

ACCESSION FORM FOR PUBLIC DEPOSIT OF BACTERIAL STRAINS

To be completed by CCP staff:

CCP number:

Acceptance date:

A. Strain description

*Scientific name (or proposed):

*Strain designation used by the depositor:

Type strain? YES NO

New taxon? YES NO

Other strain designations or collection numbers used for the strain:

B. Origin of the strain

In application of the Nagoya Protocol (NP) and European Commission Implementing Regulation (UE) 2015/1866 Commission of October 13, 2015, it is your responsibility as depositor to ensure that the microbial genetic resources were collected in agreement with the country of origins' regulations and that the deposit of the samples in an open collection does not infringe any national obligations in the country of origin.

THE CCP WILL NOT ACCEPT DEPOSITS WITHOUT THE REQUESTED INFORMATION AND RESPECTIVE DOCUMENTATION.

Please provide as much detail as possible on the geographical origin, and terms and conditions for use of the strain as laid down in relevant documents, including material transfer agreements (MTA), prior informed consent (PIC), mutually agreed terms (MAT) or other documents such as (export) permits. Use additional sheets if necessary. CCP may have to refuse the deposit if the information provided is insufficient to determine whether the strain is in or out of scope of ABS legislation.

Access *in situ* (geographic origin and sampling data)

*Source (sample) / substrate from which the strain was isolated:

*Country of origin:

*Locality and GPS coordinates (DD decimal degrees):

*Date of sampling *in situ*:

*Sampled by (person and/or institution):

Is the Material in scope of ABS legislation or regulatory requirements?

YES (complete next section, Documents) I do not know NO, because...

Documents providing evidence of legal access in the Country of Origin and providing terms for use of the MATERIAL according to the Nagoya Protocol (www.cbd.int/abs)

Internationally Recognized Certificate of Compliance (IRCC):

YES (attach document) Not applicable, because...

Sampling permit / Prior Informed Consent (PIC):

YES (attach document) Not applicable, because...

Reference:

Name and address of the person and organization who issued the PIC:

Details of mutually agreed terms or material transfer agreement (MAT/MTA, attach documents):

C. Isolation of the strain

*Date of isolation:

*Country, Locality, State:

*Isolated by (person and/or institution):

*If you did not isolate the strain, please indicate scientists or laboratories which maintained it before you:

D. Risk Assessment (Directive 2000/54/EC). CCP accepts strains belonging to risk group 1 and 2

*Risk group: group 1 group 2

*Pathogenic or likely pathogenic for: humans animals plants specify:

E. Growth and maintenance

*Temperature °C:

**Time of incubation:

* Metabolism: Aerobic Facultative anaerobe
 Microaerophilic Strict anaerobe

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

Does this microorganism survive freezing? YES NO

*Culture medium (composition):

F. Additional data

*Methods used for strain identification (attach reprint or supply strain specific data):

*Reasons for deposit (biotechnological applications, quality control, etc.):

AGREEMENT FOR DEPOSIT IN THE OPEN COLLECTION:

1. Information regarding public deposits that are pending of taxonomic description will be kept confidential until description is published or until the depositor authorizes the publication in the open catalogue. If the information is not published after 4 years from the deposit, CCP reserves the right to release the strain to the public catalogue (www.ccp.ff.up.pt) and to distribute subcultures of the strain through the MTA appended to this deposit form.
2. The undersigned declares that the samples from which the strains were isolated were collected according to the legislation of the country of origin and that the deposit of the strain at the CCP does not infringe any national regulation.
3. The undersigned declares that the information provided in this form is true.
4. The undersigned accepts that CCP supplies the strain under conditions in agreement with section B and/or according to the terms specified in the CCP MTA, and that the CCP can adopt this MTA at any time.

***Depositor**

Name:

Institution:

Address:

Email:

Telephone:

Date:

Signature: