



<p>Do not write in this box</p> <p>RR Number: _____</p> <p>Accession Date: _____</p> <p>Date Received: _____</p> <p>Vol. Received: _____</p>

DEPOSIT FORM-RECOMBINANT CLONE/PLASMID/DNA

<p>Deposit ID No..... (To be provided by depositor mandatorily)</p>
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(Individual form to be completed by the depositor for each deposit)

PART 1: SCIENTIFIC INFORMATION

1. Deposit (recombinant clone/plasmid/DNA):

Gene/insert:

Organism (Name/species/place/year):

2. GenBank accession no., if any:

3. Developed by: _____

Place: _____

Date: _____

4. If you did not construct/design the clone/plasmid, indicate from whom you received it:

5. Reason for deposit (New property, use as vector):

Requested by VTCC: _____

6. Detailed description of clone/plasmid/DNA along with organism details from which isolated

a) Deposited in the form of broth/freeze dried/solution/precipitate

b) Vector: Name _____ **size (kb):** _____

c) Vector promoter/markers: _____

d) Vector insertion site(s): _____

e) Source of insert(s) _____

f) Insert size range (kb): _____

g) Restriction enzyme(s) used to generate inserts (partial or complete?):

h) Plasmid/DNA: quantity: _____, concentration: _____

purity: _____

i) Amplification history:

Primer sequences (Forward & reverse) _____

Quantity & Concentration of the primers supplied: _____

PCR cycling condition: _____

j) Suggested host(s): Name: _____

Organism name with complete culture details: _____

Propagation media and condition: _____

Selection marker: _____

Brief description/distinct features of host/organism: _____

7. Attach a complete description of the insert, vector, host strain, organism and confirmation of clone/plasmid/DNA unless given in accompanying reprint.

8. References. Please enclose a copy of relevant references. _____

9. Safety information: Does this strain contain any agents known to be hazardous to: Humans? _____ Animals? _____

If yes, what is the recommended Biosafety Level for working with this culture? _____

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 VTCC, 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 VTCC agree to transfer the MATERIAL (defined below) from DEPOSITOR to VTC. MATERIAL will be examined by VTCC and, if it meets VTCC’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 VTCC to the extent I am able to do so.

I recognize that the VTCC 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. _____ Designation: _____
(Name)

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