Application for Deposit of Cultures

\square Public deposit: Information on this form will be public.	lically available and the strain will be supplied for scientific
purposes with no restriction	
☐ Public deposit with depositor's agreement after (yyy	y-mm-dd)
1. Strain number:	
2. Scientific name:	
3. Classification:	
□Bacteria □Archaea □Yeast □Mold	
4. History of the strain (from isolation to deposit)	
PAMC ← depositor (strain no) ←
← <u> </u>	←
5. Isolation information	
Isolated by:	Date of isolation:
Media for isolation:	Isolation temperature:
Identified by:	
Identification methods and results:	
Is this type strain? \Box Yes \Box to be submitted for	or a new taxon \text{No}
6. Information for the source from which the strain was	isolated
Sample No:	
· · · · · · · · · · · · · · · · · · ·	lfresh water □fresh water sediment □terrestrial soil □glacia □algae □lichen □Mushroom □animal exudates
Scientific name:	
Collected by:	Collection date:
Ocean/Continent:	Country:
State/Province:	County:
Latitude:	Longitude:
Elevation:	Depth:
Habitat:	
7. Accession number of gene sequences	
Accession no.:	Gene name:
Accession no.:	Gene name:
Accession no.:	Gene name:

8. Characteristics of the strain (taxonomy, ecology, physiology, application, etc)

9. Is this strain dangerous to health or env	ironment?	□Yes	□ No	(Describe in detail if <u>yes</u>)	
10.Recommended culture conditions:					
Temperature:	Oxyge	en demand	: □aerobi	ic □anaerobic □facultative anaerobic	
Media (name and composition):					
Other culture conditions:		_			
11. Recommended methods for long-term	preservation	n (multiple	selection	is allowed)	
\Box Freeze-drying \Box L-drying \Box Freezing	ng in glycero	ol (_ %) □F	reezing in DMSO (%)	
☐Mineral oil (°C) ☐Distille	ed water (_	°C)		
☐ Other methods:					
12. References for taxonomy, ecology, ph	ysiology, ap	plication,	etc (reprin	nts will be appreciated)	
(1)					
(2)					
(3)					
(4)					
13. Depositor information (representative	investigator	·)			
Depositor name:	(Si	ignature)		Date:	_
Organization:					
Address:					
Tel:		Fax	:		
E-mail:					
14. Research project information (fill in the	ne next items	s if the stra	in is the p	product of a specific research project)	
Project title:					_
Grant code:					
Name of PI:		ignature)		Date:	
Organization:					
Address:					—
Tel:		Fax:	<u> </u>		
E-mail:		a :			
PAMC No:	•••••	Curator	only .		•••••
PAMC No: Date:					
Curator:		(Sig	nature)		
Culatul.		(Dig	maturt)		