



Do not write in this box
RR Number : _____
Accession No. _____
Accession Date : _____
Date Received : _____
Vol. Received : _____

DEPOSIT FORM-VIRUS

Deposit ID No..... (To be provided by depositor mandatorily)
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(Individual form to be filled up by the depositor for each deposit)

PART 1: SCIENTIFIC INFORMATION

Name of Virus:

Classification (specify Genus, Species etc.):

1. General information

a. Source, Species, Age, Location, Year etc.:

b. Clinical disease or symptoms exhibited by host:

c. Special characteristics (physical properties, stability, cross reactions, presence or absence of mycoplasma, sequence information etc.) if any

d . List special handling requirements if any: _____

e. Isolated by (with date):

i) _____ ii) _____ iii) _____

f) Identified by (with date):

i) _____ ii) _____ iii) _____

g . If you did not isolate this strain, indicate from whom you received it:

2. Reason for deposit: (new taxon, attenuated strain, utility as a vector, etc.)

3. Properties of deposited isolate:

a. Strain/Isolate name designated if any:

b. Deposited as freeze dried /Liquid culture:

c. Quantity deposited (Mention volume or number of vials):

d. Propagated in (Cell line, animal host or embryonated eggs):

e. Media used _____

f. Days of appearance of CPE and CPE characteristics:

g. Specify route of inoculation, in case of embryonated chicken egg adapted virus:

h. Incubation temperature

i. Titer (list as units/volume, i.e., TCID₅₀/ml) _____ On ___/___/200___

j. in case of non-cytopathic viruses provide complete details for isolation and authentication

4. Virus authentication details

a. PCR cycling condition:

b. Primer sequences (Forward & Reverse)

5. Preservation details:

a. in liquid nitrogen (-196°C) Yes No

b. by freeze-drying Yes No

c. any other method

6. Safety information: Is this organism hazardous to:

Humans _____ Animals _____ If yes, what is the recommended Biosafety level

7. Additional information, if any (characterization): attach annexure if required

PART 2: OWNERSHIP AND DISTRIBUTION

1. PROPRIETARY STATUS OF DEPOSIT:

i. IPR/Patent information if any: _____

ii. Provide accession number, if deposited elsewhere: _____

2. DISTRIBUTION RIGHTS

(select **only one** from i, ii or iii below):

i. GENERAL DEPOSIT

Depositor conveys ownership of the material to VTCC as General Deposit (Unrestricted Material Distribution Rights)

The depositor and the Duly Authorized Signatory of the depositor's Institution, whichever represents the legal owner of the material, hereby gives VTCC ownership in their interests in the transferred quantity of material, with the right, including the right under any patent or patent application, should there be one, to reproduce, use, give or otherwise transfer material to third parties in any manner,

OR

ii. RESTRICTED RIGHTS DEPOSIT

Depositor grants VTCC Restricted Material Distribution Rights.

Material is free for distribution for research and teaching use only and will require execution of a license agreement for distribution for commercial purposes by recipient that incorporates or otherwise uses the material. The depositor and the Duly Authorized Signatory of the depositor's Institution, whichever represents the legal owner of the material, hereby conveys to VTCC rights to the transferred quantity of material, with the authority to reproduce, use, give or otherwise transfer material to third parties. The terms of such transfer to third parties will be negotiated between VTCC and depositor under a separate agreement.

OR

iii. SAFE DEPOSIT

Depositor does not grant VTCC any material distribution rights

(Material shall be maintained in the repository for which an annual fee may be levied for each organism deposited)

3. MISCELLANEOUS:

a. This form states the entire agreement between the parties regarding the Material.

b. The undersigned are authorized to execute this Agreement.

c. Except to the extent prohibited by law, the providing party disclaims all risks and responsibility in connection with the receiving party's receipt, handling, storage, disposal, internal transfer and use of material and modifications.

d. Additional requirements (one block **MUST BE CHECKED**):

None

Please specify: _____

ACKNOWLEDGEMENT

This Deposit Form Agreement (“Agreement”) is between _____
At (Institution & Place) _____

_____ (“DEPOSITOR”) and the VTC, an institution under ICAR, Krishi Bhawan, New Delhi, India on the last date of execution hereof (the “effective Date”). The Agreement regulates the conditions under which DEPOSITOR and VTC agree to transfer the MATERIAL (defined below) from DEPOSITOR to VTC. MATERIAL will be examined by VTC and, if it meets VTC’s criteria, will be accessioned, authenticated and preserved.

The information provided in this Deposit Form is accurate and complete to the best of my knowledge as Depositor. I agree to make a best effort to replace Material transmitted hereunder in the event it is found to be nonviable, impure, or otherwise atypical. As Depositor I agree to evaluate Material for quality control purposes after initial authentication by VTC to the extent I am able to do so.

I recognize that the VTC Collection Scientists may need me to provide more information pertaining to the Material and agree to provide such information to the extent I am able to do so.

As the duly authorized signatory for the Depositor’s Institution, I warrant that the Depositor’s Institution has the legal authority to grant full right, title and interest conveyed in “PROPRIETARY STATUS OF DEPOSIT” above.

This signatory page covers only the Materials (list by name) _____

described in Part 1 of the deposit form.

Signatures on Next Page

AGREED TO:

Duly Authorized Signatory for Depositor's Institution:

Signature _____ Date: _____

Name: _____ Designation: _____

Institution: _____

E-mail: _____

Telephone: _____ Fax: _____

Mailing Address: _____

For VTCC:

Signature _____ Date: _____

Name: _____ Designation: _____

READ, UNDERSTOOD AND AGREED BY:

Depositor(s):

1. _____ Designation: _____
(Name)

2. _____ Date: _____
(Signature)

3. _____ Designation: _____
(Name)

Phone: _____ E-mail: _____

Fax: _____

Institution: _____ Department: _____

Mailing Address: _____

Veterinary Type Cultures Collection
ICAR- National Research Centre on Equines
Sirsa Road, Hisar – 125 001
Haryana, India

F-09 (NRCE-P-03) Deposit Form