

Agricultural Research Service Culture Collection Strain Deposit Form

FOR ARS CULTURE COLLECTION USE ONLY

Accession Date:

NRRL Number:

Biosafety Level:

Please complete this form as fully as possible. Use the back of the form if more space is needed. Please print legibly or type.

Depositor's name and institution:

Species' scientific name:

Is this a new species? **Yes** **No**

Strain classification: **Type strain** **Reference strain**

Equivalent strain numbers in other collections:

Method of identification: **Morphology** **Gene Sequence** **Other:**

Gene sequence deposits:

Media used for isolation:

Substrate or host (give species name):

Location of origin: (be specific; e.g., corn field 30 km east of Peoria, Illinois):

Recommended growth conditions: **Temperature:** **Media:**

Other growth requirements:

Identifiable and/or unique properties:

If received from someone else, what is the strain history?

Known pathogen: **No** **Yes**

if yes, then: **Human** **Animal** **Plant**

The depositor certifies that this strain is not being deposited in the Agricultural Research Service Culture Collection for patent purposes, that it is unconditionally available to the international public, and that it is understood that continued maintenance of this strain is at the discretion of the curator.

Signature of depositor: _____ **Date:** _____

E-mail address to where deposit certificates should be sent*:

*Note: Certificates of Deposit are prepared only for type strains.