositor:

Postal Address:

PIN Code:

Email Address:

Contact Number:

Date of Dispatch:

(Mandatory) I authorise NCMR to accession the strain and deposit it in 'General Deposit'. I understand that this strain will be made available to public thereafter.

Seal of the Institute

Date & Signature of Depositor/ Authorised Signatory

IMPORTANT | Sample Submission Guidelines:

- Bacterial or Fungal strains must be submitted in 'pure and viable' form on agar plates, slants or media stabs. They must be labelled properly with isolate ID and date of inoculation. Please note that we do not accept contaminated culture(s). Please ship the cultures only after their visible growth has appeared.
- Seal the agar plate/ slant tube/ stab vial with laboratory paraffin film and pack them appropriately to prevent any damage during transportation. It is important for biosafety reasons. Please note that we do not accept damaged consignment. You are requested to ensure thorough packaging of cultures. It is important that you use a shipper that provides tracking facility and is known for timely deliveries.
- We accept cultures which can be handled under BSL-1 and BSL-2 facility only. You are requested to visit ABSA, WHO and LPSN website for more details.
- Cultures from private addresses will not be accepted. It is requested to send the cultures through proper channel and must be signed by the department head or advisor.
- If you have submitted same culture(s) for other services offered at NCMR, please note that separate communication will be maintained by respective in-charge under separate Processing Reference Number (PRN).
- For post-receipt sample status, please contact assigned section in-charge and include the Processing Reference Number (PRN) of the culture(s) as mentioned in the acknowledgment email sent by Service coordinator, MCC.
- Communication related to PRN (status or sending results) will be done only with email provided in the form.

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Date received: Ack. sent on: by:

Sub-cultured On: Viable/Non-Viable: Pure/ Mixed:

Sent for authentication on: Received on:

Identity: Checked by:

Preserved in LN2 on: In -80°C on: by:

Storage ID, LN2: Storage ID, -80°C: Well No:

MCC Accession Number: Communicated to Depositor On:

Database entry made on: by:

Remarks, if any: