DEPOSIT FORM – Part 2 of 2
CLONED MATERIAL

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): _____

Biodefense and Emerging Infections Research Resources Repository
P.O. Box 4137
Manassas, VA 20108-4137 USA
www.beiresources.org

800-359-7370
Fax: 703-365-2898
E-mail: contact@beiresources.org
Effective Date: **09/04/2007**
Revision: 1

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d. Insert type (genomic or cDNA): _____

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: _____

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Laboratory/Institution): _____

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

_____

q. Suggested application: _____

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

_____

_____

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

_____

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:

_____

_____

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

_____

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

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, 4th ed. HHS Publications No. (CDC) 93-8395 U.S. Department of Health and Human Services. The complete text is available atww.cdc.gov/od/ohs/biosfty/bmbl4toc.htm):

_____

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

_____

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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.

_____

_____

_____

Additional Comments:

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