



<b>Do not write in this box</b>
<b>RR Number:</b> _____
<b>Accession No.</b> _____
<b>Accession Date:</b> _____

**DEPOSIT FORM-BACTERIA**

<b>Deposit ID No.....</b> (To be provided by depositor mandatorily)
--

(Individual form to be filled up by the depositor for each deposit)

**PART 1: SCIENTIFIC INFORMATION**

**1. Scientific name of the organism/culture (to be deposited)**

Genus \_\_\_\_\_ Species \_\_\_\_\_

**2. Isolate/Strain designations other than NCVTC number**

\_\_\_\_\_

**3. Is this the type strain of the organism?**     Yes     No

**4. If this strain has been designated in the literature as the type strain, please cite reference:**

\_\_\_\_\_

**5. Isolation details:**

Source, Species, Age, Location, Year etc.: \_\_\_\_\_

Isolated by (with date):

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

Identified by (with date):

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

**6. Was the organism isolated from human?**     Yes     No

**7. If you did not isolate this strain, indicate from whom you received it:**

**8. Reason for deposit:**

Requested by NCVTC: \_\_\_\_\_ New taxon: Species \_\_\_\_\_

Subspecies \_\_\_\_\_

Any other unique character \_\_\_\_\_

**9. Growth conditions:**

Media \_\_\_\_\_

Temperature \_\_\_\_\_ Incubation Time \_\_\_\_\_

Any special requirement \_\_\_\_\_

**10. A brief description or distinctive features of the microorganisms:**

\_\_\_\_\_  
\_\_\_\_\_

**11. Preservation details:**

a) In active culture:  Yes  No

b) In liquid nitrogen (-196°C)  Yes  No

c) By freeze-drying?  Yes  No

d) any other method

**12. Safety information: Is this organism hazardous to:**

Humans \_\_\_\_\_ Animals \_\_\_\_\_ If yes, what is the recommended Biosafety Level

\_\_\_\_\_

**13. Additional information if any (characterization): attached annexure if required**

\_\_\_\_\_

## PART 2: OWNERSHIP AND DISTRIBUTION

### 1. PROPRIETARY STATUS OF DEPOSIT:

i. IPR/Patent information if any: \_\_\_\_\_

ii. Provide accession number, if deposited elsewhere: \_\_\_\_\_

---

### 2. DISTRIBUTION RIGHTS

(select **only one** from i, ii or iii below):

**i.  DEPOSITOR conveys ownership of the deposited material to NCVTC as a General Deposit**

The depositor and the Duly Authorized Signatory of the depositor's Institution, whichever represents the legal owner of the material, hereby gives NCVTC ownership in their interests in the transferred quantity of material, with the right, including the right under any patent or patent application, should there be one, to reproduce, use, give or otherwise transfer material to third parties in any manner,

OR

**ii.  RESTRICTED RIGHTS DEPOSIT**

**Depositor grants NCVTC Restricted Material Distribution Rights.**

Material is free for distribution for research and teaching use only and will require execution of a license agreement for distribution for commercial purposes by recipient that incorporates or otherwise uses the material. The depositor and the Duly Authorized Signatory of the depositor's Institution, whichever represents the legal owner of the material, hereby conveys to NCVTC rights to the transferred quantity of material, with the authority to reproduce, use, give or otherwise transfer material to third parties. The terms of such transfer to third parties will be negotiated between NCVTC and depositor under a separate agreement.

OR

**iii.  SAFE DEPOSIT**

**Depositor does not grant NCVTC any material distribution rights**

(Material shall be maintained in the repository for which an annual fee may be levied for each organism deposited)

**3. MISCELLANEOUS:**

- a. This form states the entire agreement between the parties regarding the Material.
- b. The undersigned are authorized to execute this Agreement.
- c. Except to the extent prohibited by law, the providing party disclaims all risks and responsibility in connection with the receiving party's receipt, handling, storage, disposal, internal transfer and use of material and modification.
- d. Additional requirements (one block **MUST BE CHECKED**):

None

Please specify: \_\_\_\_\_

<b>ACKNOWLEDGEMENT</b>
------------------------

This Deposit Form Agreement (“Agreement”) is between \_\_\_\_\_

At (Institution & Place) \_\_\_\_\_

(“DEPOSITOR”) and the NCVTC, an institution under ICAR, Krishi Bhawan, New Delhi, India on the last date of execution hereof (the “effective Date”). The Agreement regulates the conditions under which DEPOSITOR and NCVTC agree to transfer the MATERIAL (defined below) from DEPOSITOR to NCVTC. MATERIAL will be examined by NCVTC and, if it meets NCVTC’s criteria, will be accessioned, authenticated and preserved.

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\_\_\_\_\_ **described in Part 1 of the deposit form.**

**Signatures on Next Page**

**AGREED TO:**

Duly Authorized Signatory for Depositor's Institution:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Institution: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

For NCVTC:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

**READ, UNDERSTOOD AND AGREED BY:**

Depositor(s):

1. \_\_\_\_\_ Designation: \_\_\_\_\_

(Name)

2. \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

3. \_\_\_\_\_ Designation: \_\_\_\_\_

(Name)

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_



<b>Do not write in this box</b>
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**DEPOSIT FORM-VIRUS**

<p><b>Deposit ID No.....</b></p> <p>(To be provided by depositor mandatorily)</p>
---

(Individual form to be filled up by the depositor for each deposit)

**PART 1: SCIENTIFIC INFORMATION**

Name of Virus:

Classification (specify Genus, Species etc.):

**1. General information**

**a.** Source, Species, Age, Location, Year etc.:

\_\_\_\_\_

**b.** Clinical disease or symptoms exhibited by host:

\_\_\_\_\_

**c.** Special characteristics (physical properties, stability, cross reactions, presence or absence of mycoplasma, sequence information etc.) if any

\_\_\_\_\_

**d .** List special handling requirements if any:\_\_\_\_\_

\_\_\_\_\_

**e.** Isolated by (with date):

i) \_\_\_\_\_ ii) \_\_\_\_\_ iii) \_\_\_\_\_

f) Identified by (with date):

i) \_\_\_\_\_ ii) \_\_\_\_\_ iii) \_\_\_\_\_

g . If you did not isolate this strain, indicate from whom you received it:

**2. Reason for deposit:** (new taxon, attenuated strain, utility as a vector, etc.)

---

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**3. Properties of deposited isolate:**

a. Strain/Isolate name designated if any:

b. Deposited as freeze dried /Liquid culture:

c. Quantity deposited (Mention volume or number of vials):

d. Propagated in (Cell line, animal host or embryonated eggs):

e. Media used \_\_\_\_\_

f. Days of appearance of CPE and CPE characteristics:

g. Specify route of inoculation, in case of embryonated chicken egg adapted virus:

h. Incubation temperature

i. Titer (list as units/volume, i.e., TCID<sub>50</sub>/ml) \_\_\_\_\_ On \_\_\_/\_\_\_/200\_\_\_

j. in case of non-cytopathic viruses provide complete details for isolation and authentication

**4. Virus authentication details**

a. PCR cycling condition:

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b. Primer sequences (Forward & Reverse)

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**5. Preservation details:**

a. in liquid nitrogen (-196°C)       Yes  No

b. by freeze-drying                       Yes  No

c. any other method

**6. Safety information: Is this organism hazardous to:**

Humans \_\_\_\_\_ Animals \_\_\_\_\_ If yes, what is the recommended Biosafety level

---

**7. Additional information, if any (characterization): attach annexure if required**

---

**PART 2: OWNERSHIP AND DISTRIBUTION**

**1. PROPRIETARY STATUS OF DEPOSIT:**

**i.** \_\_\_\_\_ IPR/Patent \_\_\_\_\_ information \_\_\_\_\_ if  
any: \_\_\_\_\_

**ii.** Provide accession number, if deposited elsewhere: \_\_\_\_\_

---

**2. DISTRIBUTION RIGHTS**

(select **only one** from i, ii or iii below):

**i.  GENERAL DEPOSIT**

**Depositor conveys ownership of the material to NCVTC as General Deposit (Unrestricted Material Distribution Rights)**

The depositor and the Duly Authorized Signatory of the depositor's Institution, whichever represents the legal owner of the material, hereby gives NCVTC ownership in their interests in the transferred quantity of material, with the right, including the right under any patent or patent application, should there be one, to reproduce, use, give or otherwise transfer material to third parties in any manner,

**OR**

**ii.  RESTRICTED RIGHTS DEPOSIT**

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**OR**

**iii.  SAFE DEPOSIT**

**Depositor does not grant NCVTC any material distribution rights**

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**3. MISCELLANEOUS:**

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- d. Additional requirements (one block **MUST BE CHECKED**):

None

**ACKNOWLEDGEMENT**

Please specify: \_\_\_\_\_

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**described in Part 1 of the deposit form.**

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**Duly Authorized Signatory for Depositor's Institution:**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Institution: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**For NCVTC:**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

**READ, UNDERSTOOD AND AGREED BY:**

Depositor(s):

1. Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

2. Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

3. Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: Fax: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_



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**DEPOSIT FORM- BACTERIOPHAGE**

<b>Deposit ID No.....</b> (To be provided by depositor mandatorily)
--

(Individual form to be filled up by the depositor for each deposit)

**PART 1: SCIENTIFIC INFORMATION**

Bacteriophage\_\_\_\_\_ Strain/Isolate\_\_\_\_\_

Classification: \_\_\_\_\_

**1. Basic information**

a) Source, Species, Age, Location, Year etc.:

\_\_\_\_\_

b) Indicator strain details:

\_\_\_\_\_

c. References (enclose a copy of relevant references):\_\_\_\_\_

d. Officially recognized as reference strain by: \_\_\_\_\_

e Propagation Media \_\_\_\_\_ Days\_\_\_\_\_

Incubation temperature\_\_\_\_\_Plaque characteristics\_\_\_\_\_

f. Special characteristics (physical properties, stability, PCR/sequence information, TEM details, protein profile etc.) if any

g. List special handling requirements if any:\_\_\_\_\_

h. Isolated by (with date):

i)\_\_\_\_\_ ii) \_\_\_\_\_ iii)\_\_\_\_\_

**d) Identified by (with date):**

i) \_\_\_\_\_ ii) \_\_\_\_\_ iii) \_\_\_\_\_

**I. If you did not isolate this strain, indicate from whom you received it:**

**2. Reason for deposit:** (new taxon, utility as a vector, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**3. Properties of deposited isolate:**

**a. Propagated in (host cell/indicator strain):** \_\_\_\_\_

**b. Media used** \_\_\_\_\_

**c. Titer (list as units/volume, i.e., PFU/ml)** \_\_\_\_\_ **On** \_\_\_/\_\_\_/200\_\_\_

**4. Preservation details:**

a) in liquid nitrogen (-196°C)       Yes  No

b) at -80 °C                       Yes  No

c) any other method

**5. Safety information: Is this organism hazardous to:**

Humans \_\_\_\_\_ Animals \_\_\_\_\_ If yes, what is the recommended Biosafety level

\_\_\_\_\_

**6. Additional information, if any (characterization): attach annexure if required**

\_\_\_\_\_

## PART 2: OWNERSHIP AND DISTRIBUTION

### 1. PROPRIETARY STATUS OF DEPOSIT:

i. IPR/Patent information if any: \_\_\_\_\_

ii. Provide accession number, if deposited elsewhere: \_\_\_\_\_

### 2. DISTRIBUTION RIGHTS

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**OR**

**iii.  SAFE DEPOSIT**

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- d. Additional requirements (one block **MUST BE CHECKED**):

None

<b>ACKNOWLEDGEMENT</b>
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At (Institution & Place)\_\_\_\_\_

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**AGREED TO:**

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Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Institution: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**For NCVTC:**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

**READ, UNDERSTOOD AND AGREED BY:**

Depositor(s):

1. Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

2. Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

3. Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: Fax: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_



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**CELL LINE DEPOSIT FORM**

To be completed by the strain's contributor or contributor's authorized representative.

**PART 1: SCIENTIFIC INFORMATION**

1. Name of cell \_\_\_\_\_ Species \_\_\_\_\_

2. Primary culture/Cell line: \_\_\_\_\_ 3. Normal/Malignant: \_\_\_\_\_

4. Date of origin: \_\_\_\_\_

5. Cell type:            Epithelial-like: \_\_\_\_\_ Fibroblast-like: \_\_\_\_\_

                                 Lymphoblast-like: \_\_\_\_\_ Other: \_\_\_\_\_

6. Source of cell line:            Donor species: \_\_\_\_\_ Sex: \_\_\_\_\_

   Age: \_\_\_\_\_ Organ/tissue: \_\_\_\_\_

7. Status of the host at the time of collection:

          Healthy: \_\_\_\_\_ Diseased (if yes, mention disease type): \_\_\_\_\_

8. Original/Genetically Modified: \_\_\_\_\_

9. Special properties, characteristics, or uses: \_\_\_\_\_

10. Current passage level (since origin): \_\_\_\_\_

11. Maximum number of passage possible (if information available): \_\_\_\_\_

12. Antibiotics/Antifungal/other agents used to check contamination:

---

13. *Mycoplasma sps* tested: Yes \_\_\_\_\_ :No \_\_\_\_\_

14. Recommended cell culture medium/serum/antibiotics:

15. Type of fetal calf serum used for cultivation

USA origin: \_\_\_\_\_ New Zealand origin: \_\_\_\_\_

South American origin \_\_\_\_\_ Any other origin: \_\_\_\_\_

13. Recommended subcultivation procedure: \_\_\_\_\_

14. Recommendations for freezing cells, if any: \_\_\_\_\_

15. Any reason why this cell line is important: \_\_\_\_\_

16. Safety Information: Does this cell line contain any agent known to be hazardous to:

Animals? : \_\_\_\_\_

17. References: Original description or other appropriate publications.

*Please enclose a copy of relevant reference*

---

18. Name and Address of the originating investigator:

---

## **PART 2: OWNERSHIP AND DISTRIBUTION (As in ANNEXURE I)**

### **1. PROPRIETARY STATUS OF DEPOSIT:**

i. IPR/Patent information if any: \_\_\_\_\_

ii. Provide accession number, if deposited elsewhere: \_\_\_\_\_

### **2. DISTRIBUTION RIGHTS**

(select **only one** from i, ii or iii below):

#### **i. GENERAL DEPOSIT**

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**OR**

#### **iii. SAFE DEPOSIT**

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- d. Additional requirements (one block MUST BE CHECKED):

None

<b>ACKNOWLEDGEMENT</b>
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Please specify: \_\_\_\_\_

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At \_\_\_\_\_ (Institution \_\_\_\_\_ & Place) \_\_\_\_\_

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**Duly Authorized Signatory for Depositor's Institution:**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Institution: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**For NCVTC:**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

**READ, UNDERSTOOD AND AGREED BY:**

Depositor(s):

1. Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

2. Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

3. Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: Fax: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_



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**DEPOSIT FORM-RECOMBINANT CLONE/PLASMID/DNA**

<b>Deposit ID No.....</b>  (To be provided by depositor mandatorily)
--

(Individual form to be completed by the depositor for each deposit)

**PART 1: SCIENTIFIC INFORMATION**

**1. Deposit (recombinant clone/plasmid/DNA):**

**Gene/insert:**

**Organism (Name/species/place/year):**

**2. GenBank accession no., if any:**

**3. Developed by:** \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**4. If you did not construct/design the clone/plasmid, indicate from whom you received it:** \_\_\_\_\_

**5. Reason for deposit (New property, use as vector):**

**Requested by NCVTC:** \_\_\_\_\_

**6. Detailed description of clone/plasmid/DNA along with organism details from which isolated**

**a) Deposited in the form of broth/freeze dried/solution/precipitate**

**b) Vector:** Name \_\_\_\_\_ size (kb): \_\_\_\_\_

**c) Vector promoter/markers:** \_\_\_\_\_

**d) Vector insertion site(s):** \_\_\_\_\_

**e) Source of insert(s)** \_\_\_\_\_



f) Insert size range (kb): \_\_\_\_\_

g) Restriction enzyme(s) used to generate inserts (partial or complete?):  
\_\_\_\_\_

h) Plasmid/DNA: quantity: \_\_\_\_\_, concentration: \_\_\_\_\_  
purity: \_\_\_\_\_

i) Amplification history:

Primer sequences (Forward & reverse) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Quantity & Concentration of the primers supplied: \_\_\_\_\_

\_\_\_\_\_ PCR  
cycling condition: \_\_\_\_\_

j) Suggested host(s): Name: \_\_\_\_\_

Organism name with complete culture details: \_\_\_\_\_

Propagation media and condition: \_\_\_\_\_

Selection marker: \_\_\_\_\_

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Brief description/distinct features of host/organism: \_\_\_\_\_

7. Attach a complete description of the insert, vector, host strain, organism and confirmation of clone/plasmid/DNA unless given in accompanying reprint.

8. References. Please enclose a copy of relevant references. \_\_\_\_\_

\_\_\_\_\_ 9.

Safety information: Does this strain contain any agents known to be hazardous to:  
Humans? \_\_\_\_\_ Animals? \_\_\_\_\_

If yes, what is the recommended Biosafety Level for working with this culture? \_\_\_\_\_

## PART 2: OWNERSHIP AND DISTRIBUTION

### 1. PROPRIETARY STATUS OF DEPOSIT:

i. IPR/Patent information if

any: \_\_\_\_\_

ii. Provide accession number, if deposited elsewhere:

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### 2. DISTRIBUTION RIGHTS

(select **only one** from i, ii or iii below):

i.  **GENERAL DEPOSIT**

**Depositor conveys ownership of the material to NCVTC as General Deposit (Unrestricted Material Distribution Rights)**

The depositor and the Duly Authorized Signatory of the depositor's Institution, whichever represents the legal owner of the material, hereby gives NCVTC ownership in their interests in the transferred quantity of material, with the right, including the right under any patent or patent application, should there be one, to reproduce, use, give or otherwise transfer material to third parties in any manner,

**OR**

ii.  **RESTRICTED RIGHTS DEPOSIT**

**Depositor grants NCVTC Restricted Material Distribution Rights.**

Material is free for distribution for research and teaching use only and will require execution of a license agreement for distribution for commercial purposes by recipient that incorporates or otherwise uses the material. The depositor and the Duly Authorized Signatory of the depositor's Institution, whichever represents the legal owner of the material, hereby conveys to NCVTC rights to the transferred quantity of material, with the authority to reproduce, use, give or otherwise transfer material to third parties. The terms of such transfer to third parties will be negotiated between NCVTC and depositor under a separate agreement.

**OR**

**iii.  SAFE DEPOSIT**

**Depositor does not grant NCVTC any material distribution rights**

(Material shall be maintained in the repository for which an annual fee may be levied for each organism deposited)

**3. MISCELLANEOUS:**

- a. This form states the entire agreement between the parties regarding the Material.
- b. The undersigned are authorized to execute this Agreement.
- c. Except to the extent prohibited by law, the providing party disclaims all risks and responsibility in connection with the receiving party's receipt, handling, storage, disposal, internal transfer and use of material and modifications.
- d. Additional requirements (one block **MUST BE CHECKED**):

None

**ACKNOWLEDGEMENT**

Please specify: \_\_\_\_\_

This Deposit Form Agreement (“Agreement”) is between \_\_\_\_\_

At \_\_\_\_\_ (Institution \_\_\_\_\_ &  
Place)\_\_\_\_\_

(“DEPOSITOR”) and the NCVTC, an institution under ICAR, Krishi Bhawan, New Delhi, India on the last date of execution hereof (the “effective Date”). The Agreement regulates the conditions under which DEPOSITOR and NCVTC agree to transfer the MATERIAL (defined below) from DEPOSITOR to VTC. MATERIAL will be examined by NCVTC and, if it meets NCVTC’s criteria, will be accessioned, authenticated and preserved.

The information provided in this Deposit Form is accurate and complete to the best of my knowledge as Depositor. I agree to make a best effort to replace Material transmitted hereunder in the event it is found to be nonviable, impure, or otherwise atypical. As Depositor I agree to evaluate Material for quality control purposes after initial authentication by NCVTC to the extent I am able to do so.

I recognize that the NCVTC Collection Scientists may need me to provide more information pertaining to the Material and agree to provide such information to the extent I am able to do so.

As the duly authorized signatory for the Depositor’s Institution, I warrant that the Depositor’s Institution has the legal authority to grant full right, title and interest conveyed in “PROPRIETARY STATUS OF DEPOSIT” above.

**This signatory page covers only the Materials (list by name)**

**described in Part 1 of the deposit form.**