

RIKEN BRC JAPAN COLLECTION OF MICROORGANISMS**DEPOSITION DATA SHEET (FILAMENTOUS FUNGI AND YEASTS)****DEPOSITOR**Scientist's name: ^{Given} _____ ^{Middle} _____ ^{Family} _____

Scientist's title: _____

Organization: _____

Address: _____

(Country) _____

TEL: _____

FAX: _____

E-mail: _____

Data supplied on this form will be recorded in the JCM database and be cited in part in the JCM Online Catalogue of Strains. Please fill in the items below and affix Scientist's signature on the last page to indicate that the information is accurate and that you agree to make the strain available to the research community.

Items 1, 7, 9, 10, 11, 13, 14, 18, the Scientist's signature and the date are mandatory.

1. Strain designation/number and scientific name including author(s) and year of the description:

Strain designation/number: _____

Scientific name [in unified nomenclature]:

Author(s) _____ Year _____

Higher taxonomic rank (family, order, etc.) if the organism is not assigned to any known genus

2. Principal synonym(s) / name change, author(s) and year of publication(s):

3. Scientific name(s) of other morph(s) (i.e., teleomorph / anamorph / synanamorph) [in dual nomenclature]:

4. History since isolation (If you did not isolate this strain, please indicate from whom you received it with the following information, provider; institution, country; strain designation/number*):

JCM ← Depositor (co-depositor** _____)

← _____

← _____

← _____

← _____

(*Describe the strain designation/number if another one was used in the history, and **the person's name if co-deposited)

5. Other culture collection designation(s) (if deposited elsewhere):

6. Specimen from which the strain originated (herbarium acronym & number or personal specimen number):

7. Original sampling ('access') and isolation data (even if you did not isolate the strain, please describe the country of origin and date of the original sampling, at least):

Original source _____

Country of origin _____

(or place/area name if the sample was collected from an area beyond national jurisdiction)

Sampling area (e.g., city, province) _____

Geographic coordinates (if possible) _____

Sampling date _____ (dd/mm/yyyy or mm/yyyy)

Responsible person and institute of the sampling

(Person) _____

(Institute) _____

Person who isolated the strain _____

Person who identified the strain _____

Reference(s) relevant to the sampling and/or isolation (_____) (Ref. no. as in item 16)

8. Information relating to the Convention on Biological Diversity (CBD) (if applicable)

Identification number of Internationally Recognized Certificate of Compliance (IRCC) based on the Nagoya Protocol _____

Relevant information _____

9. Is this the ex-holotype strain of a filamentous fungus or the type strain (including the type strain other than the holotype strain) of a yeast?

Yes → Ref. (_____) (Ref. no. as in item 16)

To be submitted for a new taxon:

New species New infraspecific taxon (e.g., new variety, new subspecies, etc.)

No → Any description or information (e.g., ex-paratype, ex-neotype, etc. of a filamentous fungus) is very much appreciated.

10. Is this strain genetically modified microorganism?

Yes → Please attach Form M-8-G for the Legally Required Information for the Living Modified Organism.

No → Please attach publications describing this microorganism (if any).

11. Recommended medium and growth condition (Please attach a sheet of the detailed formula):

Cultivation medium _____

temperature _____ °C dark / light _____

Sporulation / fructification medium _____

temperature _____ °C dark / light _____

12. Recommended method(s) for long-term preservation:

Freezing Freeze-drying L-drying

Other method or comments _____

13. Is this strain pathogenic?

Yes No Unknown

If yes, please specify the host organism(s).

_____ Ref. (_____) (Ref. no. as in item 16)

Biosafety Level of facilities where the organism should be handled at: 1 2

According to: _____ Depositor's recommendation

14. Accession number(s) of rRNA gene (or others') sequence(s):

Gene _____ Number _____
Gene _____ Number _____
Gene _____ Number _____

If not yet released, please send the data to <inquiry.jcm@riken.jp> in a text format.

15. Other data (taxonomy, physiology, ecology, phylogeny, application, etc.) of the strain [Please cite the reference number(s) corresponding to item 16]:

16. References (Reprints will be appreciated):

(1) _____
(2) _____
(3) _____
(4) _____

17. Comments:

18. When do you wish the strain to be released to the public?

- Immediately after completion of the process for accessioning and distribution of the strain at RIKEN BRC-JCM.
- After a paper describing the strain is published (including a paper in press appearing online). In any case, the strain will be made accessible to the public after a lapse of five years following deposition irrespective of the above choice.

Scientist's signature _____ Date _____ (dd/mm/yyyy)

Please send to:
Microbe Division / Japan Collection of Microorganisms
RIKEN BioResource Research Center
3-1-1 Koyadai, Tsukuba, Ibaraki 305-0074, Japan
E-mail: inquiry.jcm@riken.jp (please attach a scanned image)
FAX: +81 29 836 9561

Column to be filled by RIKEN BRC
(User No. _____)
(Reception Date _____)
(Accession No. JCM _____)
(Date Culture Received _____)

理研 BRC-JCM 確認欄	
DG 長もしくは室長	微生物株担当者