

Depositor's ID (DID).....

RR No (To be filled by NCVTC).....

NATIONAL CENTRE FOR VETERINARY TYPE CULTURES

ICAR-National Research Centre on Equines, Sirsa Road, Hisar 125 001 (Haryana)

Tel-Fax: 01662-278790 Email: vtcc.icar@nic.in

PRELIMINARY CULTURE DATA SHEET

1. Depositor's name (s):
2. Depositor's affiliation & contact details (please include phone/mobile no. & Email ID):
.....
.....
3. Material submitted (Bacteria/Virus/Fungus/Bacteriophage/Genetic material /other):.....
4. Details of material submitted (Specify genus, species, variety *etc.*):
.....
5. Origin of material: Animal/species:
Place:.....
6. Whether the material is known or likely to be hazardous to human.....
7. Growth requirements: (specify media, culture conditions, any specific requirement, etc.)
.....
.....
8. Mention the test with details to be employed for authentication of the deposit:
.....
.....
9. Preservation protocol/recommendation if any:.....
10. Any other relevant information.....
11. Mandatory information to be filled:

A. In case of deposit of Bacteria:

Colony and culture morphology

Characterization details (please provide maximum information related to sequence data, GenBank accession, 16SrRNA/FAME/BIOLOG/API analysis result, special usage/features *etc.*), if carried out.

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B. In case of deposit of Virus:

Cell line/primary culture:....., Virus titre.....

Inoculation route for embryonated egg CPE characteristics.....

Specific test for authentication.....

C. In case of deposit of Bacteriophage:

Host/indicator bacteria:....., Plaque titre.....

Plaque characteristics.....

Specific test for authentication.....

D. In case of deposit of Genetic material:

Quality & quantity of DNA/plasmid: A260/280..... Quantity.....

Insert name....., Size..... Vector.....

Host of clone:....., Antibiotic resistant.....

PCR details: Primer concentration..... PCR condition.....

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Sequence information.....

I/We hereby authorize the NCVTC to accession the culture in its collection as per Accession Policy of NCVTC.

Name & Signature of depositor:

Date: