

**DEPOSIT FOR PURPOSES OF PATENT PROCEDURE UNDER  
BUDAPEST TREATY**
**ACCESSION FORM:  
BACTERIA/YEAST/BACTERIOPHAGE/PLASMID**

*This form must be completed before, or at the same time as  
the biological material is deposited.*

*Leave Blank: to be completed by  
NCIMB*

Date deposit received:

NCIMB accession number:

1. DEPOSITOR INFORMATION		Main contact:
Depositor: (ie name of applicant)		
<b>Note: Unless otherwise stated the name of the institute, company etc. will be taken as the depositor</b>		
Depositor address		
Address for correspondence if different from above		
Telephone		
Email		

2. PATENT AGENT INFORMATION		Main contact:
Contact name		
Company		
Address for correspondence		
Telephone		
Email		

**NCIMB Limited**

Ferguson Building, Craibstone Estate, Bucksburn, Aberdeen, AB21 9YA., United Kingdom  
Tel: +44 (0)1224 711100 Email: enquiries@ncimb.com Website: www.ncimb.com

3. DETAILS OF THE MICROORGANISM	
Name of microorganism	
Depositor's strain designation	
Pure culture If NO please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Genetically manipulated If YES please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>

4. CONDITIONS FOR CULTIVATION	
Can the organism be grown routinely on nutrient agar/broth? If No please specify medium:	YES NO
Additional supplements	
Incubation temperature	°C
Oxygen regime	Aerobic Microaerophilic Obligate anerobic
Specific gaseous regime	

5. LONG TERM PRESERVATION	
Can the microorganism be preserved without significant changes in its properties by:	
Freeze drying (Lyophilisation) in serum/glucose broth ('mist desicans')	YES NO UNKNOWN
Freezing In 10% glycerol broth	YES NO UNKNOWN

6. ENVIRONMENT AND SAFETY INFORMAITON	
Risk group	ACDP 1 ACDP 2
Is the deposit known to be or likely to be hazardous to the health of:	
Man: YES NO	If YES please provide details:
Animals: YES NO	If YES please provide details:
Plants: YES NO	If YES please provide details:

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7. POST PRESCRIBED STORAGE DURATION	
Transfer to NCIMB open collection	YES <input type="checkbox"/> NO <input type="checkbox"/>
Culture to be transferred back to depositor (fee applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Culture to be destroyed (fee applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>

8. DECLARATION	
We hereby declare that to the best of our knowledge, the information given above is true and correct	
SIGNED	
DEPOSITOR	
DATE	
SIGNED	
OTHER APPROVED SIGNATORY	
DATE	

**Important Information:**

As soon as we receive your deposit, we will contact you with an NCIMB number and provisional date of deposit. Please note that this is not evidence that you have made a valid deposit. Results of viability testing are required before official notification can be made.

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