PASTEUR CULTURE COLLECTION OF CYANOBACTERIA

Centre La Collection des Cyanobactéries
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For PCC use only

PCC number:
Generic assignment:

Date received:
Accession date:

PCC STRAIN ACCESSION FORM
To be completed by the depositor. Please type or print.
Additional information may be added on a separate sheet.

1. Depositor: .....
.....
Telephone: .....
Facsimile: .....
E-mail: .....

2. Address: .....
.....
.....

3. Is the strain (or sample):
- Axenic? .....
- Unicyanobacterial? .....
- Crude material? .....

4. Strain nomenclature:
- Genus: .....
- Specific epithet (if appended) and authority (if known): .....
- Identified by: .....
- Strain number or other designation: .....
- Was the strain received from, or deposited in, another Culture Collection? .....
  (if so, please give the collection acronym(s) and strain number(s): .....
.....

5. Origin:
(a) Did you isolate the strain yourself? If not, indicate isolator and other intermediaries, date(s) of donation and state of purity [(P) = pure, (I) = impure)] at each donation:
PCC <— Depositor <— ..... <— .....
(b) Country and locality: .....
(c) Habitat (full details): .....
.....
.....
(d) Dates of: sampling .....
isolation .....
purification .....
(e) Characteristic colony/mass appearance in the feral sample: .....
(f) Treatments applied during isolation/purification (antibiotics, UV irradiation, etc): .....
.....

6. Culture:
Medium (enclose composition or reference): .....
Temperature: .....
Light intensity: .....
L/D cycle? .....
Duration: .....
Other information: .....
.....

7. Toxicity:
Does the strain produce hepatotoxins or neurotoxins? .....
.....
If yes, give details: .....
.....

8. Strain properties:
Dimensions (µm): .....
Motility: .....
Complementary chromatic adaptation: .....
Heterotrophic (photo-, chemo-): .....
N_2-fixing (aerobic, anaerobic): .....
Salt tolerance: .....
G+C content: .....
Other: .....

9. Sequence information (please provide accession numbers)**:**
16S ribosomal RNA gene: .....
Intergenic Transcribed Spacer (ITS): .....
23S ribosomal RNA gene: .....
Other: .....

10. References (please enclose two copies, if available) **and other information:** .....
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.....
.....

11. Declaration: *This material is for deposition in the Pasteur Culture Collection of Cyanobacteria.*
I agree that subcultures be made available to interested parties for a fee to cover expenses

(Signature) (Date)