MACS Collection of Microorganisms (MCM), WDCM 561

A Distinguished Repository of Anaerobes & Extremophiles

Form for typing of Archaea, Bacteria or Anaerobic Fungi by MALDI-TOF Analysis

1. User's Information		
a. **Name & Designation of User**		
b. **Department / Division**		
c. **Name of Organization**		
d. **Is it Academic or Non-academic?**		
e. **Official Postal Address** (with PIN Code)		
f. **Email Address for Communication**		
g. **Contact Phone Number**		

2. Details of Material Sent					
Sr. No.	Strain No.	**Type** (Archaea/ Bacteria/ Anaerobic Fungi)	**Sporulating?**	**Clinical or Environmental Origin?**	**SRN (For MCM Use Only)**
1.					
2.					
3.					
4.					
5.					

3. Growth Related Details		
a. **Growth medium** (Please mention the exact composition in case of customized medium, else mention Manufacturer & Catalog No.)**:**		
b. **Optimum growth parameters**	**pH**	
	Temperature	
c. **Aerobic/ Anaerobic/ Microaerophilic**		

4. Payment Information	
a. **Date & Mode of Payment**	
b. **Amount Paid**	
c. **UTR/Transaction ID for Payment**	

5.	Billing Information	
a.	**Name & Designation**	
b.	**Address** (with PIN Code)	
c.	**GST Number**	

Declaration by the User

☐ (Mandatory) I acknowledge and agree that the material sent for the analysis is non-pathogenic and the microorganisms belong to biosafety level 1 or 2 category only. I further acknowledge and agree that the requested analysis is purely for research and non-commercial activity, and the results reported by MCM for these analyses will be used for such purposes only.

Organization Seal   Date & Signature of the User/ Authorized Signatory

For MCM Use Only			
Processing Details			
Date Received on		Ack. Sent on	
Processed on		Processed by	
Sent for MALDI on		MALDI Done by	
Report sent on		Dispatched by	
Remarks, if any:			