KU-MACC Strain Deposit Request and Agreement Form

Date:				
Depositor's full name	, with family name	in capitals:		
Depositor's affiliation	and address:			
Tel:		Fax:		
E-mail:				
I wish to deposit the Collection (KU-MAC		algal culture strai	n to the Kobe Unive	rsity Macroalgal Culture
[Basic information] Scientific name with a Local name (if any Class: Synonym (if any): Identified by (full nar Identification year: Strain designation or Other collection numb	y): : ne, with family nar code:		Famil ou deposit the strain	ly: in any other collection):
Latitude and longi Ocean name with Habitats:	ed as possible): name of river, lake, itude: a nearest country:	pond, bay and coa brackish (salinity:]subtidal (depth: mangrove extrm{lestu other (extrm{lestu} other macroalgae	st): %) m below L.L.W.) ary □harbor))
Isolation method:	apical tissue ve pospore sporan pipetting zooids nditions (e.g. medi unialgal clonal	egetative (non-meri gium Dother (Dexcised from spec um, light, temperat Dmixed Dnon-c	imen □other (ure, if different from l lonal	zoospore □tetraspore □zygote)) maintenance conditions):
[Preservation condit Medium: Notes for preparation Sub-culturing condition Temperature (°C): Light intensity (Light intensity (Light quality:	of medium: ons : Lux) : µE/m ² sec) :	□non-a	⊥blue fluorescent	□natural light

L/D cycle:

Duration (day(s), month(s)):

Additional notes for culture conditions e.g. pre-culture conditions, special treatments, information for optimal growth conditions, transfer methods, quantity of cells to transfer, other ():

[Characteristics] Environmental characteristics

Miscellaneous characteristics

[Genetic information (please included all registered data)] Gene name: Accession no: Registrant (full name, with family name in capitals): Registration date:

[References]

Publications in which the strains were used (please make a reference list according to the example below)

Other references relevant to the strain(s) (e.g. references used for identification, please make a reference list according to the example below)

[Other] Any other remarks and comments:

I accept the following conditions for deposit of the strain(s).

Signature

Printed name

Date

Agreement for deposit

- 1. The depositor shall deposit the strain to the KU-MACC without charge. The transfer of intellectual properties is not included in the agreement. The KU-MACC may maintain, culture and distribute the strain to users.
- 2. The depositor shall submit accurate strain data to the KU-MACC, which shall include patents, properties and states of the strain.
- 3. The strain shall be free from any limitation, legally and contractually, pursuant to one of the following reasons (please tick).

 $\hfill\square$ The strain was isolated/developed by the depositor.

- $\hfill\square$ The strain is deposited with the permission of the isolator/developer.
- 4. The KU-MACC may distribute the deposited strains to users in accordance with the following condition (please tick):
 - \square The strain shall not be disclosed to the public until the paper regarding the strain has been published

 $\hfill\square$ Other reason (

This condition will last no longer than one year and the strain will be open to the public, even if the depositor imposes conditions. If the depositor does not specify a condition, then the strain will be open to the public immediately after approval by the representative of the KU-MACC.

- 5. The KU-MACC shall bear no responsibility for inevitable change and loss during maintenance, or for loss caused by natural disasters.
- 6. KU-MACC may stop the maintenance and distribution of the strain according to a decision of the Committee for Evaluating Microbial Culture Strains, after prior notification is given to the depositor.