



INSTITUT PASTEUR

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CIP accession number :

Accession date :

ACCESSION FORM TO BE COMPLETED BY DEPOSITOR OF STRAIN. PLEASE PRINT OR TYPE.

1- Scientific name of the strain :

2- Strain number or designation used by the depositor :

Other collection numbers :

3- Is this the type strain of this organism?

If this strain has been designated in the literature as the type strain,
please cite reference :

4- Origin of the strain (please give as much information as possible) :

- source of isolation :
- geographical area :
- isolated by ; date of isolation :

5- History of culture since isolation :

CIP < depositor < < <
< < < < <

6- Properties of the strain

- Production of :
- Degradation of :
- Control of :
- New taxon :
- Other :

7- Maintenance

- Medium (give formula) :
-
-
- Temperature :
- pH :
- Incubation time :
- Oxygen relationship :
 - () aerobic
 - () microaerophilic
 - () anaerobic
 - () facultative anaerobic
- Special conditions :
-

8- Preservation

- by freeze-drying ()
- by freezing in liquid nitrogen ()
- other :

Please specify recommended conditions (growth, medium, suspending, fluid, cryoprotectant...)

9- Pathogenicity of the strain

- It is pathogenic for humans : YES () NO () UNKNOWN ()
- It is pathogenic for animals YES () NO () UNKNOWN ()
 animal species :
- It is pathogenic for plants YES () NO () UNKNOWN ()
 plant species :
- It is dangerous for any other raison? Please specify :
-

10 - Molecular identification :

- which gene(s) :
- which primer(s) :
- which parameters for gene amplification :

11 - References (please enclose one of each if available)

NOTE

I understand that subcultures of the deposited strain will be distributed to the scientific community for a fee to cover expenses of the CIP.

Name of depositor :

Signature of depositor :

E-mail:

Address of depositor :

Date :

REFERENCE	VERSION	DATE
P00223-02	H	26/07/2007

