



MUT ACCESSION FORM



MUT accession Number:
(to be filled in by MUT):

GENERAL INFORMATION

*Species: _____ Author: _____
 *Original Acronym: _____
 Collector: _____ Date of collection: _____
 Isolator: _____ Date of isolation: _____
 Original substrate: _____ Isolation method: _____
 Habitat (ecological data): _____
 *Geographical origin: (country, province, place): _____ GPS coordinates: _____
 Received from (if not name of collector or isolator): _____
 Identified by: _____
 Location of herbarum specimen: _____
 *Conditions of cultivation - media: _____ temperature (°C): _____
 Conditions for sexual sporulation - media: _____ temperature (°C): _____
 mating type: _____ or self sporulating: _____
 Known methods of preservation - lyophilization; cryopreservation; other: _____
 *Deposited in other collections: no, yes (Collection and number): _____
 *Is the strain patented?: no; yes, patent number(s): _____
 *Is a type strain?: not known; no; yes, Holotype/Isotype/Lectotype/Sintype/Neotype

SECURITY INFORMATION

*Pathogenicity for animals and humans: not known; H0, H1, H2 * of _____
 *Pathogenicity for vegetals: not known; no; yes. *of _____
 Precautions required _____
 *Toxin production: not known; T0; T1; T2; T3. Specify _____
 *Hallucinogenic toxins: not known; no; yes. Specify _____
 *Quarantine condition: not known; no; yes. Please specify which legislation _____
 *Dual use organism: not known; no; yes. Please specify which legislation _____

ECO-PHYSIOLOGICAL PROPERTIES

Biological interactions: Pathogen; Saprotroph; Symbiont of _____
 Properties/applications: _____
 Does the strain contain a plasmid: not known; no; yes: _____
 *Genetically modified: not known no; yes. Please report details _____

Additional data: _____

Kind of deposit: safe deposit free for unrestricted distribution; not free for unrestricted distribution. Specify restrictions _____

Literature references about this strain _____.

The truthfulness of the information are released ware under my own responsibility, and I am aware of the consequences of making false statements, falsehood of acts and use of false facts, punishable by law according to art. 76 D.P.R. n. 445/2000 and art. 496 of the Italian Penal Code.

*Name and Surname of Depositor: _____
 *Affiliation: _____
 *Address: _____
 *Signature of Depositor: _____ Date: _____

Data supplied on this form are of scientific importance and they will be recorded in the database of MUT.

Data indicated with * are compulsory for the fungal deposit.

Please, send the filled form 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, by ordinary mail or by e-mail (info.mut@unito.it)