

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

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

*ACDP: Advisory Committee on Dangerous Pathogens

1. Scientific name and strain designations

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"/>

2. Origin and History Since Isolation

Source	
Site of sampling or infection <small>Please specify (if isolated from a human infection) if the infection was hospital or community acquire if this information is available</small>	
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?	

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

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:

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. 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

<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: