



Agharkar Research Institute, Pune, INDIA

MACS Collection of Microorganisms (MCM), WDCM 561

A Distinguished Repository of Anaerobes & Extremophiles

Form for Deposit of Bacteria, Archaea or Anaerobic Fungi

For MCM use only				
SRN:				
MCM No:				

1. Type of Deposit (General/ Safe Deposit)	
2. Type of Organism (Bacteria/ Archaea/ Fungi/ Methanogen/ any other)	
3. Taxonomic designation	Genus:
	Species:
4. Strain No	
5. Isolation Details	
a. Source of isolation (Brief description of	
the source , such as soil/ water/	
sediment/ leaf/ any other)	
b. Isolated by (Name of person(s))	
c. Location (Village, City, State, Country &	
GPS Coordinates)	
6. Safety Details	
a. Is this strain pathogenic (Yes/ No/ Do	
Not know)	
b. If yes, is it pathogenic to (Humans/	
Plants/ Animals)	
c. Biohazard Group (BSL-1/BSL-2/Do Not	
Know)	
7. Availability Details	
a. Did you receive this strain from other	
investigator/ organization (Yes/ No)	
b. If yes, mention name of investigator &	
their organization	
c. Is this strain available in any other	
culture collection (Yes/ No/ Do Not	
Know) If yes, mention the accession nos	





8. (CBD Related Information (see	www.cbd.int f	for more information)
a.	a. Prior Informed Consent (PIC) Taken (Yes/		
	No/ Not applicable)		
b.	If yes, name of Authority/ C	Organization	
	who issued PIC		
9. (Growth Related Details		
a.	Growth medium (Please me	ntion the	
	exact composition in case of customized		
	medium, else mention Manufacturer &		
	Catalog No.):		
b.	pH	Range	
		Optimum	
c.	Temperature	Range	
		Optimum	
d.	Salt concentration	Range	
		Optimum	
e.	e. Aerobic/ Anaerobic/ Microaerophilic		
f.	Any special growth require	ment	
	Danaman dation for large		
g. Recommendation for long term storage		_	
(other than liquid N ₂ , -80 °C or by lyophilization)		or by	
10 1		ach conarato c	 heet for morphological, biochemical or any other characters)
	16S rRNA/ ITS/ LSU (any oth	•	
a.	b. If yes, Accession Number of Deposited		
D.	Sequence		
•	c. MALDI Analysis (Similarity Index)		
	d. BIOLOG Analysis (Similarity Index)		
e. FAME Analysis (Similarity Index)			
f.			
	supplemental Information	,	
a.		Feature	
b.	Reference(s)		
	[e.g.: (1) J Abbr, Year, Vol:Pa	igeNo (DOI);	
	(2) J Abbr, Year, Vol:PageNo	(DOI); & so	
	on]		





12. Depositor's Information	
a. Name of Depositor	
b. Postal Address (with PIN Code)	
c. Email Address for Communication	
d. Contact Phone Number	
e. Date of Dispatch	
13. Payment Information	
a. Date & Mode of Payment	
b. UTR/Transaction ID for Payment	

(Mandatory) I authorize MCM to accession the strain and deposit it in the category selected above (Sr. No. 1). Accordingly, the strain may be made available to public for General Deposit Category. I read and agree to the terms and conditions mentioned in the Material Accession Agreement (MAA) sent to me separately.

Organization Seal

Date & Signature of the Depositor/ Authorized Signatory

For MCM Use Only							
Processing Details							
Date Received on		Ack. Sent on					
Sub-cultured on		Sub-cultured by					
Viable/ Non-viable		Pure/ Mixed					
Sent for Seq/MALDI		Results Received on					
Identity		Checked by					
Preservation Details							
For -80 °C Storage		For liquid N₂ Storage					
Preserved on		Preserved on					
Storage ID		Storage ID					
Well No.		Well No.					
Accession Details	<u>.</u>						
MCM Accession No.		Accessioned on					
Sent for Depositor's Check on		Depositor's Check Receive	ed on				
Remarks, if any:							