

# CLONED MATERIAL DEPOSIT FORM – Part 2 of 2

Depositors Name:

Item Number:

## INFORMATION REQUIRED FOR DEPOSIT

**INSTRUCTIONS TO DEPOSITOR:** Please fill in the relevant and available information about each deposit, and return electronically to the collection scientist, or fax to 703-365-2725, prior to shipping the Material. A printed and signed copy should also be included with the shipment. Additional information, references or pages may be attached as needed. This information helps us better characterize and preserve the Materials.

The “**MATERIAL**” subject to this Deposit Form is:

Taxonomic Classification:

Family: \_\_\_\_\_

Genus: \_\_\_\_\_

Species: \_\_\_\_\_

Subspecies/Strain: \_\_\_\_\_

Clone Name: \_\_\_\_\_

Is the organism from which the DNA or RNA was cloned on the list of USDA or HHS Select Agents?

Yes  No  If yes, name Agent: \_\_\_\_\_

### 1. CHARACTERISTICS OF MATERIAL:

Disease, if any, caused by infectious organism: \_\_\_\_\_

In vivo host for infectious organism: \_\_\_\_\_

b. Is this a full length molecular clone? Yes  No

If yes, is it known to be toxic? Yes  No

If no, name the portion of the genome cloned: \_\_\_\_\_

### 2. BACKGROUND INFORMATION:

a. Gene name and symbol of cloned insert (as indicated in GenBank, or if putative clone, indicate as such and list putative gene name): \_\_\_\_\_

b. Source organism (species): \_\_\_\_\_

c. Source tissue (cell line or primary and developmental stage, if applicable) or str (if bacterial, viral, yeast or other): \_\_\_\_\_

d. Insert type (genomic or cDNA): \_\_\_\_\_

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e. GenBank/EMBL accession number: \_\_\_\_\_

f. Size of insert (kb): \_\_\_\_\_

g. Exact coordinates of cloned insert (if Known): nt# \_\_\_\_\_ to \_\_\_\_\_ correspond to

nt# \_\_\_\_\_ to \_\_\_\_\_ of the cloned insert (as reported in GenBank accession).

h. Complete coding sequence: (5' to 3') \_\_\_\_\_

\_\_\_\_\_ (attach sheet, if necessary)

i. Gene motifs (leucine repeats, GC-rich regions, etc.): \_\_\_\_\_

j. Functional groups or gene pathways insert to (cytokine, metabolic, etc.): \_\_\_\_\_

k. Homologous genes or gene families, homologous proteins: \_\_\_\_\_

i. Vector Information

i. Vector name: \_\_\_\_\_

ii. Vector insertion sites (5' – 3'): \_\_\_\_\_

iii. Antibiotic marker: \_\_\_\_\_

iv. GenBank/EMBL number (if known): \_\_\_\_\_

m. Clone description (please attach restriction map, if available):

i. Total size (kb): \_\_\_\_\_

ii. Insert sites \_\_\_\_\_ Excise insert by: \_\_\_\_\_

iii. Other genetic markers (i.e., GFP or other antibiotic markers): \_\_\_\_\_

iv. Suggested host(s) (if different from propagation host): \_\_\_\_\_

v. Insert orientation (cloning sites/promoters near the 5' end): \_\_\_\_\_

vi. Is this an expression construct? (Include promoters, inducers, host used for expression.)

o. Clone construction by: \_\_\_\_\_

Laboratory/Institution: \_\_\_\_\_

p. Reason for deposit (requested by ATCC?): \_\_\_\_\_

q. Suggested application: \_\_\_\_\_

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r. References. *Please attach a copy of relevant references.*

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s. Comments (mRNA size(s) detected, gene mutations, expression information):

t. Please attach a complete description of the vector and host strain and method of clone construction unless given in accompanying reprint.

### 3. FINAL PREPARATION OF MATERIAL AS SUBMITTED TO BEI RESOURCES

a. Form of deposit (choose one):

i. DNA:

Supplied in TE: \_\_\_\_\_ or Ethanol: \_\_\_\_\_

Concentration: \_\_\_\_\_

ii. Plasmid in host (in glycerol):

Host species: \_\_\_\_\_

iii. Bacteriophage (phage lysate):

Titer: \_\_\_\_\_

Suggested propagation host(s): \_\_\_\_\_

b. Medium, antibiotics, cryoprotectants, etc. used in stock transferred to BEI Resources

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c. Identify any reagents of animal origin used to cultivate this Material (i.e., serum growth factors, trypsin, etc.) and the manufacturer and country of origin:

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d. Describe any other Quality Control tests (biochemical or molecular) and results:

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e. Number of vials being transferred to BEI Resources:

f. Type of vial in which Material will be provided:

g. Label designation on vials being transferred to BEI Resources:

### 4. PROPAGATION/PRESERVATION/SHIPPING CONDITIONS

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[Redacted]

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[Redacted]

a. Recommended storage conditions (temp. for lyophilized vials; temp for frozen vials, etc.)

\_\_\_\_\_  
\_\_\_\_\_

b. Recommended conditions for propagation: \_\_\_\_\_

\_\_\_\_\_

c. Special handling conditions required: \_\_\_\_\_

\_\_\_\_\_

## 5. SAFETY AND REGULATORY INFORMATION

a. Does this Material require any special permits? Yes  No

If yes, specify: \_\_\_\_\_

b. Is this Material hazardous to: Humans \_\_\_\_\_ Animals? \_\_\_\_\_ Plants? \_\_\_\_\_

If so, what is the Biosafety Level (BSL) required to handle it? (refer to Biosafety in Microbiological and Biomedical Laboratories, 4<sup>th</sup> ed. HHS Publications No. (CDC) 93-8395 U.S. Department of Health and Human Services. The complete text is available at [www.cdc.gov/od/ohs/biosfty/bmbl4toc.htm](http://www.cdc.gov/od/ohs/biosfty/bmbl4toc.htm)):

\_\_\_\_\_

c. Has Material been transformed with any hazardous agents? If yes, please specify:

\_\_\_\_\_

d. Has the Material been screened for the presence of contaminating pathogens? If yes, please specify test and results: \_\_\_\_\_

\_\_\_\_\_

e. List any routine vaccines or surveillance provided to investigators handling this agent.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f. Is the Material radioactive? Yes  No

If yes, specify isotope, chemical composition, total radioactivity per vial and date radioactivity was measured.

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Empty rectangular box for Item Number.

Three horizontal lines for additional information or notes.

Additional Comments: