

**Culture Submission Form**

Format No- ICMR/NRAMRB/FM-001/Ver. 1.0

|                                       |   |  |
|---------------------------------------|---|--|
| <b>A. Sender details</b>              |   |  |
| Name                                  | : |  |
| Designation                           | : |  |
| Department/ Division                  | : |  |
| Institute                             | : |  |
| Address                               | : |  |
| Mobile                                | : |  |
| Telephone                             | : |  |
| Fax                                   | : |  |
| Email                                 | : |  |
| <b>B. Isolate details</b>             |   |  |
| 1. Source and place of isolation      | : |  |
| 2. Date of isolation                  | : |  |
| 3. Reference ID/ No.                  | : |  |
| 4. Presumptive identification, if any | : |  |
| <b>C. Patient Details, if any</b>     |   |  |
| 1. Age                                | : |  |
| 2. Sex                                | : |  |
| 3. Brief clinical history             | : |  |
| <b>D. Any Additional information</b>  |   |  |
|                                       | : |  |

### Culture Submission Form

Format No- ICMR/NRAMRB/FM-001/Ver. 1.0

---

Declaration: I am submitting the isolate for consideration for storage in the NRAMRB facility. I understand that isolate information in the public domain through [www.nramrb.org.in](http://www.nramrb.org.in) site for sharing of the isolate among researchers for non-profit research. I understand that the decision to add to the collection will be made by curator of the collection and informed to me. I also understand that if the isolate is stored in the collection it will be maintained using the best available technique. If by any chance the isolate is lost/ damaged the NRAMRB will not be responsible.

Signature with date and seal:

Send the request to:  
Director,  
National Institute for Research in Bacterial Infections  
P-33, C.I.T Road, Scheme XM, Beliaghata, Kolkata 700010, India  
Attn. Dr. Ranjan Kumar Nandy, Scientist G

For further information, contact:  
Email: [nramrb2021@gmail.com](mailto:nramrb2021@gmail.com)

Scanned version of signed copy through Email is also accepted

“Please indicate source of the strain- broadly under clinical or Environmental group with specific types of source. Please provide strain identity number under Reference ID/ No. row; this number will be referred while sending identification details to you.