|  |  |
| --- | --- |
| Centre de Ressources Biologiques de l’Institut PasteurCollection de l’Institut PasteurB.P. 52 25, rue du Dr. Roux75724 PARIS CEDEX 15 FRANCETél. : 01 45 68 87 75Fax : 01 40 61 30 07cip@pasteur.fr  | *Reserved frame for the CIP*CIP number:Accession date:**DEPOSIT FORM FOR BACTERIA** |
| Site web : <https://www.pasteur.fr/en/public-health/biobanks-and-collections>  |

**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?** YES [ ]  NO[ ]

**4.** **New taxon?** YES [ ]  NO [ ]

**5. GMO:** YES [ ]  NO [ ]

*If* YES,

|  |  |
| --- | --- |
| Class |  |
| Name of recombinant plasmid |  |
| Genus and species of the donor organism |  |
| Donor pathogenicity group |  |
| Vector name / Vector type |  |
| Name, access number and type of transgene |  |
| Genus and species of the recipient organism |  |
| Recipient pathogenicity group |  |

**6. Collection and isolation of the strain (mandatory information marked with \*)**:

|  |  |
| --- | --- |
| Date of original collecting *in situ*\* |  |
| Name of the individual(s) who collected the sample from *in situ* conditions\*  |  |
| The name of the institution (legal entity) that employed the individual at the time of collecting\* |  |
| Data about the place of origin | GPS |  |
| City |  |
| Country\* |  |
| Date of strain isolation (if different from that of collecting) |  |
| Place of strain isolation ( if different from that of collecting ) |  |

**7. Source of isolation:**

[ ]  **Human** - Specify (cells, organs, fluid, etc.): …

If associated with a pathology:

|  |  |
| --- | --- |
| Diagnosis |  |
| Antibio-resistance profile  |  |
| Administered treatment (s ) |  |
| Evolution  |  |

[ ]  **Animal** - Specify: …

[ ]  **Vegetal** - Specify: …

[ ]  **Environment** - [ ]  Sea water [ ]  Pure water [ ]  Ground [ ]  Air [ ]  Ice Specify: …

[ ]  **Food** - Specify: …

[ ]  **Others** - Specify: …

**8. Nagoya Protocol**

In application of the Nagoya Protocol (NP) and [European Commission Implementing Regulation (UE) 2015/1866 Commission of October 13, 2015](https://eur-lex.europa.eu/legal-content/FR/TXT/?uri=CELEX%3A32015R1866), it is your responsability as depositor to ensure that the microbial genetic ressources 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 CIP WILL NOT ACCEPT DEPOSITS WITHOUT THE REQUESTED INFORMATION AND A RESPECTIVE DOCUMENTATION.

**Has the country of origin of the strain(s) ratified the Nagoya Protocol or has the country national regulation about biodiversity?**

*Please check informations on the website* [Access and Benefit-Sharing Clearing-House](https://absch.cbd.int/)

YES [ ]  NO [ ]

*If YES, please attach the following documents which are in your possession:*

**Copies of original PIC (Prior Informed Consent) and MAT (Mutually Agreed Terms), and any relevant MTA(s) of other legal documents, if applicable.**

**PIC**: YES [ ]  NO [ ]

**MAT**: YES [ ]  NO [ ]

**The Internationally-Recognized Certificate of Compliance (IRCC)**:

*Information available on the website* [European Commission Implementing Regulation (UE) 2015/1866 Commission of October 13, 2015](https://eur-lex.europa.eu/legal-content/FR/TXT/?uri=CELEX%3A32015R1866)

YES [ ]  IRCC Number: …
NO [ ]

**9. History of culture since isolation:**

CRBIP < depositor < … < … < … < … <

 … < … < … < … < …

**10. Publication associated with the strain:**  YES [ ]  NO [ ]

*If* YES,

|  |  |
| --- | --- |
| Author |  |
| Publication date |  |
| Review |  |
| D.O.I (Digital Object Identifier) |  |

**11. Properties of the strain:**

|  |  |
| --- | --- |
| Mobility  |  |
| GRAM  |  |
| Microscopic / macroscopic aspect |  |
| Production of |  |
| Degradation of |  |
| Markers (resistance to antibiotics, heavy metals, metabolic characters, etc.) |  |
| Others |  |

**12- Growing conditions:**

* Medium (give formula): …
* Temperature: …
* pH: …
* Incubation time: …
* Oxygen relationship:

[ ]  Aerobic

[ ]  Microaerophilic

[ ]  Anaerobic

[ ]  CO2 - percentage: …

* Special conditions: …

**13- Preservation:**

* Freeze-dying: YES [ ]  NO [ ]
* Freezing: YES [ ]  NO [ ]
* Freezing in liquid nitrogen: YES [ ]  NO [ ]
* Other: …
* Cryoprotectant used: ....

**14. Pathogenicity of the strain:**

* For humans: YES [ ]  Group: … NO [ ]  UNKNOWN [ ]
* For animals: YES [ ]  Group: … NO [ ]  UNKNOWN [ ]
* For plants: YES [ ]  Group: … NO [ ]  UNKNOWN [ ]

Comments: …

**15. Identification methods used:**

 **Molecular identification:**

* which gene(s): …
* which primer(s): …
* which parameters for gene amplification: …
* Genome sequence (accession number): …

 **Others:** …

 **Genome:**

If you wish to obtain free of charge the genome sequencing of your strain, as part of collaboration, thank you to kindly inform us when depositing it.

YES [ ]  NO [ ]

**I confirm that the data is accurate and reliable. I authorize the Institut Pasteur to make visible all the data of this deposit form in the catalog (**[**https://catalogue-crbip.pasteur.fr**](https://catalogue-crbip.pasteur.fr)**) and to distribute subcultures of the strain through the MTA appended to this deposit form.**

**Depositor** Date: …

Name: …

E-mail: …

Adress: …

Signature: …