

# CCUG Accession Form for Deposit of Microorganisms



CCUG – CULTURE COLLECTION, UNIVERSITY OF GOTHENBURG  
Department of Clinical Bacteriology, Sahlgrenska University Hospital  
Sahlgrenska Academy of the University of Gothenburg  
PO Box 7193 (Guldhedsgatan 10A)  
SE-402 34 Göteborg, Sweden  
Tel: +46-31-342-4696; Fax: +46-31-82 96 17  
<http://www.ccug.se/pages/depform.pdf>

*CCUG use:*

Accession nr.: \_\_\_\_\_

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

The CCUG accepts deposits of Risk Group 1 or 2 microorganisms (EU Directive 2000/54/EC, Article 2); probable classification according to the Swedish Arbetsmiljöverkets Författningssamling ([http://www.av.se/dokument/afs/AFS2005\\_01.pdf](http://www.av.se/dokument/afs/AFS2005_01.pdf)). No fee is charged for deposits of Type strains of novel species or other reference strains of interest to the CCUG and the scientific community. Deposits of other strains may be charged to help cover the costs of processing, according to the rates of the identification service. Depositors should contact the Curator before submitting strains.

▪ Depositor Name: \_\_\_\_\_ ▪ Title: \_\_\_\_\_

▪ Address: \_\_\_\_\_

▪ Phone: \_\_\_\_\_ ▪ Fax: \_\_\_\_\_

▪ E-mail: \_\_\_\_\_ ▪ URL: \_\_\_\_\_

▪ Isolator name and institute (if different from depositor): \_\_\_\_\_

▪ Scientific name of strain: \_\_\_\_\_ ▪ Strain designation: \_\_\_\_\_

▪ The strain will be described as the: Type strain of a new species \_\_\_\_\_ ; Type species of a new genus \_\_\_\_\_ .  
(mark box when applicable)

▪ The strain is classified in: Risk Group 1 \_\_\_\_\_ ; Risk Group 2 \_\_\_\_\_ ; unknown \_\_\_\_\_ .  
(mark box when applicable)

▪ Source of isolation (clinical sample, water, soil, etc.):

▪ Isolation methods (cultivation conditions, medium etc.):

▪ Cultivation conditions (medium formulation, gas phase, temperature, pH, incubation time, etc.):

▪ Properties of interest (metabolic activity, pathogenicity, antibiotic sensitivity/resistance, genetic modification, etc.):

- Authenticity check (markers that may be used for authentication, i.e., 16S rRNA gene sequence, other gene sequence, phenotypic characteristics, cell fatty acids, etc.):

16S rRNA gene sequence accession number: \_\_\_\_\_

Other markers: \_\_\_\_\_

- Sweden is signatory to the Convention on Biological Diversity (CBD). As such, the CCUG is obligated to document the following information (strains may not be accepted without these data).

A. Country, region or geographical location of isolation (include GPS coordinates if known):

B. Date of sampling/isolation (year, month, day, if known):

C. Sampling agreement "Prior Informed Consent (PIC)" issued by competent authority.

Are acquisition, transfer and utilisation of this strain controlled by agreements of the above authority?

Yes \_\_\_\_\_

No \_\_\_\_\_

Not applicable \_\_\_\_\_

If Yes, provide reference

- name and contact information of person or organization that issued the PIC:

- details of any agreed benefit sharing or other form of agreement (attach appropriate documents):

- Please send as e-mail attachment a copy of the manuscript describing the strain. The information will be maintained in confidence. After publication, the strain information will be made available to the scientific community.
- Indicate reference(s) of any relevant, previously published literature:

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#### Agreement for deposit of microorganisms in the CCUG

Deposited strains may be catalogued within the CCUG. The strains and information on the strains may be made available to recognised institutes and industry for reference and basic, applied and developmental research.

Name of depositor: \_\_\_\_\_

Signature of depositor: \_\_\_\_\_ Date: \_\_\_\_\_