

If the strain has plasmids please give more information such as type, number, function, copy number, size of plasmids and relevant clinical information	
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3. Information relating to the Convention on Biological Diversity (COMPULSORY)

Note: New organisms cannot be accepted without this information

Country of origin and/or Geographical location of sampling	
Was a sampling agreement (Prior Informed Consent [PIC]) issued by a competent authority? If yes, please attach evidence	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: <input type="text"/> Click here to enter a date.
Please give the name and address of the competent authority who issued the Prior Informed Consent	
Details of any benefit sharing or other agreement relevant to the end use of this organism:	

4. Key characteristics and applications of the strain

For type strains please attach 16S rRNA gene sequence Accession number and sequence:

16S rRNA Sequence Accession No.:	
16S rRNA Sequence:	
Has this strain been fully sequenced? If yes, please provide the genome accession number. If no, please provide details of any other genes that have been sequenced.	Yes <input type="checkbox"/> No <input type="checkbox"/> Genome Accession No.: Gene Accession No(s):
Proteome data e.g. MALDI-TOF profile	
Please briefly describe how (including which technologies or commercially available kits were used) this strain identified to species or genus level?	
Please provide a description of the key characteristics of the strain (morphology and phenotype, including antimicrobial susceptibility / resistance, virulence traits, serology/serotype, phage type, MLST, etc.	
Specific uses/ applications of the strain:	

5. Recommended culture medium and conditions

Culture medium: Please attach formulae for specialised media	
Temperature	°C
Incubation time	
Atmosphere	Aerobic <input type="checkbox"/> Aerobic (enhanced CO ₂) <input type="checkbox"/> Microaerophilic <input type="checkbox"/> Facultative anaerobic <input type="checkbox"/> Obligate anaerobic <input type="checkbox"/>
Details of any special growth requirements	
Which storage format will be used to send this strain to the NCTC?	-80°C Beads <input type="checkbox"/> Frozen glycerol stock <input type="checkbox"/> Agar slope <input type="checkbox"/> Swab <input type="checkbox"/> Other <input type="checkbox"/> (If other, please specify)
Recommended method for long term preservation?	Freeze-drying <input type="checkbox"/> Freezing <input type="checkbox"/> L-Drying <input type="checkbox"/> Other <input type="checkbox"/> (If other, please specify)

6. Biohazard Risk Assessment

All organisms must be assigned to a hazard group: see Advisory Committee on Dangerous Pathogens (ACDP) Approved List of Biological Agents at www.hse.gov.uk/pubns/misc208.pdf

Important Note: Organisms pathogenic to humans or animals are subject to import / export license and transport regulations

ACDP hazard group	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Is the bacterial strain known to contain/produce a biologically active substance that could cause harm to humans (e.g. toxin, hormone, allergen)? Please provide further details.	Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:
Is the bacterial strain listed under the UK Specified Animal Pathogen Order (SAPO)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this strain pathogenic for plants?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list plant species:

Are you including any Risk Assessment performed at your site?	Yes <input type="checkbox"/> <i>please attach</i> No <input type="checkbox"/>
Does this bacterial strain have the ability to survive, establish, and disseminate in the environment? If the answer is yes, please provide further details.	Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:
Is the bacterial strain genetically modified?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what class?: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Description of genetic modification of the bacterial strain: <i>include method of genetic modification and identity and source of gene introduced</i>	
What is the risk that the genetic modification can confer pathogenic traits in the host cell/organism or related organisms? If the answer is "possible" or "demonstrated" please provide further details.	Unlikely <input type="checkbox"/> Possible <input type="checkbox"/> Demonstrated <input type="checkbox"/> Further details:
What is potential for sequences in the bacterial strain being transferred to another related organism? If the answer is "possible" or "demonstrated" please provide further details.	Unlikely <input type="checkbox"/> Possible <input type="checkbox"/> Demonstrated <input type="checkbox"/> Further details:

Please note that Culture Collections may request further information in order to complete its risk assessment.

6. References

For type strains, please include the effective or valid publication of the organism's description and, where appropriate, include attached/enclosed copies of manuscripts for descriptions not yet in print.

7. Depositors Declaration

I understand that subcultures of the deposited strain will be listed online and distributed by NCTC. I have read the [Terms and Conditions of Supply](#) for the Culture Collections of UK Health Security Agency (UKHSA), I hereby grant unrestricted rights to the Culture Collections of UK Health Security Agency to market and distribute the strain. I understand that UKHSA distributes through third party organisations under the same terms and conditions of supply.

UKHSA is a not-for-profit organisation. I accept the above conditions and confirm that the details given here are full and true to the best of my knowledge:

Signature:

Date:

Name:

Institution:

Address:

Email:

Tel:

For Culture Collections use only

ACDP Hazard Group: 1 2 3

CBA-1 notification:
required not required

GMSC notification:
Class 1 2 3 not required

Sent: _____ Received: _____

Sent: _____ Received: _____

Deposit approved by:

Signature:

Print name:

Date: