



COLLECTION OF AQUATIC IMPORTANT MICROORGANISMS

Form for Public Deposit of Bacterial Strains

Please fill in as much as possible.

Strain designation (<i>code</i>):	Risk group ¹ : <input type="checkbox"/> 1 <input type="checkbox"/> 2
Species:	(<i>only groups 1 & 2 are accepted</i>)
Type strain <input type="checkbox"/> yes <input type="checkbox"/> no	Pathogenic: <input type="checkbox"/> yes <input type="checkbox"/> no
	Specify

Geographic data

Isolation source:
Country: _____ State/Province: _____
Locality (<i>city, town, etc.</i>): _____
Geographic coordinates <i>degrees - minutes - seconds</i>
Longitude: <input type="checkbox"/> West <input type="checkbox"/> East
Latitude: <input type="checkbox"/> North <input type="checkbox"/> South

Isolation data

Isolation date (<i>dd.mm.yyyy</i>): _____
Person who isolated the strain (<i>collector</i>): _____
History of the strain (<i>if not isolated by you, laboratories from where it came</i>): _____

¹ **Risk group 1:** a microorganism unlikely to cause human or animal disease. **Group 2:** a pathogen that can cause human or animal disease but is unlikely to be a serious hazard to laboratory workers, the community, livestock, or the environment. WHO, 2004.



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Culture

Growth media:

Incubation temperature (°C):

NaCl requirements (%):

Metabolism:

Other requirements:

Genetically Modified Microorganism

Has this strain been genetically modified? yes no

If genetically modified, please give details:

Depositor data

Note: the strain will be available to the scientific community and the industry for a fee to cover the expenses.

Name:

Institution:

Address:

e-mail:

Telephone:

Signature

Date: