

Virus Deposit Information Form



Section 1: Type of deposit

Type of deposit	<input type="checkbox"/> Catalogue: by ticking this box you declare that you understand that cultures of the deposited virus will be listed online, marketed, and distributed by NCPV for research use only under UKHSA Terms and Conditions of Supply (www.culturecollections.org.uk/orderinginfo/terms) <input type="checkbox"/> Safe <input type="checkbox"/> Patent
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Section 2: Depositor information

Title and name	
Institution	
Address	
Email address	
Telephone	

Section 3: Virus identity and characteristics

Virus name in full		Titre (<i>if known</i>)	
Strain		Serotype / Subtype	
Virus family		Nucleic acid type and sense	
Sample type	<input type="checkbox"/> Supernatant <input type="checkbox"/> Viable infected cells <input type="checkbox"/> Cell lysate <input type="checkbox"/> Purified virus <input type="checkbox"/> Other (<i>give details</i>)	Ampoule label	
Volume per ampoule		Number of ampoules	
Characteristics of note			
Recommended identification method	<input type="checkbox"/> See details (<i>give details</i>) <input type="checkbox"/> See reference (<i>give details</i>) <input type="checkbox"/> See attached		

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Section 4: Safety information

ACDP hazard group	See the Advisory Committee on Dangerous Pathogens (ACDP) Approved List of Biological Agents at https://www.hse.gov.uk/pubns/misc208.pdf <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
SAPO hazard group	See the Guidance for licence holders on the containment and control of specified animal pathogens at https://www.hse.gov.uk/pubns/priced/hsg280.pdf <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Is the virus listed in Schedule 5 Pathogens and Toxins to the UK Anti-terrorism, Crime and Security Act 2001?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Please supply your BSDS/COSHH form	<input type="checkbox"/> Attached <input type="checkbox"/> To follow	
What disinfectant is used when working with this virus?	<i>Please include dilution and contact time (plus published literature/guidance if known)</i>	
Brief description of known pathogenicity of the virus	<i>e.g. Ability of this virus to survive, establish and disseminate in the environment. Include pathogenicity to humans and other natural hosts</i>	
Could other pathogens be present in the culture?	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>give details</i>)	
Is the virus genetically modified?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Method of genetic modification, identity and source of gene introduced, risk of conferring pathogenic traits to host and related organisms</i>

Section 5: Recommended culture conditions – for catalogue items only

Cells & infection conditions	<i>e.g. cell type, confluency at infection, MOI</i>		
Culture medium, growth requirements	<i>e.g. HEPES/CO₂, serum, incubation temperature</i>		
Incubation time		Harvest method	
Typical CPE observed			
Long-term storage conditions			

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Section 6: Origin and history since isolation – for catalogue items only

Where did you obtain the virus from?	<input type="checkbox"/> Isolated in my laboratory <input type="checkbox"/> From another laboratory <i>(give details)</i> <input type="checkbox"/> Unknown
Original isolation information	<i>e.g. Date isolated, cell type, incubation time, CPE observations, investigator, and institution</i>
Original clinical sample information	<i>e.g. Date collected, location, sample type, patient gender, age, clinical details, travel history</i>
How is this sample related to the original isolate?	<i>Include passage history, if known</i>
Reference for citation of the virus	

Important note: We must be able to confirm whether this organism falls within or out of scope of the Nagoya Protocol, e.g. organisms will be out of scope if isolated prior to 2014 and/or depending on country of origin.

Section 7: Declaration

I confirm that the details given here are full and true to the best of my knowledge.

Any additional conditions of supply?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(please attach)</i>		
Signature		Date	

Please complete and return this form **before** sending the virus. Please contact us if you require any assistance.
 CultureCollections.NCPV@ukhsa.gov.uk

For Culture Collections use only

Type of Deposit	<input type="checkbox"/> Catalogue <input type="checkbox"/> Safe <input type="checkbox"/> Patent	ACDP Hazard Group	
		SAPO? Schedule 5?	
		ACDP Containment Level	
CBA-1 notification:	<input type="checkbox"/> Not required <input type="checkbox"/> Required Sent: Received:	GMSC notification:	<input type="checkbox"/> Not required <input type="checkbox"/> Required Sent: Received:
Possibility of restricted plant pathogen?		Import licence needed to receive from depositor?	
Approval signature:		Approval date:	
Accession number(s):		Batch number(s):	