



WESTERDIJK
FUNGALBIO
DIVERSITY
INSTITUTE

Accession number (filled in by Westerdijk Institute)	LN position: (filled in by Westerdijk Institute)
Date of receipt (filled in by Westerdijk Institute)	Backup position: (filled in by Westerdijk Institute)

SAFE DEPOSIT FORM ¹

I. Identification of the Microorganism

Identification Reference ² :

Identification name(s) ² :

Mixture of microorganisms: 4

II. Recommended Conditions for Cultivations

³

Media:

Temperature:

Remarks on cultivation and storage:

Method(s) for checking the presence of component(s):

¹ To convert a Safe Deposit into a deposit under the regulations of the Budapest Treaty with the same depository institution a special BP/1 form is obtainable at the Westerdijk Institute

² Number, symbols, name, etc., given to the microorganism by the depositor.

³ Mark with a cross if additional information is given on an attached sheet.

⁴ Mark with a cross the applicable box.

Westerdijk Fungal Biodiversity Institute
P.O.Box 85.167, 3508 AD Utrecht, the Netherlands
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III. Properties Dangerous to Health or Environment

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The microorganism identified under I above has the following properties which are or may be dangerous to health or the environment: ⁴

Safety precautions required: ⁴

The undersigned is not aware of such properties. ⁴

Remarks:

IV. Genetically Modified Organism

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Dutch legislation requires that we register all Genetically Modified Organisms (GMO's). GMO's are organisms whose genetic composition has been altered in a way that is not possible by means of reproduction and/or natural recombination. Organisms that have been produced by means of recombinant DNA techniques are considered GMO's.

Is this a Genetically Modified Organism?

⁴ No ⁴ Yes

Please indicate the Biological Safety Level (BSL) to which this organism belongs:

⁴ BSL1 ⁴ BSL2 ⁴ BSL3

Specify below which genetic information the GMO contains e.g. toxin production, virulence factors or transposons.

³ Mark with a cross if additional information is given on an attached sheet.

⁴ Mark with a cross the applicable box.

V. Period of Storage

The deposited microorganism shall be kept as a Safe Deposit for a minimum period of:

- ⁴ 5 years Euro 350.--
- ⁴ 10 years Euro 500.--
- ⁴ 15 years Euro 650.--
- ⁴ 20 years Euro 800.--

After the minimum period, the period of storage will be prolonged for a period of 5 years unless the depositor has informed Westerdijk Institute that the Safe Deposit should not be maintained anymore. This request should be received by Westerdijk Institute before the end of the current period. The Westerdijk Institute shall only destroy the Safe Deposit on request of the depositor.

An invoice will be sent at the beginning of each new period. When the depositor is no longer fulfilling his financial obligation to Westerdijk Institute than Westerdijk Institute will become the official owner of the Safe Deposit unless the entitled party specified below takes over this financial obligation.

A Safe Deposit can be converted, on request of the depositor, into a patent strain deposit under the regulations of the Budapest Treaty with the same depositary institution. A special BP/1 form is obtainable at the Westerdijk Institute.

As soon as the viability of the deposited microorganism has been checked the date of request will be the date of conversion. From that date the microorganism will be stored in the restricted collection under the regulations of the Budapest Treaty for at least 30 years.

VI. Entitled party other than the Depositor

Company Name: Contact person:
Address: Tel.nr:
Fax.nr:

An entitled party has the same access to a Safe Deposit as the depositor but he is not able to convert the Safe Deposit into a deposit under the regulations of the Budapest Treaty in his name. When the depositor is no longer fulfilling his financial obligation to Westerdijk Institute than the entitled party has the first right to take over this obligation and the entitled party will than become the depositor of the Safe Deposit.

VII. Depositor

Company Name: Contact person:
Address: Tel.nr:
Fax.nr:
Date: Signature:

⁴ Mark with a cross the applicable box

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