

ESR LABORATORY SERVICES

CULTURE DEPOSIT FORM

ESR maintains a culture collection of medically important bacteria as part of the New Zealand Reference Culture Collection (NZRM)

INSTRUCTIONS FOR USING FILLABLE FORMS: In Acrobat Reader, please complete this form, then save the pdf to your hard drive. Email this form to culturecollection@esr.cri.nz then print it out and attach to your submitted sample.

DETAILS OF THE CULTURE DEPOSIT		
Scientific name of the organism:		
Strain numbers / designations used by the depositor:		
Other strain or collection numbers:		
Is the strain to be deposited the type/neotype strain if the species?		
Please attach reprints or give references when you email this form Reprints/references attached: Yes No		
ORIGIN OF THE STRAIN Please give as much information as possible and attach reprints or give references		
Source of isolation:		
Geographical area:		
solated by: Date of isolation:		
Identified by:		
HISTORY OF THE CULTURE If you did not isolate the strain, please indicate as far as possible the sequence of scientists or laboratories which maintained it before you, and also earlier used names of the strain in the spaces below		
NZRM — Depositor —		←
Comments (if relevant):		
REASON FOR DEPOSIT		
Requested by NZRM: Yes N	0	
Production of:		Assay of:
Other:		
MAINTENANCE		
Medium (attach formula):		
Temperature:		Gaseous requirements:
Other requirements:		·
·		
IS THE STRAIN DANGEROUS TO H	IEALTH OR ENVIRONMENT?	
It is pathogenic for humans Yes	No Unknown	It is pathogenic for animals Yes No Unknown
Animal species (name):		
It is pathogenic for plants Yes	No Unknown	Plant species (name):
DEPOSITOR'S NAME AND ADDRE	SS	
Name:		Email: Date:
Address:		
Address: Organisation: Do you have any restrictions on distribution of this organism?		
Do you have any resultations off distr	badon of this organism:	
ESR USE ONLY - TO BE COMPLET	ED BY THE NEW ZEALAND R	REFERENCE CULTURE COLLECTION MEDICAL SECTION

Using Acrobat Reader DC, SAVE AS pdf with a new name and email this request form to: culturecollection@esr.cri.nz

RESET FORM

Date culture received:

NZRM accession number: