

## PHF SCIENCE LABORATORY SERVICES CULTURE DEPOSIT FORM

PHF Science 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@phfscience.nz](mailto:culturecollection@phfscience.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?  Yes  No

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:

Isolated 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  No

Production of:

Assay of:

Other:

### MAINTENANCE

Medium (attach formula):

Temperature:

Gaseous requirements:

Other requirements:

### IS THE STRAIN DANGEROUS TO HEALTH 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 ADDRESS

Name:

Email:

Date:

Address:

Organisation:

Do you have any restrictions on distribution of this organism?

### PHF SCIENCE USE ONLY – TO BE COMPLETED BY THE NEW ZEALAND REFERENCE CULTURE COLLECTION MEDICAL SECTION

NZRM accession number:

Date culture received:

Using Acrobat Reader DC, SAVE AS pdf with a new name and email this request form to: [culturecollection@phfscience.nz](mailto:culturecollection@phfscience.nz)

**RESET FORM**