

KU-MACC Strain Deposit Request and Agreement Form

Date:

Depositor's full name, with family name in capitals:

Depositor's affiliation and address:

Tel: Fax:

E-mail:

I wish to deposit the following macro-algal culture strain to the Kobe University Macroalgal Culture Collection (KU-MACC).

[Basic information]

Scientific name with author name(s):

Local name (if any):

Class: Order: Family:

Synonyms (if any):

Identified by (full name, with family name in capitals):

Identification year:

Strain designation or code:

Other collection numbers (collection name and number, if you deposit the strain in any other collections):

[Collection]

Collection date:

Collector's name (full name, with family name in capitals):

Locality information

Country:

Address (as detailed as possible):

Place name (e.g. name of river, lake, pond, bay, and coast):

Latitude and longitude:

Ocean name and nearest country:

Habitat: marine freshwater brackish (salinity: ‰)
 intertidal tide pool subtidal (depth: m below L.L.W.)
 exposed sheltered mangrove estuary harbor
 drift dredge sample other ()

Substrates: rock pebble or shell other macroalgae other ()

Other information or comments on the habitat:

[Isolation]

Date of isolation:

Isolator's name (full name, with family name in capitals):

Isolation source: apical tissue vegetative (non-meristematic) tissue zoospore tetraspore
 zygote

embryo carospore sporangium other ()

Isolation method: pipetting zooids excised from specimen other ()

Notes on isolation conditions (e.g. medium, light, temperature, if different from maintenance conditions):

[Strain status]

- unialgal mixed
 clonal non-clonal
 axenic non-axenic

[Preservation conditions]

Medium:

Notes for preparation of medium:

Sub-culturing conditions

Temperature (° C):

Light intensity (Lux):

Light intensity (μ E/m² sec):Light quality: white fluorescent red fluorescent blue fluorescent natural light other

L/D cycle:

Duration (day(s), month(s)):

Additional notes for culture conditions e.g. pre-culture conditions, special treatments, information for optimal growth conditions, transfer methods, quantity of cells to transfer, other ():

[Characteristics]

Environmental characteristics

Miscellaneous characteristics

[Genetic information (please included all registered data)]

Gene name:

Accession no:

Registrant (full name, with family name in capitals):

Registration date:

[References]

Publications in which the strains were used (please provide a reference list according to the example below)
 (e.g.)Sasaki, H., Flores-Moya, A., Henry E.C., Müller, D.G. and Kawai, H. (2001) Molecular phylogeny of Phyllariaceae, Halosiphonaceae and Tilopteridales (Phaeophyceae). *Phycologia* 40: 123-134.

Other references relevant to the strain(s) (e.g. references used for identification, please provide a reference list according to the example above)

[Other]

Any other remarks and comments:

I accept the above conditions for deposit of the strain(s).

Signature

Printed name

Date