

## Service Request for DNA-DNA Hybridisation Analysis of Bacteria or Archaea

For NCMR Use Only

PRN:

**This is a fillable PDF file. You can type information directly into this file.**

IMPORTANT: Please read all 'Guidelines' carefully before sending the samples. Please refer to filled sample form available on our website to complete this form; for any assistance feel free to call us on +9120 25329000 (10.00 to 17.00 hrs, IST).

### Details of the Investigator

Name of Investigator:

Postal Address:

PIN Code:

Email Address:

Contact Number:

Date of Dispatch:

### Sample Details

Sr.*	Strain designation	Type <sup>1</sup>	Spore Forming <sup>2</sup>	Pathogenic? <sup>3</sup>	Pathogenic to <sup>4</sup>	Hazard Group <sup>5</sup>
1.						
2.						
3.						
4.						
5.						

\*Attach separate sheet for more strains, if required. <sup>1</sup>Please mention whether Bacteria (B) or Archaea (A). <sup>2&3</sup>.Mention Yes, No or Do Not Know. <sup>4</sup>.If strain is pathogenic, mention whether it is pathogenic to Humans, Plants or Animals. <sup>5</sup>.Mention Hazard Group 1, 2 or Do Not Know. See ABSA, WHO and LPSN websites for more information on hazard groups.

### Media and Growth Parameters

Media Name:

Composition: Please attach separate sheet.

Optimum Growth Parameters: pH:

Temperature (°C): Incubation Period:

Oxygen Requirement:

 Aerobic  Anaerobic  Microaerophilic

Please attach separate sheet for special growth requirements, if any.

### Strain Combinations for DDH Analysis

	Strain 1	Strain 2	Strain 3	Strain 4	Strain 5
Strain 1	<input checked="" type="checkbox"/>				
Strain 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Strain 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Strain 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Strain 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please select appropriate combinations.

### Payment Details

Demand Draft No.

Date

Amount

Bank Details

(Optional) I authorise NCMR to accession the culture and deposit it in 'General Deposit'. I understand that culture will be made available to public thereafter. (Please see 'General Guidelines' for more details\*).

Seal of the Institute

Date &amp; Signature of Principle Investigator

### For NCMR Use Only

Date received:

Acknowledgement sent on:

by:

Sub-cultured On:

Viable/Non-Viable:

Pure/ Mixed:

Results verified by:

Report sent on:

Remarks, if any:

#### National Centre for Microbial Resource

A national facility funded by the Department of Biotechnology (DBT), Government of India.

An affiliate member of the World Federation for Culture Collections (WFCC).

Registered with the World Data Centre for Microorganisms (WDCM, registration number 773).

Recognized by the World Intellectual Property Organization (WIPO), Geneva, Switzerland as an International Depository Authority (IDA) since April, 2011.

Ministry of Environment and Forests, Government of India has nominated MCC as a Designated National Repository for microorganisms under the Biological Diversity Act 2002 since July 2013.

#### National Centre for Microbial Resource

National Centre for Cell Science,  
Sai Trinity Complex, Sus Road,  
Pashan, Pune 411 021  
Maharashtra, INDIA

Phone: +91 20 2532 9000

Fax: +91 20 2532 9001

E-mail: [mcc@nccs.res.in](mailto:mcc@nccs.res.in)

[www.nccs.res.in](http://www.nccs.res.in)

**NCMR**

राष्ट्रीय सूक्ष्मजीव संपदा केंद्र

#### General Guidelines for Sending the Cultures for DNA– DNA Hybridisation Analysis:

1. Samples must be submitted in 'pure and viable' form on agar plates, slants or media stabs. They must be labelled properly with strain designation and date of inoculation. **Please note that we do not accept contaminated culture(s).** Please ship the cultures only after their visible growth has appeared.
2. Seal the agar plate/ slant tube/ stab vial with laboratory paraffin film and pack them appropriately to prevent any damage during transportation. It is important for biosafety reasons. **Please note that we do not accept damaged consignment.** You are requested to ensure thorough packaging of cultures. It is important that you use a shipper that provides tracking facility and is known for timely deliveries.
3. We accept cultures which can be handled under BSL-1 and BSL-2 facility only. You are requested to visit ABSA, WHO and LPSN website for more details.
4. Cultures from private addresses will not be accepted. It is requested to send the cultures through proper channel and must be signed by the department head or advisor.
5. If you have submitted same culture(s) for other services offered at MCC, please note that separate communication will be maintained by respective section in-charge under separate Processing Reference Number (PRN).
6. Please enclose a printed filled-in copy of this form along with your samples and Demand Draft for appropriate fees including any service tax. See 'Fee Structure' details on NCMR website.
7. For post-receipt sample status, please contact assigned section in-charge and include the Processing Reference Number (PRN) of the culture(s) as mentioned in the acknowledgment email sent by Service coordinator, NCMR. Communication related to PRN (status or sending results) will be done only with email provided in the form.
8. **\*If you have opted for authorising NCMR to accession the culture and deposit it in 'General Deposit'; You may need to fill the separately available 'General Deposit' form. However, section in-Charge (mentioned in the acknowledgement email) will contact you through email for required information and further guidelines.**

Please visit NCMR website for more details on other deposit services, such as 'General', 'Safe' and 'Patent' (under IDA) and identification services such as DNA Sequencing, MALDI, FAME and more!