



INSTITUT PASTEUR

Centre de Ressources Biologiques de L'Institut Pasteur

Collection de l'Institut Pasteur

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CIP/CRBIP accession number:

Accession date:

MATERIAL ACCESSION AGREEMENT (MAA) 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 number:

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 and information relating the Nagoya Protocol on Access and Benefit Sharing

4a. Source of isolation:

* human: YES () NO ()

a) principal diagnosis:

b) associated diagnosis:

c) Resistance profile, if tested:

d) Treatments :

e) Evolution:

* environment: YES () which NO ()

* Others (to be specified):

4b. Date and place (including country of origin) of original collecting *in situ*



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.....
Region, GPS (optional):

4c. Date and place of isolation (meaning bringing into culture, if different from 4a):
.....

4d. As a consequence of the coming into force of the Convention on Biological Diversity (CBD) www.cbd.int/ and its Nagoya Protocol (NP), 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 your country.
The CRBIP WILL NOT ACCEPT DEPOSITS WITHOUT DISCLOSURE OF THE COUNTRY OF ORIGIN AND A RESPECTIVE DOCUMENTATION.

4e. Has the country of origin of the strain (s) ratified the Nagoya Protocol?

YES ☐ NO ☐

If yes,

4f. The Internationally-recognized Certificate of Compliance (IRCC)* number:

Information available on: [Access and Benefit-Sharing Clearing-House](#)

4g. If IRCC is not available, copies of original PIC (Prior Informed Consent) and MAT (Mutually Agreed Terms), and any relevant MTA(s) or other legal documents, if applicable.

PIC: YES ☐ NO ☐ Not applicable ☐

MAT: YES ☐ NO ☐ Not applicable ☐

** If IRCC is available, but information on the content of mutually agreed terms is lacking in the IRCC, please include a copy of the MAT*

Information available on: [European Commission Implementing Regulation \(website\)](#)

4h. Name of the individual(s) who collected the sample from in situ conditions and/or the name of the institution (legal entity) that employed the individual at the time of the isolation of the strain :
.....
.....

4i. Details of any agreed benefit sharing or other form of agreement (please attach documents)

NOTE:

The CRBIP IS NOT OBLIGED to transfer the documents of the origin of the strain (s) (PIC, MAT) to the recipient if the purpose of its (their) utilization is one of those mentioned here:

- > Teaching
- > Distribution between national or international collections
- > Quality Control

5. History of culture since isolation:



CIP/CRBIP < 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: ()
- freezing: ()
- 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
animal species: YES () NO () UNKNOWN ()
- It is pathogenic for plants:
plant species: YES () NO () UNKNOWN ()
- It is dangerous for any other raison? Please specify:
.....
.....
.....

10. Distribution:



- MTA (Material Transfer Agreement)

YES ()

NO ()

11. Identification methods used:

a) Molecular identification:

- which gene(s):

- which primer(s):

- which parameters for gene amplification:

b) Others:

12. References (please enclose one of each if available):

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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:





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

Plasmid/Transposon designation:
Scientific name of host strain:
Strain designation:
Plasmid/Transposon isolated or constructed by:
If you did not isolate or construct this plasmid or transposon, indicate from whom you received it:

CIP < depositor <	<	<	<
<	<	<	<

Is the distribution of this plasmid or transposon general or limited?

.....

If limited, what limits would you place on its distribution?

.....

Plasmid/Transposon properties:

Origin (natural or recombinant):
Natural host:
Construction:
Incompatibility group:
Molecular size:
Markers (resistance to antibiotics, heavy metals, bacteriocin production, metabolic characters, etc ...):
.....
.....
Host spectrum:
Comments (further information: plasmid applications, ability to the mobilized, transfer proficiency,



copy number, etc...):

.....
.....

Cloning sites:

Other restriction sites:

Provide map if possible (unless descriptions are given in accompanying reprints):

Original reference:

Other references:

Host strain properties :

Source and references:

Auxotrophies:

Resistance/susceptibility:

Is the host strain pathogenic for humans, animals or plants?

Other information :

Culture conditions:

Stability:

Elements of quality control:

Selective media:

NOTE

I understand that plasmid or transposon 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:

