

NCTC DEPOSIT FORM



Please complete this form to provide the details required for a bacterial strain to be deposited in the general catalogue of the National Collections of Type Cultures (NCTC)

- NCTC accepts organisms up to and including ACDP¹ Hazard Group Three.
- All sections of this form must be completed.
- Send completed forms via email to NCTCOperations@ukhsa.gov.uk
- The information provided will be reviewed by the NCTC Curator. **DO NOT SEND** the strain until we confirm acceptance.
- We will contact you via our Customer Management System email to let you know when we are able to receive the strain.

¹ Advisory Committee on Dangerous Pathogens

For NCTC use only	
NCTC Number	Date received

Depositor details	
Title	
First name	
Last name	
Email address	
Telephone (including country code)	
Institution	
Institution address	
Department	
Street address	
City	
County / State	
Postal code / zip code	
Country	

Strain name and designations	
Scientific name of this strain	
Strain designation used by depositor	

NW0018.10-25

Effective date: 13/01/2025

National Collection of Type Cultures (NCTC), Culture Collections of UK Health Security Agency, 61 Colindale Avenue, London NW9 5HT, UK

Enquiries to NCTCOperations@ukhsa.gov.uk

Other strain designations, or Collection numbers used for the strain	
This strain is a:	Proposed type strain of a new species <input type="checkbox"/> Proposed type strain of new genus <input type="checkbox"/> Reference strain only <input type="checkbox"/>

Information relating to the Convention on Biological Diversity	
Note: New organisms cannot be accepted without this information.	
Country of origin	
Geographical location of sampling. Include GPS coordinates if known.	
Date of isolation (dd-mm-yyyy)	
Is this strain subject to any restrictions under the Convention on Biological Diversity or Nagoya Protocol?	
Has a sampling agreement (Prior Informed Consent [PIC]) issued by a competent authority? If yes, please attach evidence	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Name and contact information of organisation that issued the PIC	
Details of any benefit sharing or other agreement relevant to the end use of this organism:	
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Based on information provided is further action required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Justification	

Origin and history of strain	
Source	
Site of sampling or infection if isolated from a human infection if the infection was hospital or community acquired if this information is available	
Isolated by (person and institution)	
Identified by (person and institution)	
If you did not isolate this strain, please provide the complete history of the strain since isolation e.g. was it obtained via a third party, etc? Please provide as complete a chain of custody as possible	
How many times has this strain been passaged since isolation?	
Literature references relating to the strain. If	

Key characteristics and applications of the strain	
Details of known plasmids	
16S rRNA Sequence Accession number	
Has this strain been fully sequenced?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Genome accession number	
Gene accession number(s)	
Please provide FASTA files of any sequence information alongside this deposit form when it is submitted to the NCTC	
Proteome data e.g. MALDI-TOF profile	
Please briefly describe how (including which technologies or commercially available kits were used) this strain identified to species or genus level?	
Properties of the strain (morphology, biochemical, antimicrobial susceptibility / resistance, virulence traits, serology/serotype, phage type, MLST, etc.)	
Specific uses / applications of the strain	

Recommended culture medium and conditions	
Culture medium Please provide formulae for specialised media	
Temperature	°C
Incubation time	
Atmosphere	Aerobic <input type="checkbox"/> Aerobic (enhanced CO ₂) <input type="checkbox"/> Microaerophilic <input type="checkbox"/> Facultative anaerobic <input type="checkbox"/> Obligate anaerobic <input type="checkbox"/>
Details of any special growth requirements	
Which storage format will be used to send this strain to the NCTC?	-80°C Beads <input type="checkbox"/> Frozen glycerol stock <input type="checkbox"/>

Please note – agar plates are not accepted.	Agar slope	<input type="checkbox"/>
	Swab	<input type="checkbox"/>
	Other	<input type="checkbox"/>
	Please specify	

Biohazard risk assessment	
<p>Note: Strains cannot be accepted without this information.</p> <p>All organisms must be assigned to a hazard group: see Advisory Committee on Dangerous Pathogens (ACDP) Approved List of Biological Agents at www.hse.gov.uk/pubns/misc208.pdf</p> <p>Important Note: Organisms pathogenic to humans or animals are subject to import / export license and transport</p>	
ACDP hazard group	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Is the bacterial strain known to contain/produce a biologically active substance that could cause harm to humans (e.g. toxin, hormone, allergen)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Further details	
Is the bacterial strain listed under the UK Specified Animal Pathogen Order (SAPO)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this strain pathogenic for plants?	Yes Plant Species <input type="checkbox"/> No <input type="checkbox"/>
Does this bacterial strain have the ability to survive, establish, and disseminate in the environment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Further details	
Is the bacterial strain genetically modified?	Yes <input type="checkbox"/> Class 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> No <input type="checkbox"/>
Description of genetic modification of the bacterial strain: include method of genetic modification and identity and source of gene introduced	
What is the risk that the genetic modification can confer pathogenic traits in the host cell/organism or related organisms?	Unlikely <input type="checkbox"/> Possible <input type="checkbox"/> Demonstrated <input type="checkbox"/>
What is potential for sequences in the bacterial strain being transferred to another related organism?	Unlikely <input type="checkbox"/> Possible <input type="checkbox"/>

If the answer is “possible” or “demonstrated” please provide further details.	
Please attach local risk assessment / MSDS where available	Included in submission <input type="checkbox"/> Not provided <input type="checkbox"/>

Depositor’s declaration

I understand that subcultures of the deposited strain will be listed online and distributed by NCTC. I have read the [Terms and Conditions of Supply](#) for the Culture Collections of UK Health Security Agency (UKHSA), I hereby grant unrestricted rights to the Culture Collections of UK Health Security Agency to market and distribute the strain. I understand that UKHSA distributes through third party organisations under the same terms and conditions of supply.

All deposits into the NCTC general collection will be handled confidentially until any scientific manuscripts associated with this strain are published, or with prior approval of the depositor, for a period of up to three years. This includes any draft manuscripts or data files shared with the NCTC prior to publication.

NCTC reserves the right to commence distribution of this strain three years after deposit.

UKHSA is a not-for-profit organisation. I accept the above conditions and confirm that the details given here are full and true to the best of my knowledge.

Signed	
Date	
Name	

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ACDP Hazard group	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
CBA 1 notification	Required <input type="checkbox"/> Not required <input type="checkbox"/>
Sent (date)	Received (date)
GMSC notification	Class 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Not required <input type="checkbox"/>
Sent (date)	Received (date)
Deposit approved by	
Name	
Job role	
Signature	
Date	