

Material Acquisition Agreement (MAA)

Vietnam Type Culture Collection (VTCC)
 144 Xuan Thuy Road, Cau Giay, Hanoi, Vietnam
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Registration No:

ACCESSION FORM

For the Depositor		For VTCC's use only
1. Scientific name of organism and author(s):	Type:	VTCC number:
2. Source of isolation/locality/country:	Date of isolation:	Original code number:
		Labeling: <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Isolated by (name):	Identified by (name):	Culture's status:
Organization:	Other collection number (if deposited):	<input type="checkbox"/> Pure <input type="checkbox"/> Active <input type="checkbox"/> Other(s):
4. Description of strain:	Type strain: <input type="checkbox"/> Reference strain: <input type="checkbox"/>
5. If you did not isolate this culture, please indicate name and address of person and collection which maintained it before you received the strain.	
6. Application of the strain:	
7. Reference (please attach reprints, if available):		Reprint(s) attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Recommended medium and growth condition: Medium (please attach formula): Temperature:°C Incubation time:days Interval of transfer:days Other (specified growth condition):		Formula attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Recommended method (s) for long-term preservation: <input type="checkbox"/> Subculturing Interval of transfer:(days) <input type="checkbox"/> Freezing ... °C Suspending medium: <input type="checkbox"/> Freezing-drying Suspending medium: <input type="checkbox"/> Other(s):		Method manual(s) attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Reason of culture deposition:		Acceptation: <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Depositor: Name: Institution: Address: Telephone: Fax: E-mail:	Signature: Date:	Received by: Date:

Term & Condition:

The Depositor agrees that VTCC can use the deposited culture with prior inform consent.