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**InaCC (Indonesian Culture Collection)**

Research Center for Biology, Indonesian Institute of Sciences (LIPI)

Jl. Raya Jakarta - Bogor Km. 46, Cibinong 16911, Indonesia

Telp. +62-21- 8765066, Fax. +62-21-8765062, Email: inacc@mail. lipi.go.id

**DEPOSITION DATA SHEET**

**For a Microorganism in The Open Collection**

|  |
| --- |
| \*Column to be filled by InaCC  Date Culture Received :  Date Culture Revived :  Date Accepted :  Type of microbe :  Curator :  InaCC No. : |

**We ask the depositor to supply strain data on the following form. Data supplied on this form will be recorded in the InaCC database and be cited in part in the InaCC Online Catalog of Strains. The depositor’s signature and the date are mandatory.**

**DEPOSITOR**

Name (title) :

Organization :

Address :

Phone/Fax/Email :

**I. STRAIN DESIGNATION/SCIENTIFIC NAME**

1. Microbe:

yeast

fungus

bacteriophage

microalgae

archaeon

actinomycete

bacterium

1. Scientific name, author(s) and year of publication:
2. Principal synonyms / name change, author(s) and year of publication:
3. Scientific name(s) of other morph(s) (i.e., teleomorph / anamorph / synanamorph):
4. Type (or ex type) strain:

( , , , , )

Yes

holotype

neotype

isotype

paratype

lectotype

No

1. Herbarium specimen's number and location:

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**II. ORIGIN OF STRAIN**

1. Source of sample (Substrate /Host of Organisms):
2. Sample Collector:
3. Collection date (dd/mm/yyyy):
4. Isolated by (name and institution) and date (dd/mm/yyyy):
5. Identified by (name and institution):
6. Strain number in your laboratory (Isolate number):
7. Is this strain known to be or likely to be pathogenic?

( , , )

Yes

human

animal

Plant

Unknown

No

If yes, please specify the host organism(s) (Reference):

1. Biosafety Level (Risk Group):

2

1

1. Other strain and/or collection numbers:
2. History since isolation

(If you did not isolate this strain, please indicate from whom you received it):

InaCC ← Depositor (Strain No.) ←

**III. GEOGRAPHICAL AREA OF SAMPLING/COUNTRY OF ORIGIN:**

If the country of origin of this microorganism is not Indonesia, please give detail information about the material transfer agreement about it with the country and the date it was moved from the country to Indonesia. (\*No organism can be accepted without the information of the country of origin).

1. Country\* :
2. Locality (address) :
3. GPS Data (Latitude, Longitude, Altitude):

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**IV. ADDITIONAL DATA**

**(Please supply strain specific data or attach reprints describing strain properties):**

1. Please provide the rRNA gene sequence of microorganisms to deposit (include accession number when known).
2. Specific uses of the strain: e.g. testing of antimicrobial agents, biological assays, quality control, teaching, etc.
3. Properties of the strain: morphological, biochemical, genetic, serological, chemotaxonomic characteristics, etc. e.g. genotype, mol %, G + C, cell wall structure, plasmid pattern etc.
4. References

**V. RECOMMENDED MEDIUM AND GROWTH CONDITION**

1. Medium (please attach detailed formula):
2. Cultivation condition:

pH:

Temperature (°C):

Incubation time (specify: h or d):

anaerobic

aerobic

(method):

Growth:

Special requirements (light, gas phases, etc.):

**VI. RECOMMENDED METHOD (S) FOR LONG‐TERM PRESERVATION:**

, , , ,

Other (special attention)

L‐drying

Freeze‐drying

Freezing

Serial transfer

**VII. WHEN DO YOU WISH THE STRAIN TO BE RELEASED TO THE PUBLIC?**

Immediately after completion of the process for accessioning and distribution of the strain at InaCC.

After a paper describing the strain is published (including a paper in press appearing online).

***I, , hereby certify that all the answers and information provided above have been written by myself or under my direction, and are true to my own knowledge. In addition, I confirm that I have read the attached AGREEMENT FOR DEPOSITORY OF BIOLOGICAL RESOURCES carefully. I understand that the deposited strain will be listed online and made available for distribution by InaCC (for a reasonable fee to cover actual expenses).***

Signatures,

Manager InaCC Curator Depositor

Date: Date: Date: