

**Bacterial Culture Deposition Form** Format No- ICMR/NRAMRB/FM- /Ver. 1.0

Service Request for 'General Deposit' of Antimicrobial Resistant [AMR] Isolates

**Data Related to the Isolate**

Culture Type:  Bacteria

Name of the organism:

Number of strains:

Taxonomic Designation: Genus:

Isolated By:

Date of Isolation (DD/MM/YYYY):

Location of Source  
of Isolation: village/town  
District:

GPS Location:

State:

Country:

please attach separate sheet, if required

Source of Isolation, if Environmental: (please give details of environment site)

Source of Isolation, if Human:

Blood  Wound  Abscess(IAI)  Abscess (Pus)  Cerebrospinal Fluid (CSF)  
 Urine  Ureter  Urethra  Kidneys  Drains/ tubes  Catheters  
 Thoracentesis  Pleural Fluid  Lung Biopsy  Bronchial brushing  Sputum  
 Bronchoalveolar lavage (BAL)  Endotracheal aspirate other LRTI:  Unknown

**Antibiotic Resistance Pattern**

please attach separate sheet, if required

**Method Used for AMR Screening**

please attach separate sheet, if required

**Growth Parameters and Media**

please attach separate sheet, if required

Media Name:

Manufacture & Cat. No.

Composition (if custom made):

Optimum Growth Parameters: pH:

Temperature (°c):

Incubation Period:

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Oxygen Requirement:  Aerobic  Anaerobic  Microaerophilic

Please attach separate sheet for special growth requirement and/ or culture handling guidelines, if any

**Identification Data**

16SrRNA gene/ ITS region/WGS Sequencing Data:  Yes  No. If yes, Accession Number:  
Please email.ab1 files, contiguous sequence in FASTA format or WGS sequencing files to assigned section in-charge mentioned in the ack. Email.

API System (API NE/ API 50 CH/ API ZYM/ Vitek): MALDI Analysis (similarity Index):

Morphological & other characters: Please attach separate sheet.

**Supplemental Information**

Does this isolate harbor plasmid?  Yes  No  Do Not Know

If yes, please give its name and size (bp):

Special Usage/ Application/ Features: Please attach separate sheet.

Reference(s):

Update us with the DOI, PubMed ID or citation of an article(s) published related to this strain,

**Depositor's Information**

Name of the depositor:

Postal Address:

PIN Code:

Email Address:

Contact Number:

Date of Dispatch:

(Mandatory) I authorize NRAMRB (ICMR-NIRBI) to accession the strain and deposit it in 'General Deposit'. I understand that this strain will be made available to public thereafter.

Official Seal (stamp)

Date & Signature of Depositor/ Authorized Signatory

**IMPORTANT / Sample Submission Guidelines:**

- Bacterial strain must be submitted in 'pure and viable' form on slants or media stabs. They must be labelled properly with isolate ID 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.

