LF-68 Identification Request Form	Issue No. 9	August 2016	Page 1 of 4	
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CABI Identification Request Form

A copy of this form must be enclosed in the package with your samples. Please refer to Acceptance Criteria and advisory notes on Page 4 of this form. If you have any queries about completing this form, please contact Microbial Services Tel: +44 (0) 1491 829080 or email: <u>microbiologicalservices@cabi.org</u>.

Please enter your reference, or code for correspondence (if not applicable, leave blank) Your details (Please enter in BLOCK CAPITALS): Title: Surname: Forename(s): Address: Tel: Fax: Email: **Processing requirements** Level of service requested: **Reporting requirements** See price list on website [tick requirements]: [tick requirements]: Identification Name of organism only [tick requirements]: Normal DNA fingerprinting Detailed sample report (sources, pathogenicity, hazard status) \square Priority Deposit Sequence data Reports will be issued by email as a pdf document. Please tick the box if you require a hard copy sent by post Please give reasons for priority or deposit and details of special requirements. If any samples are Genetically Modified, please provide details: **INTERNAL USE ONLY**

Parcel Number	Number of idents	Accepted by	
Date received	Number of cultures	Bag number	
H & S check date	Number of specimens	Enquiry number	
Mite check	Number found broken	IMI numbers	

LF-68 Identification Request Form Iss	ue No. 9 August 2016 Pag	e 2 of 4		
LF-08 Identification Request Form Iss	ue NO. 9 August 2010 Pag	2014		CARI
Please indicate the nature of your enquiry	by ticking the relevant boxes in	the list below:		GADI
Environmental monitoring	Industrial process	В	Biological control	
Product check (food)	Agriculture/forestry		Plant Pathology	
Product check (non-food)	Biodiversity		axonomic studies	
Other (please state):				
Payment: Please provide a purchas website at www.cabi.org/microbialservice	e order number with your enqu <u>s</u> .	iry if possible. For o	ur current price list, plea	ase visit our
Purchase order number [enter]:				
Please indicate how you wish to pay:				
sterling cheque, payable to 'CABI'	bank credit transfer	US\$ into the CAE	BI US\$ account	
□ Euro into the CABI € account	debit/credit card			
For debit &credit card payments, we ac Maestro, UK Maestro. If you wish to pay				o, JCB,
Type of card:				
Card holder's name:				
Address of card holder (for receipt to b	e sent):			
Town:	_County/Region:	Cou	ntry:	
Post code	-			
Tel:	_Fax:	Email:		

Requirements under the Convention on Biological Diversity:

The UK is a signatory to the Convention on Biological Diversity (CBD) and party to the Nagoya Protocol on Access and Benefit Sharing (ABS). CABI operates in accordance with European legislation to implement these requirements. Those wishing to submit samples to CABI for identification or deposit should check if their country is party to the CBD and the Nagoya Protocol and if so ensure compliance. All customers are required to read Page 4 section 6 of this form and sign the Declaration below.

For applicants from Universities, the Declaration must be signed by the relevant person in Authority.

Declaration:

I understand the requirements and my responsibilities relating to the Convention on Biological Diversity and the Nagoya Protocol. I confirm that the samples in this consignment have been submitted to CABI in compliance with requirements.

Date

Signature: _____

Print Name: -----

Position: _____

Samples for deposit:

Requirements under the **Convention on Biological Diversity** and the **Nagoya Protocol** relating to **Mutually Agreed Terms**, **Access and Benefit Sharing** and **Material Transfer Agreements** apply to all samples to be deposited in the CABI Genetic Resource Collection. **Please see Sections 5 and 6 on Page 4 of this form**. If you wish to deposit samples, please state the reasons why this is required on the front of this form. We will then consider your request. To be considered for free deposit, samples must be fully identified. Charges will apply if you require identification prior to deposit.

Alternatively, CABI may wish to place samples of scientific interest in its herbarium or culture collection e.g. new or uncommon species. **To maintain confidentiality in the case of samples from commercial clients,** no information about the company or its employees, or any information about a sample is disclosed that may enable the company to be identified as the source of a sample.

Please indicate if you are willing to permit deposit of samples by ticking the box

LF-68 Identification Request Form	Issue No. 9	August 2016	Page 3 of 4
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Sample details

Read notes overleaf before completing. Please photocopy this page if you are sending more than 5 samples.

Sender's number Date collected/isolated	Provisional Identification	Host organism	Substrate or organism part from which the sample was obtained (eg soil, air, settle plate, leaf, stem etc)
Collector/isolator	Where collection was made		Other information or special requirements
Recommended media			

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Collector/isolator Recommended media	Where collection was made		Other information or special requirements



1. Acceptance criteria : Please note the following:

- 1. Samples must be submitted with adequate documentation.
- 2. Samples must not be known or suspected to be pathogenic to man or animals.
- 3. Samples must be free of mites.
- 4. Cultures must be pure (not mixed), containing only one organism.
- 2. Samples are not returned so please keep some material for your own reference. Samples that contain mites will be discarded and no identification attempted. Additional charges will be made for separating mixed cultures. Suitable packaging is vital to ensure the safe transmission of samples. Please refer to our website for recommendations.
- 3. Sample details: Required information is as follows:

Sender's number. Give your own number or code for each sample. This must be unique for each sample and each packet or culture relating to the material should be labelled with the number or code.

Provisional identification: If you have some idea of the genus or species of your sample, enter the name.

Host organism: Enter the latin name (genus and species if known) of the plant / insect etc. on which the sample was collected or from which it was isolated.

Substrate or organism part from which the sample was obtained: Enter the substrate: soil, air, contact plate etc. or describe the organism part e.g. 'leaf, fallen'; 'leaf, leafspot' or stem, root, etc.

Where collection was made: Enter in the following order: the country, state or county, nearest town, and name of site where the sample was collected or isolated. Omit the site if this is a laboratory address.

Date collected/isolated: Delete whichever does not apply and enter the date eg collected/isolated 5 Jan 2012 or collected/isolated 9 Mar 2012.

Collector / isolator. Enter the name of the person or persons who made the collection or isolation.

Recommended media: Enter the growth media used e.g. MA. Also state any special conditions for growth.

Other information: Enter any additional information e.g. ecological details; symptoms; pathogenicity; toxins or metabolites produced; whether the material was intercepted during quarantine checks; special requirements for the sample etc.

4. Genetically modified samples

Please state if any of your samples have been genetically modified and give full details.

5. Requests for deposit of material

This is a service offered primarily to those either publishing new species or submitting fully identified material relating to publications. If you are requesting deposit of samples, please state the reason for which the deposit is required and if possible, give details of the relevant publication. **Convention on Biological Diversity** and **Nagoya Protocol** requirements apply. See section 6 below.

6. Convention on Biological Diversity

The UK is a signatory to the Convention on Biological Diversity (CBD) and a party to the Nagoya Protocol on Access and Benefit Sharing (ABS). CABI operates in accordance with European legislation to implement these requirements. Those submitting samples to CABI for identification or deposit from countries that are signatory to the CBD, are required to sign a declaration stating that the requirements of the country of origin, relating to Access and Benefit Sharing, have been followed. If Prior Informed Consent (PIC) is required to collect the material and send outside the country of origin, this should have been obtained from the land owner and/or relevant national authority, stakeholders or rights holders, according to national law of the originating country. Permission to send the material outside the country of origin should be obtained from the relevant national authority. Where utilization of genetic resources is involved Mutually Agreed Terms (MAT) are required between the collector and relevant parties covering Access and Benefit Sharing (ABS) relating to the genetic resources. A Material Transfer Agreement is required for samples to be deposited at CABI. Under the terms of the CBD, CABI is unable to accept samples for identification or deposit unless these requirements are met. Details of the CBD and the relevant national authority are available at: http://www.cbd.int/convention/text/default.shtml

(See article 15.5 relating to PIC). For details of countries that are signatories to the CBD and relevant policies see: <u>http://www.cbd.int/information/parties.shtml</u>

For a list of countries that are party to the Nagoya Protocol see:<u>http://www.cbd.int/abs/nagoya-protocol/signatories/default.shtml</u>

7. Intellectual Property Rights

CABI will own all IPR generated by its own activities except where CABI has agreed otherwise. This includes sequence data generated from samples submitted for identification. Molecular sequence data will be supplied to the customer on request, but prior agreement with CABI is required for such data to be published or placed on a public database.

Letter of Authority: If sending samples from overseas, please enclose a copy of our Letter of Authority and if possible, attach to the outside of your package. This can be downloaded from our website under 'Microbial Identification - Preparing and sending samples' at http://www.cabi.org/services/microbial-services/microbial-identification/. Refer to the DEFRA plant health licence number on the Letter of Authority (section 11) and write this number on the outside of your package. For EU member countries, please complete Boxes 1 and 13 of the form. For all other countries, please complete Box 1 only of the form. Please follow biological sample postage and packaging regulations which are available on our website

Send samples to: Microbial Identification Service, CABI, Bakeham Lane, Egham, Surrey, TW20 9TY, England, UK. Tel.:+44 (0)1491 829080 Fax.:+44 (0)1491 829100 Email: microbiologicalservices@cabi.org.