|  |  |  |
| --- | --- | --- |
| E:\New Folder\markaz.png | **ACCESSION FORM**  **ARCHAEA**, **BACTERIA**, **FUNGI**, **ALGAE and DIATMS**  FM-SA-019 | D:\Users\Shima\Pictures\acecr5410.jpg |

|  |  |
| --- | --- |
| **NOTEs** | * Please send us an **electronic copy** of completed form before sending the hard copy along with your strain to the IBRC. * Depositors of strain are requested to contact the IBRC before sending us a strain. * Attention please: THE IBRC ONLY ACCEPTS ORGANISMS **UP TO RISK GROUP 2**. * Depositors of risk group 2 strains are reminded that the culture MUST be packed according to international packaging regulations, see: Guidance on regulations for the transport of infectious substance (WHO), and they MUST inform the IBRC before shipping the strains. * Depositors of strain MUST fill **the starred items.** |

Preservation Lab

Microorganisms Bank

IBRC-Iranian Biological Resource Centre

Address: No. 12, Tenth St., Sabounchi St., Shahid Beheshti St., Tehran, Iran

Tel: +98-21-88547190

Fax: +98-21-88525384

E-mail: ehda@ibrc.ir

**To be completed by the IBRC**

Accession Number: IBRC-M Click here to enter text.

Date of Accession: Click here to enter a date.

**\* 1. TYPE OF DEPOSIT:** Choose an item.

**2. STRAIN DESIGNATION/ SCIENTIFIC NAME:**

\*Organism Type: \*Scientific Name:

Author(s) of species description:

\*Strain designation used by the depositor for the strain:

Other strain designations or collection numbers used for the strain:

Gram Staining: \*(Proposed) Type strain of the species/ subspecies:

**3. ORIGIN OF THE STRAIN (please give as much information as possible and attach reprints or give references)**

Geographical area of sampling: Country:

Locality (Latitude and Longitude if available):

Source of isolation (water, soil, wastewater, etc.): Date of sampling:

Isolated by (person): Click here to enter text. Date of isolation:

Identified by (person and institution):

**4. STRAIN HISTORY SINCE ISOLATION** (if you did not isolate the strain, please indicate as far as possible the sequence of scientists or laboratories, which maintained it before you, and also any other names used for the strain)

IBRCClick here to enter text.Click here to enter text. Click here to enter text. Click here to enter text.

**5**. **ADDITIONAL DATA** (Please supply strain specific data or attach reprints describing strain properties. Continue on appendix 1 if needed)

\*a. Please provide the 16S rRNA gene sequence for Archaea and Bacteria, ITS (ITS1+5.8S+ITS2), 18S, 28S rRNA or any nucleotide

sequences that indicate taxonomic position for Eukaryotic Microorganisms (or Accession number is available).

\*b. Properties of the strain (result of morphological, biochemical, genetic, serological or other examination, e.g. genotype, G+C mol %,

cell wall structure, plasmid pattern etc.

c. Specific uses of the strain: e.g. testing of antimicrobial agents, biological assays, quality control, teaching etc.

**6. RISK ASSESSMENT OF THE STRAIN**

\*Risk Group:

According to which organization has this assessment been carried out e.g. WHO, NIH, EU, national regulations: Click here to enter text.

Is it pathogenic for humans?

Is it pathogenic for animals? If yes, animal species: Click here to enter text.

Is it pathogenic for plants? If yes, plant species: Click here to enter text.

**To be completed by the IBRC**

Accession Number: IBRC-M

Date of Accession:

**7. CULTIVATION OF THE STRAIN** (use appendix 2 if needed)

\* Growth medium:

\* pH of the medium: \*Temperature of growth:

\* Incubation Time (specify: h or d): \*Short term storage at (°C):

Interval of transfer (specify: days or weeks): \*Oxygen relationship:

Special requirements (salt, light, gas phases, etc.):

Special conditions: Click here to enter text.

Microscopic and Macroscopic properties in the growth medium: (please enclose images in appendix 3 if available):

**8. RECOMMEND LONG-TERM PRESERVATION (if known, please specify method and conditions, e.g. growth medium, temperature and time of incubation, suspending fluid, cryoprotectant, medium for viability testing, etc.)**

**9. POSTAL ADDRESS**

\* First name: \*Surname:

ZIP (postal) code+ city: \*Country:

\* Telephone: Fax:

\* Email:

\* Institution and address:

**NOTE:** I understand that subcultures of the deposited strain will be listed online and distributed by the IBRC (for a reasonable fee to cover actual expenses). All deposits in the open collection will be handled confidentially until the IBRC number, taxonomic name or strain designation is published in a journal or the depositor indicates that the strain may be released. However, if neither the name, IBRC number, nor strain designation has been published within 4 years the IBRC reserves the right to release the strain.

**\*I confirm that I accept above conditions  \*Date:** Click here to enter a date.

****

You have to sign the printed form. Alternatively, you can insert your scanned signature in the field on the left.

**\*Signature of depositor:**

**APPENDIX 1.**

**To be completed by the IBRC**

Accession Number: IBRC-M Click here to enter text.

Date of Accession: Click here to enter a date.

**To be completed by the IBRC**

Accession Number: IBRC-M Click here to enter text.

Date of Accession: Click here to enter a date.

**APPENDIX 2**

**APPENDIX 3.**

**To be completed by the IBRC**

Accession Number: IBRC-M Click here to enter text.

Date of Accession: Click here to enter a date.

****

Click here to enter text.

****

Click here to enter text.