

NCTC DEPOSIT FORM

Please complete this form to provide the details required for a bacterial strain to be deposited into the National Collection of Type Cultures (NCTC)



- NCTC accepts organisms up to and including ACDP* Hazard Group 3
- All sections of this form must be completed, including the Biohazard Risk Assessment.
- Please submit an electronic copy of the form to NCTCOperations@phe.gov.uk but do not send the strain until we contact you by email to confirm that the strain has been accepted for deposit.
- We will contact you to let you know when to send the strain to us. You will need to include a signed, paper copy of this deposit form with the strain

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|--------------------------|
| For NCTC use only |
| NCTC Number: |
| Date received: |
| Accession date: |

*ACDP: Advisory Committee on Dangerous Pathogens

1. Scientific name and strain designations

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|---|---|
| Scientific name of this strain | |
| Variety e.g. serotype, phage type etc. | |
| Strain designation used by depositor | |
| Other strain designations or Collection numbers used for the strain | |
| Is this the type strain of the species/ subspecies, or the proposed type strain of a novel species/subspecies? <i>Please cite reference to proposal or author of species description in References</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> Novel sub/species <input type="checkbox"/> |
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2. Origin and History Since Isolation

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| Source | |
| Site of sampling or infection <i>Please specify (if isolated from a human infection) if the infection was hospital or community acquire if this information is available</i> | |
| Date of isolation | |
| Isolated by (person and institution) | |
| Identified by (person and institution) | |
| If you did not isolate this strain, please provide the complete history of the strain since isolation e.g. was it obtained via a third party? (if yes, please provide details of the third party) | |
| How many times has this strain been passaged since isolation? | |

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| Could you please detail below if you know that the strain you are depositing with NCTC has any plasmids? | |
| If the strain has plasmids please give more information such as type, number, function, copy number, size of plasmids and relevant clinical information | |

3. Information relating to the Convention on Biological Diversity (COMPULSORY)

Note: New organisms cannot be accepted without this information

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| 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: |
| 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:

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| 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

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| 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. 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 Public Health England (PHE): I hereby grant unrestricted rights to the Culture Collections of Public Health England to market and distribute the strain. I understand that PHE distributes through third party organisations under the same terms and conditions of supply.

PHE is a not-for-profit organisation. I confirm I accept the above conditions:

Signature:

Date:

Name:

Institution:

Address:

Email:

Tel:

A Biohazard Risk Assessment must be completed

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| <p>ACDP Hazard Group</p> <p>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)</p> | <p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> |
| <p>Is this strain pathogenic for humans?</p> | <p>Yes <input type="checkbox"/></p> <p>Opportunist <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Unknown <input type="checkbox"/></p> <p>Principal route of infection?</p> <p>Usual disease exhibited?</p> |
| <p>Is this strain pathogenic for animals?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If yes, list animal species:</p> |
| <p>Is this strain listed under the UK Specified Animal Pathogens Order (SAPO) 2008?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> |
| <p>Is this strain pathogenic for plants?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If yes, list plant species:</p> |
| <p>Is it hazardous for any other reason?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If yes, please specify:</p> |
| <p>Is the organism Genetically Modified?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If yes, what class?: GMO1 <input type="checkbox"/> GMO2 <input type="checkbox"/></p> |
| <p>Brief description of known modification:</p> | |

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

Signature:

Date:

Name: