



### ACCESSION FORM

### MATERIAL ACQUISITION AGREEMENT (MAA)

**Deposit condition:**

- For **Public Accession**. Depositor allows UNICC to check and reproduce the microorganism(s) for further distribution with service fee.
- Safe Deposit** for ..... years.

A. Health and Safety Informations		
1. Is this strain pathogenic for:		
<input type="checkbox"/> Man <input type="checkbox"/> Animals (Please specify):..... <input type="checkbox"/> Plants (Please specify):..... <input type="checkbox"/> None		
2. If relevant, in which *ACDP/DSMZ category does this microbe belongs?		
<input type="checkbox"/> Hazard Group 1 <input type="checkbox"/> Hazard Group 2		
<b>Note:</b> We only accept microbe in Hazard Group 1 and 2.		
B. Historical Information		
1. Scientific name of microorganism:	2. Type :	3: Type Strain?*
	<input type="checkbox"/> Bacteria <input type="checkbox"/> Fungi <input type="checkbox"/> Yeast	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Original code of the strain (generated by the depositor or other culture collections e.g. DSMZ, ATCC etc):		
(Note: Please attach a copy of previous MTA, if any).		
5. Source and place of collection:	6. Date of collecting sample:	
7. Isolated (person name) by:	Date:	
8. Identified (person name) by:	Date:	
9. Received from (name of organization or person the depositor received the strain from) :	Code (if any):	
10. Special features and properties of microbe (such as sporulating, non-sporulating, etc):		
11. Literature (Note: please attach reprints, if available):		
12. Is Sequence data available?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

C. Preservation and Maintenance		
1. Recommended media and growth conditions:		
Type of Media:.....	Incubation Temperature:.....°C	Incubation period:..... hour(s)/day(s)**
(Note: Please attach special growth requirements or media constituents, if necessary).		Other:.....
2. Recommended incubation atmospheric conditions (e.g: aerobic, strict anaerobic, facultative anaerobic, etc):		
3. Recommended method(s) for long-term preservation:		
<input type="checkbox"/> Cryopreservation at .....°C	Recommended Cryoprotectant (s):.....	
<input type="checkbox"/> Freeze Drying	Recommended Protective Medium:.....	
D. Depositor's Informations		
1. Depositor's Name:		Signature:
2. Telephone: (HP) (Office)	3. Fax:	
4. Organisation Address:	5. E-mail:	
6. Sent by (if culture sent by person other than the depositor):		
7. Telephone: (HP) (Office)	8. Fax:	
9. Organisation Address:	10. E-mail:	
E. For UNiCC Staff		
Labeling (using accession no.):	Attachments:	Received by:
<input type="checkbox"/> Yes	<input type="checkbox"/> Literature	Signature:
<input type="checkbox"/> No	<input type="checkbox"/> Media Ingredients	
	<input type="checkbox"/> Other:.....	
Preliminary Quality Checking:		Date Received:
Character of colonies :		
Others:		

\* **ACDP** = Advisory Committee on Dangerous Pathogens, Health and Safety Executive (HSE), London.  
Website (First published 2004) - <http://www.hse.gov.uk/pubns/misc208.pdf> .

**DSMZ**= German Collection of Microorganisms and Cell Cultures - <http://www.dsmz.de/index.html> .

\*\* Please select.

**NOTE:** For a **bulk deposition** (e.g. 10 strains), the depositor can use only **1 copy** of UPM/IBS/UNiCC/FORM 1 by filling in **section D** and **attach a list containing information from section A - C** of each strain in a table (use Microsoft Word/Excell to create the table). The depositor should send an electronic file on diskette (or via e-mail to [musliyana@putra.upm.edu.my](mailto:musliyana@putra.upm.edu.my)) along with the related documents and the strains.

**DISCLAIMERS:** UNiCC does not accept responsibility for cultures that are found to be nonviable after storage at UNiCC, or for deterioration of cultures and data due to circumstances beyond UNiCC's control. Charges and fees for cultures and services are subject to change without prior notice. Any forms of payment for service charges at UNiCC are not refundable.