



# STRAIN ACCESSION FORM

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*Information supplied on this form is of scientific importance; it will be recorded in the CBS database and be cited in the CBS List of Cultures.*

CBS accession number  
(to be filled in by CBS)

*Please type or write in block-letters.*

Scientific name and authority.....  
Number or code of strain (in other collection).....  
Collected by (include number if relevant).....  
Isolated by (if different from collector).....  
Date ..... number or code .....  
Identified by .....  
Received from (if not name of collector or isolator).....  
Isolated from (e.g. monospore, sporeprint, fruitbody, soil).....  
Substratum (if on other living objects, please give Latin name of host).....  
.....  
Habitat (ecological data) .....  
Locality (country, state, etc.) .....  
Location of herbarium specimen.....  
Hybrid of .....  
Is the strain a Genetically Modified Organism (GMO):    9 no                      9 yes (please give details)  
.....  
.....

Does the strain contain a plasmid?    \*9 not known    9 no                      9 yes  
Decomposes .....  
Produces .....  
Resistant to .....  
Application (e.g. assay).....  
Is the strain patented?    ☐ no    9 yes, patent number(s):.....  
Is this a type strain?    9 no    9 yes, of.....

*\* Please mark what is relevant*

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Is the strain pathogenic? ☐ not known ☐ no ☐ yes, for.....

Safety precautions required.....

Recommended conditions for cultivation:.....

media .....

temperature ..... °C

Recommended conditions for sporulation:.....

media .....

temperature ..... °C      mating type ..... self sporulating .....

Long-term preservation:    by freezing                      ☐ not known                      ☐ no                      ☐ yes

   by lyophilization                      ☐ not known                      ☐ no                      ☐ yes

   other .....

Also deposited at (initials of collection and number).....

Additional information, references to literature etc. (Reprints will be very much appreciated)

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*This strain will be considered free for unrestricted distribution unless otherwise requested here:*

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*Institute*

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*Address*

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*Name Depositor*

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*Date*

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*Fax*

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*Signature Depositor*

*E-mail*

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