

Product Information Sheet for NR-45932

SUPPORTING INFECTIOUS DISEASE RESEARCH

Staphylococcus aureus, Strain RN0153

Catalog No. NR-45932

For research use only. Not for human use.

Contributor:

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Manufacturer:

BEI Resources

Product Description:

Bacteria Classification: Staphylococcaceae, Staphylococcus

Species: Staphylococcus aureus

Strain: RN0153

NARSA Catalog Number: NRS129

Original Source: Staphylococcus aureus (S. aureus), strain RN0153 is a derivative strain of NCTC8325 (RN1, NRS77)

and contains the plasmid pC221.

Comments: S. aureus, strain RN0153 is a methicillin-sensitive S. aureus (MSSA) strain. S. aureus, strain RN0153 was deposited as containing plasmid pC221; lysogenic for phages Φ12 and Φ13; positive for sak and cat; negative for mecA, rsbU and hlb; MLST sequence type (ST) 8; eGenomic spa type 59, eGenomic spa repeats YHGGFMBQBLO; Ridom spa type t211. Plasmid pC221 is a member of the pT181 family and encodes for chloramphenicol resistance and a relaxation complex enabling its conjugative. Note: Methicillin is no longer clinically used, however, the terms methicillin-resistant Staphylococcus aureus (MRSA) and methicillin-sensitive Staphylococcus aureus (MSSA) continue to be used to describe the susceptibility of S. aureus strains to the penicillins.

S. aureus is a Gram-positive, cluster-forming coccus that normally inhabits human nasal passages, skin and mucus membranes. It is also a human pathogen and causes a variety of pus-forming infections as well as food-poisoning and toxic shock syndrome. In 1961, two years after the introduction of methicillin, a penicillinase-resistant penicillin, S. aureus developed methicillin-resistance due to acquisition of the mecA gene. Subsequently, MRSA infections have become widespread in both hospital and community settings. As compared to MSSA infections, MRSA infections tend to have more complications such as a higher recurrence rate and higher mortality. 5-7

Material Provided:

Each vial contains approximately 0.5 mL of bacterial culture in Tryptic Soy broth supplemented with 10% glycerol.

<u>Note</u>: If homogeneity is required for your intended use, please purify prior to initiating work.

Packaging/Storage:

NR-45932 was packaged aseptically in cryovials. The product is provided frozen and should be stored at -60°C or colder immediately upon arrival. For long-term storage, the vapor phase of a liquid nitrogen freezer is recommended. Freeze-thaw cycles should be avoided.

Growth Conditions:

Note: For stability purposes, it is recommended that the strain is subcultured in the presence of 5 μg/mL chloramphenicol.¹

Media:

Brain Heart Infusion broth or Tryptic Soy broth or equivalent Brain Heart Infusion agar or Tryptic Soy agar with 5% defibrinated sheep blood or equivalent

Incubation:

Temperature: 37°C Atmosphere: Aerobic

Propagation:

- 1. Keep vial frozen until ready for use, then thaw.
- Transfer the entire thawed aliquot into a single tube of broth
- 3. Use several drops of the suspension to inoculate an agar slant and/or plate.
- Incubate the tube, slant and/or plate at 37°C for 18 to 24 hours.

Citation:

Acknowledgment for publications should read "The following reagent was provided by the Network on Antimicrobial Resistance in *Staphylococcus aureus* (NARSA) for distribution by BEI Resources, NIAID, NIH: *Staphylococcus aureus*, Strain RN0153, NR-45932."

Biosafety Level: 2

Appropriate safety procedures should always be used with this material. Laboratory safety is discussed in the following publication: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, and National Institutes of Health. Biosafety in Microbiological and Biomedical Laboratories. 5th ed. Washington, DC: U.S. Government Printing Office, 2009; see www.cdc.gov/biosafety/publications/bmbl5/index.htm.

Disclaimers:

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References:

- 1. NARSA, NRS129
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- Deurenberg, R. H. and E. E. Stobberingh. "The Evolution of Staphylococcus aureus." <u>Infect. Genet. Evol.</u> 8 (2008): 747-763. PubMed: 18718557.
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- Porto, J. P., et al. "Active Surveillance to Determine the Impact of Methicillin Resistance on Mortality in Patients with Bacteremia and Influences of the Use of Antibiotics on the Development of MRSA Infections." <u>Rev. Soc.</u> <u>Bras. Med. Trop.</u> 46 (2013): 713-718. PubMed: 24474012.
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