



ATCC USE ONLY: SD No. _____ Date: _____ Received: _____

1. Culture Information:

a. Name of microorganism:

1) Genus and species of origin:

2) Cell type:

3) Tissue of origin:

b. Cell Designation:

c. Indicate number of years of storage: 1 year; 3 years; 5 years

d. Indicate storage temperature: Liquid Nitrogen Tank; -80° Freezer; + 4°C Cold room

e. Indicate the quantity and size of vials (ATCC Storage requirement is standard cryovials 1.0 ml to 2.0 ml plastic screw cap cryovials. Vial labels must be typed and named according to question 1b. of this form):

2. Regulatory Compliance Information:

The following information is required for all items deposited, to determine whether certain characteristics of the item may affect the manner and conditions under which the items are required to be held, stored and distributed. Please mark the appropriate box and provide the information requested for the material:

Microorganisms (bacteria, fungi, protozoa, etc.): The complete scientific name, including genus and species, plus the source of the material. The source of the material includes both the source of isolation (human, animal, plant, etc.) and the geographic location (U.S., France, etc.).

Viruses: The name, whether it is a plant or animal virus, and the source including geographic location.

Cell lines: The species and tissue of origin, e.g., human, mouse, monkey (type of monkey), etc.; geographical source of isolation; and any known hazards associated with the line (HIV, EBV, etc).

Genetic materials: The name of the organism from which a vector, clone or library is derived. For clones and constructs, the source of the DNA insert must be identified by species or by scientific name if a microorganism or virus. When the source of the DNA is a microorganism or virus, please provide the name of the gene and the identity of the host organism.

Other materials: Any pertinent information regarding the name, origin, and any known associated hazards of the item.



a. List requested information for your selected culture:

b. Was this material obtained from wildlife? Yes No

If yes, indicate the genus and species and whether wild or captive bred:

c. Is work performed at your facility or any facility at which this item was handled, stored or distributed with exotic viruses affecting livestock and avian species? Yes No

3. **Safety Information:**

a. Is this strain hazardous to the following?

Humans? Yes No
Animals? Yes No
Plants? Yes No

b. Provide the Biological Safety Level (BSL):

BSL 1
BSL 2
BSL 3

c. Does the material contain any infectious agents, carcinogen or other materials toxic to humans, animals or plants? If yes, describe:

(Refer to *Biosafety in Microbiological and Biomedical Laboratories*, 5th ed. HHS Publication No. (CDC) 93-8395. U.S. Department of Health and Human Services, Centers for Disease Control. Washington, DC: U.S. Government Printing Office; 2006. The entire text is available online at www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm.)

4. **Billing Contact Information:**

Is the billing contact information should match the billing address on the ATCC account number listed on this deposit form, please email safedep@atcc.org for verification of your billing account address.

a. Do you have a current ATCC account number? Yes No

1) If Yes: ATCC Account Number =

2) If No: To apply for an account with ATCC, please complete a New Account Application located on our Web site (www.atcc.org) and return it with supporting documentation to ATCC for approval

b. Method of payment:

c. Purchase Order No

c. Check Number:

d. Credit card: Select Type of Credit Card: MasterCard VISA American Express



e. Credit Card Number: _____ f. Expiration Date: _____
g. Email Address of Card Holder: _____ h. Signature of Card Holder: _____
i. Billing Contact Name or Department: _____
j. Billing Address: _____
k. Phone: _____ Fax: _____ E-mail: _____

5. Depositor Information and Agreement:

Material deposited by:

Deposited on behalf of:

DEPOSITOR has read and agrees to the terms and conditions of this deposit form, and the information Depositor has provided hereunder is truthful and accurate.	
The depositor is ultimately responsible for the shipment of deposits to ATCC and compliance with all applicable government regulations for the packaging and movement of the material. The depositor shall indemnify ATCC, to the extent permitted by law, against claims resulting from the violation of applicable government regulations caused by the depositor's shipment of deposits to ATCC.	
Depositor Name: _____	Title: _____
Institution: _____	Department: _____
Signature: _____	Date: _____

6. Shipping Information:

Please contact the ATCC Safe Depository prior to shipping your deposit materials, once shipping confirmation has been provided by the ATCC safe depository staff; please ship your deposit to the following address:

ATCC Safe Depository
10801 University Boulevard
Manassas, VA 20110
Fax: (703) 334-2932
E-mail: safedep@atcc.org

Please enclose completed forms with each shipment