**** Crop Research Institute, Prague

# For VURV-R use only

VURV-R accession no.

Received:

Accessed:

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**Culture collection of microorganisms  
 of Crop Research Institute  
 COLLECTION OF soil bacteria (VURV-R)**

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## Accession Form

**Name of organism** (incl. author’s name and year of description)**:**

Classification into higher taxonomic units:

**Strain number or designation used by the depositor:**

Other collection numbers:

**Isolated by: Date:**

**Identified by: Date:**

**Way of determination\*:** morphology molecular-genetic other (specify)

In case of determination by molecular-genetic methods\*:

PCR with specific primers *(specify primers used)*

Other method *(specify)*

Sequencing *(specify the DNA fragment, primers used, database, software used, accession number of sequence in public database)*

Sequence no. 1:

Sequence no 2:

Sequence no 3:

**Substrate from which the strain was isolated (source of strain):**

**Locality** (topographical word specification)**:**

GPS coordinates:

Locality is in\*: cold temperate subtropics tropic region

lowland highland mountains sea

**History of the strain since its isolation:**

VURV-R ← depositor ←

Known properties (e.g. metabolites, enzymatic activity, results of other types of evaluation: virulence, molecular-genetic features, morphological aberrations and other.)

List of publications in which the strain is used, (please, attach the publication/s in electronic or printed version):

**Pathogenicity to\*:** human animal plant other organisms unknown

**Risk group according to WHO\*:** 1 2 3 4

**Categories of phytosanitary regulation under EU legislation\*:**

non-regulated - pest provisionally qualifying as Union quarantine pest - Union quarantine pest - protected zone quarantine pest - regulated non-quarantine pest

**Biosafety level:** BSL-1 BSL-2 BSL-3 BSL-4

**Risk group according to Decree No. 474/2002 Coll.:** VRA RA no

Derived from type material\*: no x yes (number of type specimen)

If yes, please, attach reprint with description of the taxa, with the place of deposition of type specimen (herbarium item) and of sequence numbers in the Gene Bank.

Types of reproductive structures created by the strain in in vitro culture**\***

Prokaryotic cells *(which)*

**Growth requirements:**

**Medium: pH: Temperature:**

**Light:**

**Incubation time:**

**The strain has been genetically modified: yes / no**

Recommended method for long-term preservation\*:

freeze-drying cryopreservation at temperature below -140°C other (specify):

**Information related to the Convention on Biological Diversity (CBD):**

1. **Country of origin, date of sampling or date of access to material in the country of origin:**
2. **The country of origin is a contracting party to Nagoya Protocol (on YYYY/MM/DD)** #\*: yes (contracting party since YYYY/MM/DD) / no
3. **The country of origin has legislative measures in force, regulating access to and use of its genetic resources** #\*: yes *(in force since YYYY/MM/DD)* / no / I do not known
4. **Is there any restriction/regulation of use and provision in accordance with the CBD applied to the strain?#** yes (*which*)/ no (*give an explanation –e. g. the country of origin is not a party to the Nagoya Protocol, the country of origin does not regulate access to its/these genetic resources (the intended use is not subject to regulation), based on submitted (or attached) documents, other reasons*)/ I do not known
5. Is it mandatory to have a permit to collect the material and export it from the country of origin? #\*: yes / no, (if yes attach the relevant document)

Answers 1. - 5. are filled in according to the information available on YYYY/MM/DD

Copies of the documents marked below are attached:

6. Mutually Agreed Terms (MAT) or other benefit sharing agreement

7. Prior informed consent (PIC)# *(Name and address of the natural or legal person that issued PIC)*:

8. Internationally recognized certificate of compliance (IRCC)# (number):

9. Other *(e.g. MTA of strains from other culture collections)*:

**#**If the country of origin is the Czech Republic or a previous state unit, do not fill in.

+ If the country of origin cannot be determined, state the reason.

Comments**:**

**The depositor hereby declares that she/he is not aware of any third party claiming rights to the above-mentioned strain.**

**Date:** **Depositor’s** **Signature:**

Depositor’s name and address**:**

Note: Bold – mandatory item; \* - cross out if not applicable; # – fill in in case of strains not originating from the Czech Republic