## **National Centre for Microbial Resource**



# Service Request for 'General Deposit' of Genetically Modified Microorganism

For NCMR Use Only

PRN:

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

IMPORTANT: A certificate from the Institutional Biological Safety Committee (IBSC) authorizing the work MUST accompany the deposit. 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)

on our website to comp	lete this form; for an	y assistance feel free to	call us on +9120	25329000 (10.	00 to 17.00 hrs, IST).
<b>Details of the Gene</b>	etically Modifie	d Microorganism			
Culture Type:	Bacteria	Archaea		Fungi	Plasmid
IBSC Authorization	Included:	Yes			No
Taxonomic Designation: Genus:		Speci		cies:	
Strain Designation:					
Special Properties:					
Foreign Organism:	Chron	nosomally Integrated	Episoma	ıl	
Potential Risk:	Pathogenic	Tumorigenic	Toxigenic	Allergic	No Potential Risk
Explain Potential Ri	sk:				
Receipt & Access of	of the Organism				
Did you receive this strain from other investigator/organization? Yes No					No
If yes, please mention na	ame and organisatio	n:			
Is this strain availal	ole in any other o	culture collection?	Yes	No	Do Not Know
If Yes, Please mention A	ccession Number(s)	:			
CBD Related Infor	mation	Please no	te that NCMR may r	not accept your cu	ltures without this Informat
See <u>www.cbd.int</u> for m	ore details on CBD i	nformation. Co	ountry of Orig	in:	
Prior Informed Con	sent (PIC) taken	? (Mandatory) Ye	es No	Not Applic	able
Authority/ Organisation	who issued PIC:				
Media and Growth	Parameters				
Media Name: Manufacturer & Cat. No.					
Composition (if custo	om made)^:				
Optimum Growth P	arameters: pH:	Temperat	ure (°C):	Incubatio	on Period:
Oxygen Requiremen	nt: Aero	bic Anaer	obic	Microaeroph	nilic

Optimum Growth Parameters:	pH:	Temperature (°C):	Incubation Period:
Oxygen Requirement:	Aerobic	Anaerobic	Microaerophilic

Special Growth Requirement:

^Please attach separate sheet for additional and/ or special growth requirements and/or culture handling guidelines, if any.

Engineered/ Modified/ Developed by:

Address:

<b>Details of the Host</b>	Organism					
Name:	Strain Designation:					
Hazard Group: Gro	oup 1 Group	up 1 Group 2 Do Not Know. Please see <u>ABSA</u> , <u>WHO</u> and <u>LPSN</u> websites for more information.				
Genetic Markers (e. g	. Antibiotic resis	tance, Auxotropy etc.):				
<b>Details of the Dono</b>	r Organism					
Name:	Strain Designation:					
Hazard Group: Gro	oup 1 Group	2 Do Not Know. Please see $\underline{ABSA}$ , $\underline{WHO}$ and $\underline{LPSN}$ websites for more information				
Description of the Clor	ned Fragment:					
Name of the Donor Clo	oned Nucleic Ac	id: Size of the Cloned DNA (bp):				
Sequence Information Please email .ab1 files an		o. GenBank Accession Number, if submitted: uence in FASTA format to assigned section in-charge mentioned in the ack. email.				
Restriction Enzyme(s)	used to yield o	loned fragment:				
Details of the Vector	or					
Designation:	Derivative of:					
Host Specificity:		Resistance Markers:				
Size of the Plasmid (by	o), With Insert:	Without Insert:				
Promoters:		Mobilisable plasmid: Yes No				
Own transfer system:	Yes N	Transferred by endogenous helper viruses: Yes No				
<b>Confirmation of the</b>	e Genetically	Modified Microorganism / Recombinant DNA				
Please send any informat positive control DNA (inc		ence of construct and restriction map if available (attach separate sheet). Provide the				
Recommended Meth	od (PCR or An	y Other):				
Details of Other Met	hod:					
PCR Cycling Parame	ters:					
Primer Details:	Name	Sequence (5'-> 3')  Length				
Please mention primer name and sequence and primer length						
Details of the Gene	tic Engineer:					

MCC\_SD\_Form\_004 v.10/2017

Same as Depositor

**Supplemental Information** 

Recommendation for long term sto Other than in liquid nitrogen, -80° and by lyophilisation (Freeze dryin	C	
Special Usage/ Application/ Feature		
Reference(s):		
Details of the Depositor		
Name of Depositor:		
Email Address:		
Contact Number:		Date of Dispatch:
	to public thereafter. It is also confirme	n 'General Deposit'. I understand that this d that the submission does not violate or
Seal of the Institute	Date &	Signature of Depositor/ Authorised Signatory
	For NCMR Use Only	
Date received:	Ack. sent on:	by:
Subcultured On:	Viable/Non-Viable:	Pure/ Mixed:
Sent for authentication on:		
Completed on:		Checked by:
Preserved in LN2 on:	In -80°C on:	by:
Storage ID, LN2:	Storage ID, -80°C:	Well No:
Accession Number:	Communicated to Dep	ositor On:
Database entry made on:	by:	
Remarks, if any:		

#### **National Centre for Microbial Resource**

A national facility funded by the Department of Biotechnology (DBT), Government of India.

An affiliate member of the World Federation for Culture Collections (WFCC).

Registered with the World Data Centre for Microorganisms (WDCM, registration number 773).

Recognized by the World Intellectual Property Organization (WIPO), Geneva, Switzerland as an International Depository Authority (IDA) since April, 2011.

Ministry of Environment and Forests, Government of India has nominated MCC as a Designated National Repository for microorganisms under the Biological Diversity Act 2002 since July 2013.

#### **National Centre for Microbial Resource**

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www.nccs.res.in



### General Guidelines for Sending the Cultures for 'General Deposit':

- 1. Bacterial, Archaeal 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.
- 2. 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.
- 3. 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.
- 4. 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.
- 5. If you have submitted same culture(s) for other services offered at NCMR, please note that separate communication will be maintained by respective section in-charge under separate Processing Reference Number (PRN).
- 6. Please enclose a printed filled-in copy of this form (Page 1 and 2 only) along with your samples.
- 7. 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, NCMR.
- 8. Communication related to PRN (status or sending results) will be done only with email provided in the form.

Please visit NCMR website for more details on other deposit services, such as 'Safe' and 'Patent' (under IDA) and identification services such as DNA Se-quencing, MALDI, FAME, DDH and more!