



Agharkar Research Institute, Pune, INDIA

MACS Collection of Microorganisms (MCM), WDCM 561

A Distinguished Repository of Anaerobes & Extremophiles

Form for Deposit of Bacteria, Archaea or Anaerobic Fungi

| For MCM use only | |
|------------------|--|
| SRN: | |
| MCM No: | |

| | |
|---|--------------------------------|
| 1. Type of Deposit (General/ Safe Deposit) | |
| 2. Type of Organism (Bacteria/ Archaea/ Fungi/ Methanogen/ any other) | |
| 3. Taxonomic designation | Genus: _____ Species: _____ |
| 4. Strain No | |
| 5. Isolation Details | |
| a. Source of isolation (Brief description of the source , such as soil/ water/ sediment/ leaf/ any other) | |
| b. Isolated by (Name of person(s)) | |
| c. Location (Village, City, State, Country & GPS Coordinates) | |
| 6. Safety Details | |
| a. Is this strain pathogenic (Yes/ No/ Do Not know) | |
| b. If yes, is it pathogenic to (Humans/ Plants/ Animals) | |
| c. Biohazard Group (BSL-1/ BSL-2/ Do Not Know) | |
| 7. Availability Details | |
| a. Did you receive this strain from other investigator/ organization (Yes/ No) | |
| b. If yes, mention name of investigator & their organization | |
| c. Is this strain available in any other culture collection (Yes/ No/ Do Not Know). If yes, mention the accession nos. | |



| | | |
|---|---------|--|
| 8. CBD Related Information (see www.cbd.int for more information) | | |
| a. Prior Informed Consent (PIC) Taken (Yes/ No/ Not applicable) | | |
| b. If yes, name of Authority/ Organization who issued PIC | | |
| 9. Growth Related Details | | |
| a. Growth medium (Please mention the exact composition in case of customized medium, else mention Manufacturer & Catalog No.): | | |
| b. pH | Range | |
| | Optimum | |
| c. Temperature | Range | |
| | Optimum | |
| d. Salt concentration | Range | |
| | Optimum | |
| e. Aerobic/ Anaerobic/ Microaerophilic | | |
| f. Any special growth requirement | | |
| g. Recommendation for long term storage (other than liquid N ₂ , -80 °C or by lyophilization) | | |
| 10. Identification Data (Please attach separate sheet for morphological, biochemical or any other characters) | | |
| a. 16S rRNA/ ITS/ LSU (any other) | | |
| b. If yes, Accession Number of Deposited Sequence | | |
| c. MALDI Analysis (Similarity Index) | | |
| d. BIOLOG Analysis (Similarity Index) | | |
| e. FAME Analysis (Similarity Index) | | |
| f. API Analysis (Similarity Index) | | |
| 11. Supplemental Information | | |
| a. Special usage/ Application/ Feature | | |
| b. Reference(s) [e.g.: (1) J Abbr, Year, Vol:PageNo (DOI); (2) J Abbr, Year, Vol:PageNo (DOI); & so on...] | | |



| 12. Depositor's Information | |
|------------------------------------|--|
| a. Name of Depositor | |
| b. Postal Address (with PIN Code) | |
| c. Email Address for Communication | |
| d. Contact Phone Number | |
| e. Date of Dispatch | |
| 13. Payment Information | |
| a. Date & Mode of Payment | |
| b. Amount Paid | |
| c. UTR/Transaction ID for Payment | |
| 14. Billing Information | |
| a. Name & Designation | |
| b. Address (with PIN Code) | |
| c. GST Number | |

Declaration by the Depositor

(Mandatory) I authorize MCM to accession the strain and deposit it in the category selected above (Sr. No. 1). Accordingly, the strain may be made available to public for General Deposit Category. I read and agree to the terms and conditions mentioned in the Material Accession Agreement (MAA), which has been signed and stamped by me or the signatory authority, whose details are have signed separately.

Organization Seal

Date & Signature of the Depositor/ Authorized Signatory



| For MCM Use Only | | | |
|-------------------------------|--|---|--|
| Processing Details | | | |
| Date Received on | | Ack. Sent on | |
| Sub-cultured on | | Sub-cultured by | |
| Viable/ Non-viable | | Pure/ Mixed | |
| Sent for Seq/MALDI | | Results Received on | |
| Identity | | Checked by | |
| Preservation Details | | | |
| For -80 °C Storage | | For liquid N₂ Storage | |
| Preserved on | | Preserved on | |
| Storage ID | | Storage ID | |
| Well No. | | Well No. | |
| Accession Details | | | |
| MCM Accession No. | | Accessioned on | |
| Sent for Depositor's Check on | | Depositor's Check Received on | |
| Remarks, if any: | | | |
| | | | |