



INSTITUT PASTEUR

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CIP/CRBIP accession number :

Accession date :

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...):



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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:

