

Depositor's ID (DID).....

RR No (To be filled by VTCC).....

**VETERINARY TYPE CULTURE COLLECTION**  
**ICAR-National Research Centre on Equines, Sirsa Road, Hisar 125 001 (Haryana)**  
**Tel-Fax: 01662-278790 Email: vtcc.icar@nic.in**

**PRELIMINARY CULTURE DATA SHEET**

1. Depositor's name (s): .....
2. Depositor's affiliation & contact details (please include phone/mobile no. & Email ID):  
.....  
.....
3. Material submitted (Bacteria/Virus/Fungus/Bacteriophage/Genetic material /other):.....
4. Details of material submitted (Specify genus, species, variety *etc.*): .....
5. Origin of material: Animal/species: ..... Place:.....
6. Whether the material is known or likely to be hazardous to human.....
7. Growth requirements: (specify media, culture conditions, any specific requirement, etc.)  
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.....
8. Mention the test with details to be employed for authentication of the deposit:  
.....  
.....
9. Preservation protocol/recommendation if any:.....  
.....
10. Any other relevant information.....

11. Mandatory information to be filled:

**A. In case of deposit of Bacteria:**

Colony and culture morphology .....

Characterization details (please provide maximum information related to sequence data, GenBank accession, 16SrRNA/FAME/BIOLOG/API analysis result, special usage/features *etc.*), if carried out.

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**B. In case of deposit of Virus:**

Cell line/primary culture:....., Virus titre.....

Inoculation route for embryonated egg ..... CPE characteristics.....  
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Specific test for authentication.....  
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**C. In case of deposit of Bacteriophage:**

Host/indicator bacteria:....., Plaque titre.....

Plaque characteristics.....

Specific test for authentication.....  
.....

**D. In case of deposit of Genetic material:**

Quality & quantity of DNA/plasmid: A260/280..... Quantity.....

Insert name....., Size..... Vector.....

Host of clone:....., Antibiotic resistant.....

PCR details: Primer concentration..... PCR condition.....  
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Sequence information.....

**I/We hereby authorize the VTCC to accession the culture in its collection as per Accession Policy of VTCC.**

Name & Signature of depositor:

Date:

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