

KU-MACC Strain Receipt Form

Date:

Recipient's full name (family name in capital letters):

Recipient's affiliation and address:

Tel:

Fax:

E-mail:

I received the following culture strain(s) from Kobe University Macroalgal Culture Collection.

Date of strain receipt:

Scientific name(s) and strain number(s):

States of strain(s) received:

Good (strain number)

Poor (strain number)

Comments