



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

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

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

**Rev. No.** 04

**Effective Date:** 10/07/2022

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The Centers for Disease Control and Prevention (“CDC”) Arbovirus Reference Collection (“ARC”) offers long-term curation, maintenance, and distribution of historical isolates ([About the Arbovirus Reference Collection \(ARC\) | Division of Vector-Borne Diseases | NCEZID | CDC](#) ).

Upon submission to the ARC, isolates will be used for CDC research purposes and may be made available to external researchers at ARC’s discretion, in compliance with all applicable federal laws and regulations, and CDC policies and procedures. To guide curation, it is essential that the Depositor provides as much information about the isolate as possible, especially if it is unpublished.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. Depositor acknowledges and agrees that product inserts will be provided to researchers receiving the isolate, which will include all of the information provided hereunder as well as any additional information from ARC’s internal evaluations (i.e. QC testing and additional passage information), bibliography, and other useful information about the isolate. For any questions, please 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 Sample Type: \_\_\_\_\_

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/Institution/Organization: \_\_\_\_\_

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

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

**Agency/Institution/Organization:** \_\_\_\_\_

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

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

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

**ARC Administrative Use Only:**

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

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