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| NBRC_LOGO_Transparency縮小 | NBRC ® Culture Collection  2-5-8, Kazusa-kamatari, Kisarazu, Chiba 292-0818, Japan  TEL: +81-438-20-5763, FAX: +81-438-52-2329  E-mail: nbrc-order@nite.go.jp | NBRC® Culture Collection use only: |
| NBRC Accession No.:  Date accepted: |

**Accession Form for Assignment (Microorganism)** \*Mandatory fields

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Designation / Scientific name of strain** | | | | | | | | | | | | | | | |
| Scientific name of the strain\*: | | | | | | | | | | | | | | | |
|  | Phylum/Division: | | | | | Class: | | | | Order: | | | | Family: | |
| Depositor’s strain No. (strain label)\*: | | | | | | | | | | | | | | | |
| Other collection accession No.: | | | | | | | | | | | | | | | |
| Scientific name and strain no. of the host (for bacteriophages)\*： | | | | | | | | | | | | | | | |
| Herbarium specimen's no. and location (for Eukarya): | | | | | | | | | | | | | | | |
| Is the strain taxonomic type (or ex type)?\*:  Yes ( Holotype,  Neotype,  Isotype,  Paratype,  Other),  No | | | | | | | | | | | | | | | |
| **2. History since original isolation** | | | | | | | | | | | | | | | |
| NBRC <- Depositor | | | | | | | | | | | | | | | |
|  | <- From: | | | | | | | | Strain No.: | | | | | | Date: |
|  | <- From: | | | | | | | | Strain No.: | | | | | | Date: |
|  | <- From: | | | | | | | | Strain No.: | | | | | | Date: |
| **3. Origin of the strain** | | | | | | | | | | | | | | | |
| Source of isolation\*:  Scientific name of the source: | | | | | | | | | | | | | | | |
| Locality of the source (address):  Latitude / Longitude, if available:  Altitude(m) / Depth(m), if available: | | | | | | | | | | | | | | | |
| Country of origin\*: | | | | | | | | | | | | | | | |
| The strain assigned by\* | | | Name:  Organization:  Address:  E-mail: | | | | | | | | | Tel: | | | |
| The source  collected by | | | Name:  Organization:  Address:  E-mail: | | | | | | | | | Date of collecting:  Tel: | | | |
| The strain isolated by | | | Name:  Organization:  Address:  E-mail: | | | | | | | | | Date of isolation:  Tel: | | | |
| The strain identified by | | | Name:  Organization:  Address:  E-mail: | | | | | | | | | Date of identification:  Tel: | | | |
| **4. Recommended conditions for growth and maintenance** | | | | | | | | | | | | | | | |
| Medium (attach the formula) \*: | | | | | | | | | | | | | | | |
| pH: | | | | Temperature: °C - °C | | | | | | | | | | | |
| Interval of transfer: h/d/w | | | | | | | Incubation time: h/d/w | | | | | | | | |
| Oxygen relationship:  Aerobic  Microaerobic  Facultative anaerobic  Obligatory anaerobic | | | | | | | | | | | | | | | |
| Special requirements (e.g. light, gas phases, etc.) : | | | | | | | | | | | | | | | |
| Recommended method for  long-term preservation: | | | | | Liquid-drying  Freeze-drying  Freezing ( -80 °C  Liquid N2)  Serial Transfer  Mineral Oil  Other ( ) | | | | | | | | | | |
| Method for propagation  (for Bacteriophages): | | | | | Broth  Agar overlay  Other ( ) | | | | | | | | | | |
| **5. Pathogeny**\* | | | | | | | | | | | | | | | |
| Is the strain known to be or likely to be pathogenic?:  Yes ( Human  Animal  Plant)  No  Unknown  If **YES**, specify the host organism(s):  Level of biological containment of the strain:  L1  L2 | | | | | | | | | | | | | | | |
| **6. Genetic modification** | | | | | | | | | | | | | | | |
| Is the strain genetically modified? :  Yes  No  If **YES**, provide the information on the inserted gene(s) and their origin below or in separate sheet    Level of physical containment of the strain:  P1  P2 | | | | | | | | | | | | | | | |
| **7. Properties and applications (production, assay, biological indicator, etc.)** | | | | | | | | | | | | | | | |
| Special properties and applications of the strain: | | | | | | | | | | | | | | | |
| DDBJ/EMBL/GenBank acc. number of genome sequence: | | | | | | | | | | | | | | | |
| DDBJ/EMBL/GenBank acc. number of gene sequence:  Name of gene: | | | | | | | | | | | | | | | |
| Biosample ID: | | | | | | | | Bioproject ID: | | | | | | | |
| Specify the mating type if you know (for Eukarya):  Homothallic  Heterothallic ( ) | | | | | | | | | | | | | | | |
| **8. Literatures of the strain** (Attach each reprint, if available) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | PubMed ID:  CiNii ID： | | |
| **9. Patent information** | | | | | | | | | | | | | | | |
| The strain has been mentioned in patents: | | Yes \*list the countries where the patent was filed.  ( )  No | | | | | | | | | | | | | |
| Patent application number:  Patent publication number:  Patent number: | | | | | | | | | Date of application:  Date of publication:  Date of registration:  Date of issue: | | | | |
| **10. Other information** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **11. Reason for this assignment** | | | | | | | | | | | | | | | |
| Patent depository expiry  Others ( ) | | | | | | | | | | | | | | | |
| **12. Contact** (State below if different from the DEPOSITOR) | | | | | | | | | | | | | | | |
| Name:  Organization:  Address:  E-mail:  Telephone: | | | | | | | | | | | | | | | |
| 日本語でご記入下さい（Residents in Japan only）  氏名:  所属機関:  法人番号:  住所: 〒 | | | | | | | | | | | | | | | |
| NBRC® Culture Collection Use Only: | | | | | | | | | | | | | | | |
| Keeper: 　　　　　　　 Receipt date: 　　 Species code:  Medium No.: Temperature: °C - °C Herb. No.:  Restriction code:  Plant quarantine No.: Animal quarantine No.:  List: □ Open □ Close (until )  Comment: | | | | | | | | | | | | | | | |