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**FORM FOR PUBLIC DEPOSIT**

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| **ACA-DC Culture Collection**Laboratory of Dairy ResearchAgricultural University of Athens75 Iera Odos, 11855 Athens, GreecePhone: +30 210 529 4644 / 4628 / 4661Fax: +30 210 5294672Email: mae@aua.gr; gz@aua.gr; et@aua.grWebsite: [www.aca-dc.gr](http://www.aca-dc.gr) | **For ACA-DC use only**Customer number :Date of receipt: Active Dried    Date of access:ACA-DC accession No.: |

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| **Strain designation(s)** |
| Scientific name of organism: |  |
| Strain status (neotype or not): |  |
| Depositor’s strain reference label: |  |
| Accession number in other collections: |  |

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| **Origin of the strain** |
| Source of isolation (*compulsory*): |  |
| Geographical origin of sampling (*compulsory*): |  |
| Date of sampling: |  |
| Isolated by: |  |
| Date of isolation: |  |
| Identified by: |  |
| Date of identification: |  |
| Method of identification: |  |
| *If you did not isolate this strain, please indicate below the individual or collection from whom you received the strain, the date of receipt, the scientific name and strain label at the time of receipt, as well as its former history:* |
| From: | Date: | Name/Label: |

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| **Recommended conditions for growth and maintenance** |
| Medium (attach formula if necessary): |  |
| Incubation temperature (oC): |  |
| Incubation time: |  |
| Oxygen requirements: |  |
| Special gas requirements: |  |
| Light requirements: |  |
| Other special requirements: |  |

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| **Preservation methods applicable** |
| Cryopreservation: |  |
| Lyophilisation: |  |
| Other recommended method(s): |  |
| Special recommended conditions for preservation (suspending medium, cryoprotectant, etc.): |  |

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| **Mutant status** |
| Name and strain number of parent: |  |
| Author and date: |  |
| Mutated character: |  |

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| **Patent status** |
| The strain has been patent: |  |
| Patent reference: |  |

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| **Risk assessment of the strain** |
| Is it pathogenic for humans: |  |
| Is it pathogenic for animals: |  |
| Is it pathogenic for plants: |  |
| Biohazard group: |  |
| This strain has been genetically modified:If yes provide biosafety details (parent strain(s), donor organism(s) of the DNA, etc.) |   |

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| **Special features and applications** |
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| **Restrictions on distribution or safety precautions** |
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| **Agreement for deposit in the public collection** |
| Name of depositor: |  |
| Organization/Company/Laboratory: |  |
| Contact address: |  |
| Telephone number: |  |
| Fax number: |  |
| E-mail address: |  |
| *I agree to deposit this culture in the ACA-DC Culture Collection. I authorize ACA-DC to catalogue the strain data and to distribute samples to third parties under the general conditions of the ACA-DC Material Transfer Agreement.***Date……………………………………. Signature……………………………………………………………………………………..** |

***REMARKS***

* *If you do not have a customer number, your order will be handled as a "first order". Your first order should be sent by e-mail, written on paper with the customer's official letterhead, signed by an authorized person. With your first delivery, a customer number will be allocated to your organization/company/laboratory.*
* *ACA-DC accepts bacterial or yeast strains up to biohazard group 2 as mentioned in the directive 2000/54/EC or its updates.*
* *Fully documented strains are always of greater scientific value; please complete as many items as possible, especially those related to the labeling, origin and history of the strain. If necessary, annexes can be enclosed.*
* *For each biological material an* ***INDIVINDUAL FORM*** *must be completed.*
* *Please fill out the form and send it by e-mail to one of the addresses below:*

*mae@aua.gr* *(Eugenia Manolopoulou, MSc, Curator)*

*gz@aua.gr* *(Georgia Zoumpopoulou, PhD, Staff Member)*

*et@aua.gr* *(Effie Tsakalidou, Professor, Director)*