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| **IMG_3855_fullIMG_5902-2** |
| **BCCM/GeneCorner Plasmid Collection**Ghent University - Department of Biomedical Molecular BiologyTechnologiepark-Zwijnaarde 71, 9052 Gent, BelgiumE-mail: bccm.genecorner@ugent.be Tel.: +32 (0)9 33 13 843 Website: <http://bccm.belspo.be/about-us/bccm-genecorner> Twitter: [@BccmCollections](https://twitter.com/bccmcollections?lang=en) <http://www.genecorner.ugent.be> |
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| **PLEASE PROVIDE US WITH THIS FORM PRIOR TO THE DEPOSIT OF THE MICROBIAL HOST STRAIN** |
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| **NUMBER OF DEPOSITS** |
| - 1 to 5: complete one Deposit Form per microbial host strain- > 5: contact BCCM/GeneCorner to negotiate how to provide the data |
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| **ENCLOSED DEPOSIT ITEMS** |
| I provide BCCM/GeneCorner with a clearly marked recipient containing the microbial host strain [ ]  petridish [ ]  liquid culture  [ ]  stab [ ]  slant on dry ice |
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| **INFORMATION RELATED TO THE MICROBIAL HOST STRAIN** |
| **1. GENERAL INFORMATION** - Scientific name:      - Genetic description:      - Literature reference(s):       *incl. PubMed/ISBN/doi* - Resident Plasmids:       - Resident Phages:      - EMBL/GENBANK accession number(s):      - Accession number(s) in other collections:      - Application:       |
| **2. ORIGIN** - Strain constructed by:       on date:      - Country of construction:      - Parental strain:      Information related to the application of the Nagoya Protocol (NP) under the Convention on Biological Diversity (CBD): <https://www.cbd.int/abs/>. This protocol implements the Access and Benefit Sharing (ABS) principle and requires recording some basic information.Only recombinant host\* strains can be deposited at BCCM/GeneCorner. Natural isolates should be deposited at one of the other appropriate BCCM collections.*\*: GeneCorner considers a host strain as a strain having peculiar features that are necessary to propagate the plasmid or to make use of the special characteristics of the plasmid.* |
| **3. CULTIVATION CONDITIONS*** Medium:

 [ ]  LB-Lennox (10g/l tryptone, 5g/l yeast extract, 5g/l NaCl)  [ ]  Other 🡪 - Name:       - Composition:      * Resistance (# µg/ml): Choose an item. and Choose an item. and Choose an item. Other:

- Temperature: [ ]  37°C [ ]  28°C- Special requirements:       |
| **4. RISK ASSESSMENT**- Pathogenicity:  pathogenic for Human? [ ]  Yes • Risk class:       [ ]  No [ ]  Unknown pathogenic for Animal? [ ]  Yes • Risk class:       [ ]  No [ ]  Unknown pathogenic for Plant? [ ]  Yes • Risk class:       [ ]  No [ ]  Unknown Detailed information:       The microbial host strain has to be handled under biocontainment level \*1. \*1 *BCCM/GeneCorner accepts (recombinant) genetic material not exceeding containment level 2 following the EU directive 2009/41/EC and its updates (see also the* [*Belgian risk group classification*](http://www.biosafety.be) *(http://www.biosafety.be/)).*- In case the microbial host strain is a GMO:  Cloned DNA fragment: [ ]  chromosomally integrated [ ]  episomal Detailed information:       |
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| **AGREEMENT FOR DEPOSIT IN THE PUBLIC COLLECTION FREE OF CHARGE** |
| Name of the depositor:      Institution:      Address:                        Tel.:      E-mail:      Website of your lab:      I agree to deposit the host strain in the public BCCM/GeneCorner collection following the conditions mentioned in the (adapted\*3) BCCM Material Deposit Agreement (<http://bccm.belspo.be/services/mda>)\*2*.* I authorize BCCM/GeneCorner to catalogue all the data in this Deposit Form online and to distribute samples to third parties under the conditions mentioned in the (adapted\*3) BCCM Material Transfer Agreement (<http://bccm.belspo.be/services/mta>).[ ]  I need to be kept informed about distributions outside my own department or outside the departments in which BCCM/GeneCorner is embedded, namely UGent-DBMB and VIB-IRC, until 5 years after deposit.\*2 *A Prior Informed Consent (PIC) or a valid document equated to PIC is not required for host strain constructs.*\*3 *Adaptations to the MDA/MTA as well as extra restrictions for distribution can exceptionally be negotiated with the BCCM/GeneCorner manager.***I confirm that all information is correct and trustworthy.**Date:       Signature of the depositor or authorized person\*4:\*4 *in case the depositor is a legal entity, name of the authorized person:*       |