



# DEPOSIT FORM FOR VIRUS SPECIMEN

(Please provide information as complete as possible)

## Official Use Only

Request No.: \_\_\_\_\_  
Approved by: \_\_\_\_\_  
Approved date: \_\_\_\_\_  
Depositor No.: \_\_\_\_\_

### 1. GENERAL INFORMATION

Scientific name of virus:			
Strain designation:			
Strain status:	<input type="checkbox"/> Type	<input type="checkbox"/> Voucher	<input type="checkbox"/> Others
Accession number in other collection:			
Nucleic acid type of virus:			
Nucleotide accession number (GENBANK/EMBL etc.):			

### 2. ORIGIN HISTORY SINCE ISOLATION

Original host / Source of isolation: (Scientific name)			
Site of sampling:			
Province:		Country:	<b>Thailand</b>
Coordinates:	Lat:	Long:	
Collected by:		Collection date:	
Isolated by:		Isolation date:	
Identified by:		Identification date:	
<b>If the strain is not isolated by you/depositor, please indicate from whom you receive the strain and its history:</b>			
Whom:		Date received:	
Whom:		Date received:	
Deposited as	<input type="checkbox"/> freeze dried	<input type="checkbox"/> Liquid culture	Quantity deposited - Number of tube..... - Volume per tube.....
Sample type	<input type="checkbox"/> Viable infected cells <input type="checkbox"/> Purified virus	<input type="checkbox"/> Cell lysate <input type="checkbox"/> Supernatant	<input type="checkbox"/> Other (Please specify details)

### 3. COMPLIANCE TO CONVENTION ON BIOLOGICAL DIVERSITY (CBD)

3.1 Is the material/strains obtained in compliance with the national regulation of the country of origin?
<input type="checkbox"/> Yes (please specify person/organization that provides the permit)
Please attach a copy of the permit certification/agreement (if available)
<input type="checkbox"/> No (please specify the reason why compliance is not required/or if any reason)



#### 4. RECOMMENDED CONDITION FOR GROWTH AND VIRUS AUTHENTICATION DETAILS

Suitable propagation host (please deposit host or seed):	
Culture medium, any special growth requirements:	
Incubation time to harvest:	
Harvest method:	
Infection conditions:	
Days of appearance of CPE:	
CPE characteristics CPE characteristics:	
Titer (list as units/volume, i.e., PFU/ml):	On .... /...../20...

#### 5. BIOHAZARD RISK ASSESSMENT OF THE STRAIN(S)

Please note: NBT only accepts organisms up to Laboratory containment level L2 (Biosafety level 2)

Risk group of the strain: <input type="checkbox"/> risk group 1 <input type="checkbox"/> risk group 2
The strain must be handled under laboratory containment level: <input type="checkbox"/> L1, <input type="checkbox"/> L2
Is the strain pathogenic? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify: <input type="checkbox"/> human <input type="checkbox"/> animal <input type="checkbox"/> plant)

#### 6. PRESERVATION METHODS APPLICABLE

Cryopreservation: <input type="checkbox"/> Yes (please specify <input type="checkbox"/> liquid nitrogen (-196°C), <input type="checkbox"/> -80°C, <input type="checkbox"/> Other.....) <input type="checkbox"/> No <input type="checkbox"/> Unknown
Lyophilization: <input type="checkbox"/> Yes (please specify <input type="checkbox"/> Freeze-drying, <input type="checkbox"/> Liquid-drying) <input type="checkbox"/> No <input type="checkbox"/> Unknown
Other method (Please specify details):
Recommended condition (suspending fluid, cryoprotectant, cooling rate, etc.)

#### 7. ADDITIONAL DATA (Please supply strain specific data or attach reprints describing strain properties)

Properties of strain (Morphological, biochemical, genetic, serological, physical properties, stability, cross reactions, presence or absence of mycoplasma, or other examinations, sequence information etc.) if any



Special features (Clinical disease or symptoms exhibited by host)
Is the plant virus transmissible by vectors: <input type="checkbox"/> no <input type="checkbox"/> yes (please specify by scientific name(s):.....)
References (Journal, Volume, page, year. Please attach reprints if available)

**8. FUNDING INFORMATION**

Project title:	
Funding agency:	
Principal investigator:	
Year:	

**9. DEPOSITOR INFORMATION**

Name: \_\_\_\_\_  
Institute: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobilephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

- I certify that the above statements are true and, to the best of my knowledge, that the isolate was legally accessed in the country of origin.
- I understand that this culture will be held in long-term storage in the NBT culture collection. The depositor can retrieve the sample in certain circumstances (Please see [https://www.nbtthailand.org/\\_files/ugd/800732\\_381683a97cbf48fb90fe1b021981cd75.pdf](https://www.nbtthailand.org/_files/ugd/800732_381683a97cbf48fb90fe1b021981cd75.pdf)).
- I understand that collection metadata (public information on this form) will be made public on the NBT web database.

Material might not be accepted and return to the depositor if the quality of material is not in good condition such as damaged, contaminated by other microbes, etc. **Your request will be confirmed by Microbe bank NBT officer. Further information or queries, please contact our manager at NBT.XXXX@nstda.or.th**

( \_\_\_\_\_ )  
Signature of depositor  
Submission Date: \_\_\_\_\_



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<b>Data</b> <input type="checkbox"/> <b>Qualified</b> <input type="checkbox"/> <b>Unqualified</b>	Reasons for unqualified <input type="checkbox"/> Incomplete Data, <input type="checkbox"/> Data with question, <input type="checkbox"/> No Permission Document, <input type="checkbox"/> other..... Authorized by.....
<b>Material</b> <input type="checkbox"/> <b>Qualified</b> <input type="checkbox"/> <b>Unqualified</b>	Reasons for unqualified <input type="checkbox"/> Contamination by other microorganisms, <input type="checkbox"/> Damaged by insect, <input type="checkbox"/> Not enough material, <input type="checkbox"/> other..... Authorized by.....
<input type="checkbox"/> <b>Inconsistency between data and material</b>	Reasons ..... ..... Authorized by.....