

**BCCM/DCG use only:**

DCG number:

Date and signature of curator:

*Depositors of strains are requested to contact the BCCM/DCG collection before sending a strain. A completed and printed version of this form must be sent together with each individual strain.*

**1. Depositor**

Full name:	<input type="text"/>
Institute / Company:	<input type="text"/>
Address:	<input type="text"/>
Tel.:	<input type="text"/>
E-mail:	<input type="text"/>

**2. Strain information**

Scientific name ( <i>as specified by the depositor</i> ):	<input type="text"/>	
Depositor's strain identifier:	<input type="text"/>	
Is the <b>strain</b> :	<input type="checkbox"/> Axenic	<input type="checkbox"/> Not axenic
Does it concern a <b>genetically modified strain</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**2.1. Origin of the strain** (*please give as much as information as possible*)Habitat (*ecological data*):Locality (*country, state, location, longitude, latitude, etc.*):

Collected by:	<input type="text"/>	Date:	<input type="text"/>
Isolated by:	<input type="text"/>	Date :	<input type="text"/>
Identified by:	<input type="text"/>	Date :	<input type="text"/>

**2.2. Additional strain information**Location and possible reference of **herbarium specimen** (*herbarium acronym and number*):

**Literature citation(s)** for this strain (*reprints will be appreciated*):

**Accession number(s)** of DNA sequences:

Cultures also deposited in **other culture collections** (*acronym of collection and number*):

Cultures also sent to **other laboratories** (*give institute name and address*):

### 2.3. Recommended conditions for cultivation

Medium (provide composition, or reference):

Incubation temperature:

Light intensity:

Light/dark cycle:

Other requirements:

### 2.4. Life cycle characteristics

Mating system:

Maximal cell length:

Auxosporulation size threshold:

Minimal cell length:

Other remarks:

### 2.5. Applicable preservation methods

Is the **strain**:  Periodic subculturing only  Cryopreservation in liquid nitrogen\*

\*Please specify cryoprotectant and concentration:

**3. Information related to the application of the Nagoya Protocol (NP) under the Convention on Biological Diversity (CBD): <https://www.cbd.int/abs/>. This protocol implements the Access and Benefit Sharing (ABS) principle and requires recording some basic information listed below.**

Is the material obtained in compliance with the national regulations of the country of origin?  Yes  No

Was a sampling agreement, Prior Informed Consent (PIC) or International Recognized Certificate of Compliance (IRCC), or Mutually Agreed Terms on the use of the samples (MAT) issued by the national competent authority?  **Yes**  **No**

**If Yes**

Name and address of the person or organization who issued the sampling permit / PIC / IRCC / MAT\*:

\*Please attach a copy of the sampling agreement, PIC or MAT or IRCC

**If No**

- country of origin does not require a PIC or sampling agreement
- information regarding the country of origin's regulation or contact point not available on ABS Clearing House <https://absch.cbd.int/countries>
- sample collected in the context of an emergency situation; regulation in process or programmed
- sample collected outside national jurisdiction (deep sea, international waters, Antarctica,...)

other reason:

**4. AGREEMENT FOR DEPOSIT IN THE PUBLIC COLLECTION**

*I agree to deposit this biological material in the public BCCM/DCG Diatoms Collection following the conditions from the BCCM Material Deposit Agreement (MDA: <http://bccm.belspo.be/legal/mda>). I confirm that all information is correct and trustworthy. I authorize BCCM to catalogue all data in this Deposit Form online and to distribute samples to third parties under the general conditions of the BCCM Material Transfer Agreement (MTA: <http://bccm.belspo.be/legal/mta>) and any other conditions if applicable.*

*I agree that my personal data processed in the framework of this deposit will be handled in conformity with the personal data protection statement of the BCCM-consortium (<http://bccm.belspo.be/legal/disclaimer>).*

The depositor confirms that all information is correct and trustworthy.

Date:

Name:

Function:

Signature