



**CDC Infectious Diseases Laboratories – Division of Vector-Borne Diseases**

**Arbovirus Reference Collection (ARC) Submission Form**

**Doc. No. ADBRRL.PM.F.001**

**Rev. No. 02b**

**Effective Date: 02/01/2019**

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Upon submission to the ARC, researchers will have open access to an isolate once it has been through our curation processes, unless specified otherwise by the depositor when transferred. Accordingly, and to guide curation, it is essential that you provide as much information about the isolate as possible, especially if it is unpublished. At a minimum, preliminary serological and/or molecular identification of an isolate is required. Product inserts will be provided to researchers receiving the isolate, which will include all of the information that you provide as well as additional information from ARC evaluations (i.e. QC testing and additional passage information), a bibliography, and other useful information about the isolate. All appropriate HHS, CDC, and DVBD/ADB guidelines and policies are followed when distributing isolates. No isolates are distributed without a signed transfer agreement in place between the ARC and the recipient. If you have questions contact Brandy Russell, [bm8@cdc.gov](mailto:bm8@cdc.gov) or [reagents2@cdc.gov](mailto:reagents2@cdc.gov).

**Virus Name:** \_\_\_\_\_

**Virus Abbreviation:** \_\_\_\_\_

**Isolate Designation:** \_\_\_\_\_

**Preparation (*mosquito pool, tcf, etc.*):** \_\_\_\_\_

**Date Prepared:** \_\_\_\_\_ **Passage Level:** \_\_\_\_\_

**Number of Vials:** \_\_\_\_\_ **Volume per Vial:** \_\_\_\_\_

**CUID #** \_\_\_\_\_ **CSID #** \_\_\_\_\_

**Isolated From:**

Common Name: \_\_\_\_\_ Genus: \_\_\_\_\_ Species: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  Female  Male

Pool Size (if arthropod): \_\_\_\_\_ Collection Date: \_\_\_\_\_

Collection Location: \_\_\_\_\_

If isolated from a human, please provide specifics for how the original material was obtained:

Was the sample collected for clinical use or research?  Clinical  Research

If it was collected for research purposes was it IRB approved?  Yes  No

Does your IRB protocol prohibit secondary uses?:  Yes  No



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**Originally Isolated By:**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Taxonomic Identification Performed Prior to Submission**

Serological testing:     Yes     No

Molecular testing:     Yes     No

Provide the serological techniques used (if applicable) and results:

Provide the molecular techniques used (if applicable) and results:

Additional Information/Comments (*Publications, GenBank accession #, etc.*):



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**Contact Reference for Follow-up Inquiries:**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**ARC Administrative Use Only:**

Assigned ID#: \_\_\_\_\_ Location: \_\_\_\_\_

Date entered in collection: \_\_\_\_\_ Entered in collection by: \_\_\_\_\_