ACCEPTANCE OF RESPONSIBILITY FOR BIOLOGIC MATERIAL

Before the following strains can be sent, this form has to be completed, signed and returned* to the *Mycotheca Universitatis Taurinensis*.

Species	**MUT accession number**

The undersigned (First Name and Surname):
_____, as the legal representative / Director of the Instituite/Company_____
with office in _____

under his/her exclusive responsibility and aware of the penal and administrative sanctions resulting from false statements and false documents, pursuant to art. 76 of D.P.R Decree 28/12/2000 n. 445

DECLARES

- to recognize that the material listed above represents a potential hazard to the public health. His testify that the investigators concerned are qualified through education and training to work with such material;
- to assume all risks and responsibilities in connection with the receipt, storage, handling, use and disposal of this material. It will not be distributed to third parties.

Sign_____

Date_____

* By means of ordinary mail to the MUT Curator, Dr. Giovanna Cristina Varese, Università degli Studi di Torino, Dipartimento di Scienze della Vita e Biologia dei Sistemi,viale Mattioli 25, 10125 Torino; otherwise by means of e-mail info.mut@unito.it